

COVID-19 Inspection

Date:

Name of person submitting the inspection request:

Name of person conducting the inspection:

Work location evaluated:

| Exposure Controls | Brief Description of Concern | Person Assigned to Correct | Date Corrected |
|--|-------------------------------------|-----------------------------------|-----------------------|
| Exposure Control | | | |
| Individual not maintaining social distance | | | |
| Individual not wearing a face mask | | | |
| Engineering | | | |
| Barriers/partitions | | | |
| Ventilation (amount of fresh air and filtration maximized) | | | |
| Administrative | | | |
| Physical distancing of workspaces | | | |
| Surface cleaning and disinfection supplies provided | | | |
| Hand washing facilities (adequate numbers and supplies) | | | |
| Disinfecting and hand sanitizing solutions being used according to manufacturer instructions | | | |
| PPE (available) | | | |
| Face coverings | | | |
| Gloves | | | |
| Face shields/goggles | | | |