

Date of Initial Completion: Click to enter date.

Date of Revision: Click to enter date.

Name of Facility:

Location: City/Town, State/Province

Position	Name / Title
Business Unit or Facility Leader	
Response Coordinator	
Additional Response Team Members (Add rows as required)	

Instructions
<p>1. Review all categories below and indicate actions required to align your facility with current Company XCOVID-19 requirements. The grey text included in the 'Response' column is intended to provide guidance for the review and should be deleted as the form is completed. Depending on the size of your facility more than one form maybe required (i.e., First Floor, Second Floor).</p> <p>2. Complete the COVID-19 Response Plan Log located at the end of this document. Additionally, the Project Risk Register may be utilized to quantify possible impacts and track response to action items.</p> <p>3. Save a copy of the completed document and any other supporting documentation [Insert location]</p> <p>NOTE: This document is intended to be updated as responses evolve.</p>

Section 1 - Facility			
Category	Item	Response	Action Required
Utilization	1.1.0 General	a. Type of facility (single or multi-tenant, number of floors, location if in tower/hi-rise) b. Normal and revised occupancy level. c. How is the facility accessed? (i.e., public access areas, elevators) d. Parking area considerations e. Control points / security (check-in, check-out) f. Reception area g. Deliveries (required protocols, communication of protocols) h. Designated smoking areas	Choose an item.
	1.1.1 Walkways / Hallways / Stairwells / Elevator	a. Are there areas where physical distancing cannot be maintained? b. Identify blind spots/corners c. Identify potential bottlenecks d. Additional usage protocols required? (directional usage, one way, etiquette/best practices)	Choose an item.
	1.1.2 Workspace	a. Identify workspaces at risk of physical distancing encroachment <ul style="list-style-type: none"> i. Delineate usage of workspaces to maintain physical distancing ii. Determine if workspaces could be modified to allow physical distancing (i.e., barrier installation), <ul style="list-style-type: none"> • Cost • Timeline iii. Determine if revision of workspace layout is required (i.e., directional requirements, furniture removal/relocation) <ul style="list-style-type: none"> • Cost • Timeline b. Determine the maximum number of employees able to occupy an entire work area at the same time while maintaining physical distancing c. Determine type of workspace utilization (i.e., assigned full time, flex/hotel space, shared offices) d. Determine cleaning/sanitization schedule based on workspace usage <ul style="list-style-type: none"> i. Ability to track usage and cleaning e. Determine if any documented best practices for office etiquette are required	Choose an item.

Section 1 - Facility			
	1.1.3 Meeting Rooms / Breakout Rooms / Shared Usage Spaces	a. Determine maximum capacity per room to maintain physical distancing <ul style="list-style-type: none"> i. Remove chairs, or otherwise limit capacity ii. Update published capacity listings (i.e., Outlook address book capacity listings, SharePoint page) b. Determine traffic direction if required (one-way access through) c. Determine cleaning/sanitization schedule based on usage	Choose an item.
	1.1.4 Washrooms	a. Demographic requirements (female vs. male) b. Identify toilets or urinals at risk of physical distancing encroachment c. Determine cleaning/sanitization schedule. d. Determine if additional sanitization products required in washroom or stalls. e. Additional garbage receptacles needed. f. Access protocols <ul style="list-style-type: none"> i. Consider staggering entry to reduce the number of users present at a time 	Choose an item.
	1.1.5 Copy Areas	a. Usage protocols b. Are there areas where physical distancing cannot be maintained? c. Provide a means for staff to sanitize hands if goods/supplies are handled d. Review cleaning protocols for high touch areas on office equipment e. Determine shared equipment requiring modified use <ul style="list-style-type: none"> i. Staplers ii. Hole Punch 	Choose an item.
	1.1.6 Kitchen / Lunchroom Areas	a. Determine cleaning/sanitization schedule protocols b. Food storage protocols c. Determine maximum capacity d. Determine equipment requiring modified use <ul style="list-style-type: none"> i. Coffee machines ii. Refrigerators iii. Microwaves iv. Utensils v. Countertop items 	Choose an item.

Section 1 - Facility			
Utilization by External Parties	1.2.0 Contractors / Service Providers / Vendors	a. List companies that provide goods or services b. Are any of these services considered essential to operation of Company Xor client facilities, contractual requirements? E.g., water delivery, janitorial services, specialized technical services c. Does the company have a response plan or contingency should they be unable to provide a service? d. Internal contingency plan if company service becomes unavailable e. Determine level of employee exposure to external providers at Company Xfacility	Choose an item.
	1.2.1 Guests / Visitors / Clients	a. Criteria to determine when site access is permitted. b. Will pre-access screening be completed (questionnaire, temperature check, or both)? c. Check in / out protocols	Choose an item.
Emergency Response	1.3.0 Emergency Response Plan	a. Review for situations where physical distancing cannot be maintained <ul style="list-style-type: none"> i. First aid ii. Evacuation routes iii. Muster points 	Choose an item.

Section 2 – Employees			
Category	Item	Response	Action Required
Return to Facility	2.1.0 Facility or BU Leader	a. Understands revised facility maximum occupancy (see Section 1.1.0) b. Understands revised workspace layout, if applicable (see Section 1.1.2) c. Determines and communicates the following: <ul style="list-style-type: none"> i. List of employees that will return to the office ii. Work schedule of employees returning to the office iii. Workspace location d. Determines schedule of phased approach.	Choose an item.

Section 2 – Employees			
	2.1.1 Required Access Protocols	a. Will there be changes to how employees access the facility? b. Will pre-access screening be completed (questionnaire, temperature check, or both)? c. Check in / out protocols	Choose an item.
	2.1.2 Facility Usage Protocols	a. Determine if pre-access training / orientation required. If required, how will this be tracked. b. How will this be communicated. See Communications Section	Choose an item.
	2.1.3 Employee Readiness and Mental Health Resources	a. Work refusal scenarios b. Will employees and supervisors require training? How will this training be tracked?	Choose an item.
	2.1.4 Use of Personal Protective Equipment	a. What would be available? b. When would it be issued? c. Do we provide training on proper usage? Do we have SWP's and JHA's? How will this training be tracked? d. Are there limitations to be aware of? e. Inventory management	Choose an item.
	2.1.5 Reporting of Symptoms	a. Protocols if symptoms are reported <ul style="list-style-type: none"> i. At work (isolation area, transportation requirements, sanitization of contacted areas, communication to employee interactions) ii. Away from work (sanitation of contacted areas, communication to employee interactions) iii. Ability to track areas used by an employee 	Choose an item.
	2.1.6 Work scopes with increased exposure risk	a. Are there scopes of work that increase the risk of exposure to COVID-19? (public interaction, requirement to enter a medical facility, janitorial, etc.) b. Are additional controls measures required and communicated to affected workers?	Choose an item.

Section 3 – Cleaning and Sanitization

Category	Item	Response	Action Required
Facility Cleaning Protocols	3.1.0 Procedures	a. Company Xmployee, sub-contractor, or facility owner controlled b. Utilize Sample - Janitorial Services Cleaning Schedule reference document if service provider does not have a documented scope of work. c. Audit cleaning d. Publish <i>Janitorial Cleaning Schedule</i> and audit reports	Choose an item.
	3.1.1 Identification of high touch and priority areas	a. Utilize Infectious Disease - Cleaning Prioritization Tool	Choose an item.
	3.1.2 Additional cleaning/sanitization	a. Determine if additional cleaning/sanitization is required. b. Coordinate extra scope of work required c. Amount of supplies and cleaners required <ul style="list-style-type: none"> • Timelines • Costs (supplies and labor) d. Contingency plan if extra cleaning not feasible	Choose an item.
	3.1.3 Supplies	a. Review Site Specific Hygiene Supply Inventory b. Adjust to suit current requirements and establish minimum inventory required c. Contingency plan if supply chain issues occur	Choose an item.

Section 4 – Communication

Category	Item	Response	Action Required
General	4.1.0 Plan	a. Establish a communication plan <ul style="list-style-type: none"> i. Who is responsible for communications for the facility? ii. What will it be communicated? iii. How will it be communicated? iv. When will communication occur? v. Where will communications be posted? 	Choose an item.
Facility Usage	4.2.0 Requirements and Changes.	a. Are employees aware of requirements and changes to Facility use?	Choose an item.
	4.2.1 Emergency Response Plan	a. Have employees been informed of changes to the Emergency Response plan?	Choose an item.

