



## Risk Assessment Process and Checklist for Work Impacted by COVID-19

- Project Name \_\_\_\_\_
- Project Owner/GC \_\_\_\_\_
- Project Location \_\_\_\_\_
- # of workers required? \_\_\_\_\_
- Project Start Date? \_\_\_\_\_ Duration? \_\_\_\_\_
- Can project meetings be held via conference call or video conferencing? \_\_\_\_\_
- Can this work be scheduled at a later date? \_\_\_\_\_
- Have Supervisors been properly trained in COVID-19 awareness and procedures? \_\_\_\_\_
- Have all employees received COVID-19 Awareness Training in the signs and symptoms of exposure? \_\_\_\_\_
- Have any workers recently traveled internationally, on a cruise ship or to a known virus exposure location? \_\_\_\_\_
- Have any workers or family member been directly exposed to the virus through a confirmed case? \_\_\_\_\_
- Are any workers or their family members experiencing symptoms? \_\_\_\_\_
- Can special separation and social distancing be maintained? \_\_\_\_\_ At least 6'? \_\_\_\_\_
- Is there any work that requires 2 or more persons in close proximity? \_\_\_\_\_  
If so, what additional precautions are being taken to protect workers? \_\_\_\_\_
- Is OSHA/CDC/WHO recommended signage on jobsite? \_\_\_\_\_
- All workers must answer the following questions daily:
  - Have you or anyone in your family traveled outside the United States within the last two weeks?
  - Have you or anyone in your family been in contact with a person being tested for Covid-19?
  - Have you been medically directed to self-quarantine due to possible exposure to Covid-19?
  - Are you having trouble breathing or had flu like symptoms within the past 48 hours, including: fever, cough, shortness of breath, sore throat, runny/stuffy nose, body aches, chills, or fatigue?
- Are cleaning products available for all frequently touched surfaces on the jobsite? \_\_\_\_\_
- Will tools and work surfaces be cleaned daily? \_\_\_\_\_
- Are Safety Data Sheets available on the jobsite for all cleaning materials? \_\_\_\_\_
- Are hand wash stations with soap and warm water or hand sanitizer (Alcohol-based) available? \_\_\_\_\_
- Is all required PPE available? \_\_\_\_\_ (Hard Hat, Safety Glasses, Protective Garments, etc.)
- Are N-95 respirators required and available? \_\_\_\_\_
- Aware of company 100% PPE glove policy \_\_\_\_\_ (Nitrile and Non-allergenic gloves)
- Is PPE clean and sanitized each day? \_\_\_\_\_ If so, who is responsible? \_\_\_\_\_
- Only company authorized person allowed only in company vehicles? \_\_\_\_\_
- No common drinking water facilities will be allowed on project, individual water bottles shall be utilized.
- No Unauthorized visitors allowed onsite. Vendor Deliveries must be pre-scheduled.



**Hand Washing Protocols**

As hand washing is one of the most effective defenses, employers need to make sure that employees have ready access to washing facilities and that those are kept well stocked with soap, paper towels and an approved trash receptacle.

Follow these five steps every time.

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

**COVID-19 Symptoms**

These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath
- Redness around the eyes

If you develop **emergency warning signs** for COVID-19 **get medical attention immediately**. Emergency warning signs include\*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

**Assessment**

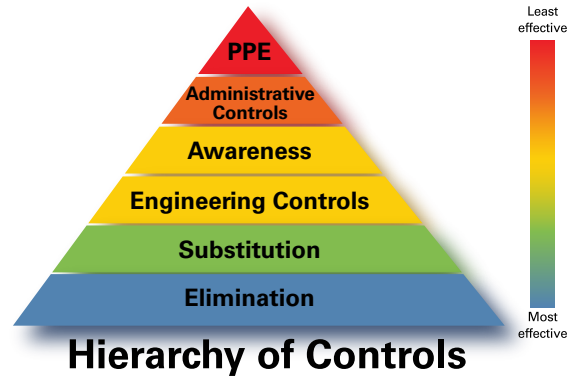
**Description of Procedure/Task/Worksite to be Assessed**

**Risk Matrix for Reference Use**

**Likelihood or Incident**

<b>Consequence</b>	<b>Very Likely</b>	<b>Likely</b>	<b>Unlikely</b>	<b>Highly Unlikely</b>
Fatality				
Major Injuries				
Minor Injuries				
Negligible Injuries				

## Hierarchy of Controls for Reference Use



## What is/are the Unique Hazards?

## Risk Metrics – Refer to Matrix Above

### Consequences

- Fatality
- Major Injuries
- Minor Injuries
- Negligible Injuries

Notes:

### Likelihood of Incident

- Very Likely
- Likely
- Unlikely
- Highly Unlikely

Notes:



**Risk Rating**

- High
- Medium
- Low
- None

Notes:

**Control Measures and Description**

- Elimination – Removed the risk completely
- Substitution – Reduced risk through substitution
- Engineering – Engineering the risk out
- Awareness – Raising Awareness: Signage, Barriers, or other means
- Administrative Controls – Reduction of risk through policies
- Personal Protective Equipment (PPE) – Use of PPE for protection against the risk and exposure

**Additional Recommendations:**

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Signature(s)

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Date