| **Location:** |  | **Conducted By:** |  | **Date:** |  |
| --- | --- | --- | --- | --- | --- |

**Scoring Guide:**

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| Requirement met | * **1** |
| Requirement not met | * **0** |
| Requirement is not applicable to worksite | * **N/A** |

| **Item** | **Question** | **Guidance** | **Score** | **Action Required** |
| --- | --- | --- | --- | --- |
| 1.0 | Is the COVID-19 Pre-Screening Questionnaire in use? | Evidence of completed questionnaires in quantity consistent with worksite staffing levels. |  |  |
| 1.1 | Is the worker handling the questionnaire wearing appropriate PPE? | Compare PPE in use to the Pre-Access Questionnaire completion instructions. |  |  |
| 1.2 | Are completed questionnaires being filed in a confidential manner? | Completed documents are securely filed. |  |  |
| 2.0 | Are Pre-Access Temperature Checks being conducted? | Worksite is performing pre-access temperature checks. |  |  |
| 2.1 | Has the person conducting temperature checks on other workers completed Privacy Policy training? | Verify training completion. |  |  |
| 2.2 | Are temperature checks conducted in an area large enough to maintain 2m/6ft distancing between? | Review the area checks are conducted. It should be large enough or organized to maintain appropriate distancing. |  |  |
| 2.3 | Are temperature checks conducted with an approved device? | Does the device conform to the defined term in the Pre-Access Temperature Checks SWP? |  |  |
| 2.4 | Is the approved device being used per manufacturer recommended practice? | Review with worker conducting checks and compare against instructions. |  |  |
| 3.0 | Have cleaning personnel been supplied with the appropriate PPE, SDS’s, and work practices? | Review with cleaning personnel. Ensure all applicable documentation and supplies are available and in use. |  |  |
| 3.1 | Are disinfecting products approved for use? | Review products in use. Are they designated as a disinfecting agent or otherwise approved? |  |  |
| 3.2 | Has a cleaning schedule been determined? | Cleaning is being conducted on a regular basis or additionally per worksite requirements. |  |  |
| 3.3 | Are high touch areas being disinfected? | High touch areas are being disinfected in addition to routine cleaning. Review with cleaning personnel. |  |  |
| 3.4 | Is signage and other barricading available for use should a suspected COVID-19 exposed area require cleaning? | Confirm equipment is available. |  |  |
| 3.5 | Are used cleaning items stored or disposed of appropriately? | Confirm used cleaning items are either cleaned and stored or disposed of in a way to prevent transmission. |  |  |
| 4.0 | Has a vehicle and driver for transportation of a symptomatic worker been designated? | Confirm a vehicle and driver are present on site. |  |  |
| 4.1 | Is the vehicle appropriately stocked with supplies? | Confirm the vehicle has the appropriate PPE, cleaning supplies, and equipment inside or readily available. |  |  |
| 4.2 | Has the driver been supplied with the appropriate PPE, SDS’s, and work practices? | Confirm the driver knows the required process should transport of a symptomatic worker be required. |  |  |
| 5.0 | Is 2m/6ft distancing followed whenever it is practicable? | Observe work in progress. Is proper distancing being maintained? Is proper PPE in place when it cannot be maintained? |  |  |
| 5.1 | Is COVID-19 related signage or communications posted in all common areas? | Confirm signage is in place. |  |  |
| 5.2 | Are hand washing facilities, hand sanitizer and/or cleaning wipes available in common areas? | Confirm facilities are in place. |  |  |
| 5.3 | Is there an appropriate inventory of cleaning supplies and PPE available? | Confirm inventory of supplies based on worksite parameters. Does the worksite have a week’s worth of supplies based on current consumption? |  |  |
| **General Comments:** | | | | |
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