



Covid-19 Pandemic/Infectious Disease Checklist

COMPANY INFORMATION

Agency Name:
Address:
Telephone Number:
Date:

CLIENT INFORMATION

Client Name:
Client Address:

Checklist

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | COVID-19 Pandemic Employee and Client Screening Completed | If client answer = Yes to any questions, defer unit for at least 30 days |
| <input type="checkbox"/> | Unit deferred due to screening or client request | Date for deferral follow up _____
The unit must be denied in HES on the client intake page and client must be notified in writing of the deferral. |
| <input type="checkbox"/> | Unit deferred in HES | Follow guidelines: do not shake hands; maintain social distancing; sanitize surfaces; wear PPE; use hand sanitizer |
| <input type="checkbox"/> | Social distancing of 6 ft. (2 meters) is possible for unit | Set up zip wall containment to isolate unit occupants from crew; follow OSHA & CDC safety guidance; wear PPE |
| <input type="checkbox"/> | Use of physical containment barrier necessary | |
| <input type="checkbox"/> | Job Safety Analysis (JSA) completed & in Client's 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 of 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 _____ |