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| **Facility name and location:** Click or tap here to enter text.  **Job tasks/classifications evaluated:** Click or tap here to enter text. | | | | **Assessor name and contact information:** Click or tap here to enter text.  **Date:** Click or tap here to enter text. | | |
| **Status Key:** **X:** Effective **NA:** Not Applicable **IMP:** Needs improvement (enter action to be taken) | | | | | | |
| **Exposure assessment element** | | **Status** | **Describe action to be taken or**  **mitigation efforts/modifications already in place including engineering controls and administrative controls** | | **Responsible person(s) for follow up or management of mitigation** | **Completion date** |
| Remote work available and encouraged | |  | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap to enter a date. |
| Physical distancing | Between employees: (routine and non-routine work)  Between all individuals: (routine and non-routine situations)  Describe modifications to provide distancing. |  | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap to enter a date. |
| Face coverings, masks, and face shields | Type(s) of face covering, face shield, or masks for employees |  | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap to enter a date. |
| Note: Employee-owned face coverings may be allowed for use. If an employee chooses to wear a filtering face piece or other type of respirators as source control, the Voluntary Use Appendix D must be provided to the employee (as directed under the Respiratory Protection Standard 1910.134). | | | | | |
| Type(s) of face coverings or respirators during transportation/ vehicle use |  | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap to enter a date. |
| Note: If respirators are worn by employees, requirements must be followed according to the Respiratory Protection Standard 1910.134. | | | | | |
| Where and when face coverings required clearly identified for employees and other individuals |  | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap to enter a date. |

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| COVID-19 employee communications | COVID-19 Hazards Poster posted – location(s) |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Signs and symptoms of COVID-19 |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Reporting procedures for COVID-19 symptoms |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Options for work during isolation/quarantine |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Procedures for employees to report COVID-19 related hazards |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Controls implemented in workplace | Engineering controls (such as ventilation, HEPA filtration, barriers, etc) to minimize exposure risk |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Administrative controls (such as foot-traffic control, staggered shifts, etc) to minimize exposure risk |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Sanitation methods | Cleaning methods and frequency implemented |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Employees have access to cleaning products/sanitizer for personal hygiene |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

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| Industry and/or activity-specific requirements reviewed and included in workplace setting(s)  List which industries and/or activities are included in this workplace  Industry/activity: Choose an item.  Industry/activity: Choose an item.  Industry/activity: Choose an item.  Industry/activity: Choose an item.  Industry/activity: Choose an item.  Industry/activity: Choose an item.  Industry/activity: Choose an item. | |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Multiple employer worksites | Describe procedures for communication and coordination between all employers and affected employees. |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Layered approach to risk mitigation | Summarize layered approach |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |