



COVID-19 Pandemic/Infectious Disease Checklist

COMPANY INFORMATION		
Agency name:		
Address:		
Telephone number:		
Fax number:		
Date:		
CHECKLIST		
<input type="checkbox"/>	COVID-19 Screening Questions Asked	If client answer = Yes to any of questions, defer unit for at least 30 days
<input type="checkbox"/>	Unit deferred due to screening or client request	Date for deferral follow-up _____
<input type="checkbox"/>	Unit is suitable for splitting interior and exterior work	If checked, do exterior work now & defer interior work to date deemed safe
<input type="checkbox"/>	Social distancing of 6 ft. (2 meters) is possible for unit	Follow guidelines: do not shake hands; maintain social distancing; sanitize surfaces; Wear PPE; use hand sanitizer
<input type="checkbox"/>	Use of physical containment barrier necessary	Set up zip wall containment to isolate unit occupants from crew; follow OSHA & CDC safety guidance; wear PPE
<input type="checkbox"/>	Job Safety Analysis (JSA) completed & in client file	Must include COVID-related risks & mitigation protocols
<input type="checkbox"/>	Followed proper protocols for disposal & maintenance of PPE	Prevent cross-contamination
<input type="checkbox"/>	Safety Protocols for document handling were followed; The virus is estimated to remain active on paper 4-5 days; on cardboard up to 24 hours; on plastic 2-3 days	Use of gloves/hand sanitizer; wash hands between files/documents; documents for client signature placed in plastic ziplock bag; bag wiped down with sanitary wipe; cut slit for signature area; have client sign using own pen; wipe bag down again; repeat as needed; limit human to paper touches & sanitize between touches & humans
<input type="checkbox"/>	Tools/equipment used in unit sanitized following completion	Prevent cross contamination
<input type="checkbox"/>	All crew members sanitized hands prior to touching crew vehicle surfaces	Prevent cross contamination
<input type="checkbox"/>	Washed hands thoroughly immediately upon return to shop/office	Prevent cross contamination
<input type="checkbox"/>	State or local govt. shelter in place order issued Date issued _____ Date of Estimated End _____ Actual End _____	Halt work to in-progress units; notify clients via phone/letter; implement online training for impacted crew and/or dispatch to work in unaffected locales; when lifted, contact clients and resume in-progress work
<input type="checkbox"/>	By client request or other reason, final inspection deferred	Date deferral expected to expire _____ Date inspection completed _____