

Company Name

Date _____ Project Name _____

Yes/ NO

- ___ ___ Are All workers discussing COVID-19 safety measures before each shift
- ___ ___ Are COVID-19 Safety Posters and Exposure Protocols posted at the work sites
- ___ ___ Does the Pre-Hazard Assessment address COVID-19 issues
- ___ ___ Have any workers exhibited COVID-19 symptoms? ___ Fever ___ Shortness of Breath
___ Cough ___ Loss of sense of smell/taste
- ___ ___ If a worker Exhibited Symptoms was there supervisor and management notified
- ___ ___ Are workers complying with the 6 foot social distancing separation
- ___ ___ If maintaining social distancing is not always possible, is interaction time limited to 10 minutes
- ___ ___ Are crew sizes limited to the minimum required to accomplish the task
- ___ ___ Are crews segregated from each other to reduce cross-exposure
- ___ ___ Are tools being shared? If yes, are tools being disinfected between uses? ___ ___
- ___ ___ Is appropriate PPE being enforced
- ___ ___ Are PPE and sanitation supplies sufficient for the project for the next week? If no, what is needed? _____
- ___ ___ Are contact surfaces disinfected regularly ie: Trucks, tools, phones, doorknobs

Foremen's Signature _____