

**WORKPLACE SAFETY CHECKLIST
(OSHA ETS)**

ACTION	YES	NO	N/A	COMPLETION DATE	COMMENTS
1. Hazard Vulnerability Analysis					
a. High risk areas					
b. Congregation areas					
c. Entry areas					
d. Staff classification					
e. Physical distancing					
f. Walk through office					
g. Safety in patient homes					
h. Barriers					
i. Office diagram					
2. Infection Prevention Policy on Standard/Transmission Precautions					
a. Masks					
b. Faceshields					
c. Respirators					
d. Gloves					
e. Gowns					
f. Goggles					
g. Bag technique					
h. Reasonable accommodation					
i. Other: _____					
3. COVID-19 Plan					

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ACTION	YES	NO	N/A	COMPLETION DATE	COMMENTS
a. Non-management staff involved					
b. Name of Safety Coordinator: _____					
c. Shared plan with all staff					
d. Review P&P for updating					
4. Office Handwashing Stations					
a. Alcohol waterless solutions 60% alcohol or greater					
5. Specific Policies:					
a. Multi-employer situations					
b. Employee removal from workplace					
c. Return to work criteria					
d. Employee benefits					
6. Notice to Patients explaining COVID-19 safety protocols for both patients and employees					
7. Checklist for monitoring employee symptomatology for COVID-19					
8. COVID-19 Log					
9. Notice to Employees concerning occupational exposure occurrence					
10. COVID-19 Training Program					
a. Disease transmission					

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ACTION	YES	NO	N/A	COMPLETION DATE	COMMENTS
b. Use of PPE					
c. Handwashing					
d. Symptomatology of COVID-19					
e. Vaccination					
f. Self-screening					
g. Reporting exposures to agency					
11. Respiratory Protection Program					
a. Medical evaluation					
b. Fit testing					
12. Cleaning and Disinfection					
a. Routine schedule documentation					
b. Names of cleaning agents					
c. MDS Sheets					
d. Approved disinfectants					
e. STOP THE SPREAD poster displayed					
13. Ventilation					
a. Inspecting and maintaining HVAC system					
b. Portable air filters					
c. Open doors and windows					
14. Physical Distancing					

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ACTION	YES	NO	N/A	COMPLETION DATE	COMMENTS
a. Designated drop off site for deliveries					
b. Wear masks					
c. Schedule staggered breaks and meal times to promote distancing					
15.					
16.					
17.					
18.					
19.					
20.					
Name and Signature:					