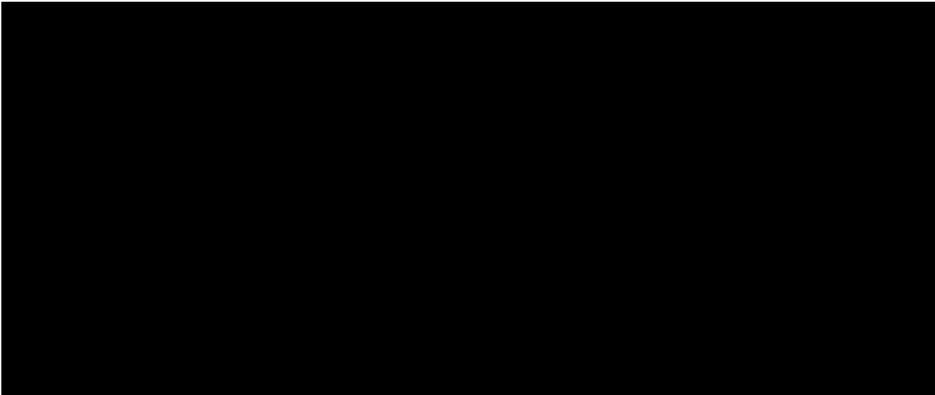


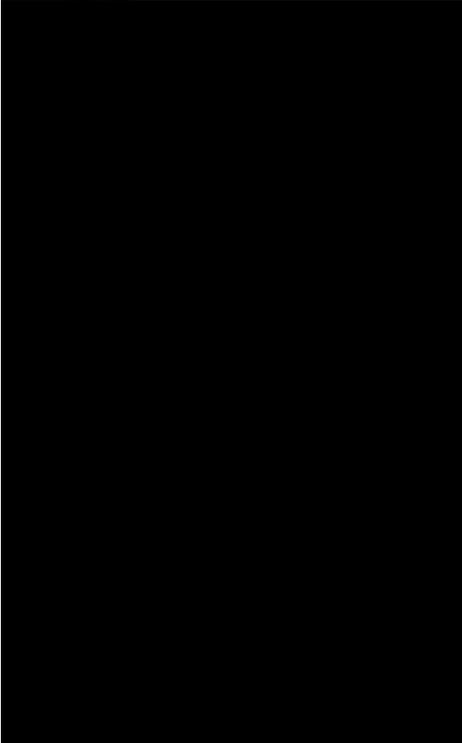
Employee screening



Engineering Controls

□

□





Shared tools, equipment and personal protective equipment (PPE)

Hand sanitizing

System for Communicating

Exclusion of COVID-19 Cases

APPENDIX A: IDENTIFICATION OF COVID-19 HAZARDS

Person conducting the evaluation: _____

Date: _____

Name(s) of employee and authorized employee representative that participated:



APPENDIX B: COVID-19 INSPECTIONS

Date: _____

Name of person conducting the inspection: _____

Work location evaluated: _____

Exposure Controls

COVID-19 EMPLOYEE TRACKING

Name of Employee: _____ Date: _____

Site: _____ Job Title: _____



APPENDIX D: