## COVID-19: Safety Site Assessment Checklist

This checklist is intended for implementation at the group level. Facilities Services, labor studio Principal Investigators and RM/EHS will conduct a walkthrough and survey of instructional-based activity spaces prior to instructionalbased activity re-openings post closures due to COVID-19. If you discover a hazardous condition that poses a threat to you or to others, call EHS immediately at (323) 343-3531 or 911. If you have and COVID-19 symptoms or if you are feeling sick, please contact your healthcare provider.

**ROOM NO.:** 

## **BUILDING:**

YES SAFETY SITE ASSESSMENT Determine how physical distancing standards will be applied - include sketches of instructional-based activity and number of sq. ft. Physical distancing adequate distancing. Has <u>capacity</u> been determined? Have public or common area (e.g. restrooms, elevators) cleaning protocols been reviewed? Nearest restroom location: Personnel must wash hands immediately and frequently and in accordance with CDC recommendations, before touching any surfaces. Sterilize working surfaces with approved disinfectants. Use EPA-registered hospital disinfectants with label claims to be effective against <u>SARS-CoV-2</u>. Follow manufacturer's recommendations for use, such as dilution, contact time, and safe handling. Develop communication strategy for team members (email, notifications, etc.) in the event of a COVID-19 exposure. If applicable, identify equipment that will need to be recalibrated/certified and serviced. Schedule such service before having anyone arrive on campus. Distancing needs to be maintained with service technicians in addition to regular instructional-based activity members. Protective Equipment, i.e. Disposable gloves, face shields or other PPE, is available for all personnel. Cloth face coverings are <u>required</u> to be worn at all times. COVID-19 signage for posting at entrance and usage of PPE. Completion of COVID-19 Safety Training by each instructional-based activities personnel. Name of Faculty or Director: Signature: Date: Date: RM/EHS Representative: Signature: Facilities Representative: Signature: Date: