| **Checklist items** | **Yes(√)/****No (x)** | **Answer/Comment** |
| --- | --- | --- |
| **Health Screening Upon Entry to Facility** |   |   |
| Does the screening include taking the temperature of each employee?  |  |  |
| Does the screening include a questionnaire for the employee to self-report symptoms? |  |  |
| Is the facility sending employees home if they fail the screening?  |  |  |
| **Personal Hygiene Controls** |   |   |
| Is hand sanitizer readily available to all employees? |   |   |
| Are handwashing stations readily available to all employees? |  |  |
| **Personal Protective Equipment Measures**  |  |  |
| What types of PPE is the facility providing to employees?  |  |  |
| Are all employees wearing masks covering nose/mouth? |   |   |
| **Social Distancing Measures** |   |   |
| Are employees maintaining at least 6 ft of social distancing while in the facility?  |  |  |
| If not, what steps have been taken to maintain maximum distance between employees? |  |  |
| Is the facility regularly and thoroughly cleaning/sanitizing equipment and work areas? |  |  |
| **Positive cases**  |  |  |
| Have any employees tested positive for COVID-19? |  |  |
| If yes, what steps were taken to sanitize the facility?  |  |  |
| If yes, did the facility notify its employees regarding potential exposure? |  |  |
| **Signage/Visual Cues** |  |  |
| Has the facility posted signs or other visual cues regarding practices employees should follow to prevent the spread of COVID-19 (e.g., social distancing, hygiene, and sanitization)? |  |  |
| **Employee Safety and Health**  |   |   |
| Are there any visibly symptomatic employees in the facility? (e.g. cough, shortness of breath) |   |   |