



COVID-19 EMPLOYEE HAZARDOUS EVALUATION REPORTING



The purpose of this document is to provide Visalia Unified School District staff members the opportunity to report any unsafe practices regarding potential COVID-19 workplace hazards that could lead to an exposure. The reported hazards should be in accordance with current Cal OSHA Emergency Temporary Standards and AB-685.

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Description of unsafe condition or practice: (location/date/details)

Employees suggestion for improving safety (In accordance with current Cal OSHA COVID-19 standards):

Supervisor notified: Yes No (If yes, Supervisor name and date of notification) _____

Employee name (Optional): _____

Date of Report: _____ Site/Department: _____

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in the form of reprisal for exercising rights to participate in communications involving safety.

The employer will investigate all reports or questions as required by the **Injury and Illness Prevention Program Standard (Title 8, CCR 3203)**. The employee will be advised of the employer's response.

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FOR ADMINISTRATION USE ONLY:

Date of investigation: _____

Date of correction and/or other action: _____

Description of abatement action:

Abatement verification by: _____ Date: _____

Forward the completed copy to - **VUSD Human Resources Development, attention: HRD Safety & Environmental Coordinator**