



COVID-19 Project Safety Checklist

Date: _____

Location /Project Name (#): _____

	YES	NO
1. Are daily pre-job safety briefings addressing COVID-19 safe work practices with all employees?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are COVID-19 safety bulletins and exposure control protocols posted/located at the work site?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do project health and safety plans and safe work plans address COVID-19 issues?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have any workers exhibited COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
a. Fever <input type="checkbox"/>		
b. Shortness of breath <input type="checkbox"/>		
c. Cough <input type="checkbox"/>		
d. Flu-like symptoms <input type="checkbox"/>		
5. Have any employees reported close contact with a symptomatic person within the last 14 days (i.e., fever, cough, flu-like symptoms, and/or shortness of breath)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have any employees had close contact with a person who was tested with results pending or positive for COVID-19 within the last 14 days (such as a household member)?	<input type="checkbox"/>	<input type="checkbox"/>
7. If an employee exhibited COVID-19 symptoms was their supervisor notified?	<input type="checkbox"/>	<input type="checkbox"/>
a. Was Human Resources notified?	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the worker instructed to leave the worksite?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are workers complying social distancing requirements (including maintain 6 feet of separation)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Where social distancing is not possible, are additional controls implemented (i.e. face masks, gloves, face-shields, restricting interaction to under 10 minutes)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are meetings being held in small groups while maintaining social distancing of 6 feet or more?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are crew sizes being limited as much as possible to minimize exposure potential?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have enclosed and confined workspaces been assessed for feasibility to continue work?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have controls been implemented to minimize the sharing of tools?	<input type="checkbox"/>	<input type="checkbox"/>
a. Where required are tools being disinfected between uses?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are PPE requirements being enforced?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are current PPE supplies sufficient for the project? (check boxes below if insufficient)	<input type="checkbox"/>	<input type="checkbox"/>
a. Gloves <input type="checkbox"/>		
b. Eye Protection <input type="checkbox"/>		
c. face masks <input type="checkbox"/>		
d. Other <input type="checkbox"/>		
16. Are adequate sanitation and personal hygiene facilities on-site? (check boxes below if deficient)	<input type="checkbox"/>	<input type="checkbox"/>
a. Toilet facilities <input type="checkbox"/>		
b. Hand Wash <input type="checkbox"/>		
c. Soap/hand sanitizer <input type="checkbox"/>		
d. Disinfectants <input type="checkbox"/>		
17. Are sanitation supplies sufficient for the project? (check boxes below if deficient)	<input type="checkbox"/>	<input type="checkbox"/>
a. Soap/hand sanitizer <input type="checkbox"/>		
b. Disinfecting wipes/spray <input type="checkbox"/>		
18. Are job site offices, trailers, shanties, break rooms and high touch surfaces cleaned daily?	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments:

Name: _____

Signature: _____