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 instructional-based 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.

BUILDING:

ROOM NO.:

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?
	<u>Have public or common area</u> (e.g. restrooms, elevators) cleaning protocols been reviewed? Nearest restroom location:
	Personnel <u>must wash hands immediately and frequently</u> and in accordance with CDC recommendations, before touching any surfaces.
	Sterilize working surfaces with <u>approved disinfectants</u> . 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 <u>equipment that will need to be recalibrated/certified and serviced</u> . Schedule such service before having anyone arrive on campus. <u>Distancing</u> 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 required to be worn at all times.
	COVID-19 signage for posting at <u>entrance</u> and usage of <u>PPE</u> .
	Completion of COVID-19 Safety Training by each instructional-based activities personnel.
Name of Faculty of	or Director: Signature: Date:
RM/EHS Represen	tative: Signature: Date:
Facilities Represer	ntative: Signature: Date: