



# Construction & Development

## COVID-19 Project Safety Checklist (v5.18.2020)

Date: \_\_\_\_\_ Project Name & Number: \_\_\_\_\_

Shift \_\_\_\_ of \_\_\_\_\_

Y / N	
<input type="checkbox"/> <input type="checkbox"/>	1. Has a safety site monitor been designated whose responsibilities include continuous compliance with the safety plan?
<input type="checkbox"/> <input type="checkbox"/>	2. Have mandatory daily health screening practices been implemented and record of screening maintained?
<input type="checkbox"/> <input type="checkbox"/>	3. Has the NYSDOH Interim Guidance for Construction Activities been affirmed online by contractors and subcontractors?
<input type="checkbox"/> <input type="checkbox"/>	4. Are daily Toolbox Talks addressing COVID-19 safety measures with all workers before each shift?
<input type="checkbox"/> <input type="checkbox"/>	5. Are COVID-19 Safety Posters & Exposure Protocols posted at the field office?
<input type="checkbox"/> <input type="checkbox"/>	6. Are COVID-19 Safety Posters & Exposure Protocols posted at the work sites?
<input type="checkbox"/> <input type="checkbox"/>	7. Does the project safety plan and safety work plans address COVID-19 issues?
<input type="checkbox"/> <input type="checkbox"/>	8. Are safety plans conspicuously posted onsite?
<input type="checkbox"/> <input type="checkbox"/>	9. Is recordkeeping current for COVID-19 related issues, including:
<input type="checkbox"/> <input type="checkbox"/>	9a. Are cleaning logs maintained and up to date?
<input type="checkbox"/> <input type="checkbox"/>	9b. Are contact logs maintained and up to date?
<input type="checkbox"/> <input type="checkbox"/>	10. Have any workers exhibited COVID-19 symptoms?
<input type="checkbox"/>	<input type="checkbox"/> a. fever
<input type="checkbox"/>	<input type="checkbox"/> b. cough
<input type="checkbox"/>	<input type="checkbox"/> c. Shortness of breath
	Or at least two of the following:
<input type="checkbox"/>	<input type="checkbox"/> d. fever
<input type="checkbox"/>	<input type="checkbox"/> e. headache
<input type="checkbox"/>	<input type="checkbox"/> f. sore throat
<input type="checkbox"/>	<input type="checkbox"/> g. chills
<input type="checkbox"/>	<input type="checkbox"/> h. repeated shaking with chills
<input type="checkbox"/>	<input type="checkbox"/> i. new loss of taste or smell
<input type="checkbox"/>	<input type="checkbox"/> j. muscle pain
<input type="checkbox"/>	11. If a worker exhibited COVID-19 symptoms
<input type="checkbox"/>	<input type="checkbox"/> a. Was their supervisor notified?
<input type="checkbox"/>	<input type="checkbox"/> b. Has the worker contacted the appropriate hotline?
<input type="checkbox"/>	<input type="checkbox"/> c. Did the worker leave the worksite?
<input type="checkbox"/>	<input type="checkbox"/> d. Has the local health department and NYSDOH been notified?
<input type="checkbox"/> <input type="checkbox"/>	12. If a worker exhibited COVID-19 symptoms or tested positive for COVID-19, have local health departments and NYSDOH been notified of all workplace contacts with the worker dating back to 48 hours from symptoms or positive test result?
<input type="checkbox"/> <input type="checkbox"/>	13. Are workers complying with 6-foot social distancing separation?
<input type="checkbox"/> <input type="checkbox"/>	13a. If maintaining social distancing is not always possible, are appropriate PPE measures (masks, gloves, respirators w/appropriate cartridges) being adhered to?
<input type="checkbox"/> <input type="checkbox"/>	13b. If maintaining social distancing is not always possible, is interaction time limited to under 10 minutes?
<input type="checkbox"/> <input type="checkbox"/>	13c. If maintaining social distancing is not always possible and conditions stipulated in question (13a) or (13b) have not been met, has non-compliance been reported to the Prime Contractor AND to MTA Contract Manager? (leave blank if n/a)
<input type="checkbox"/> <input type="checkbox"/>	14. Are crew sizes limited to the minimum required to accomplish the task?
<input type="checkbox"/> <input type="checkbox"/>	15. Are crews segregated from each other to reduce cross-exposure?
<input type="checkbox"/> <input type="checkbox"/>	16. Have small work spaces been assessed for contained feasibility to continue work?
<input type="checkbox"/> <input type="checkbox"/>	17. Is distancing being enforced during entry, exit, breaks, lunch, and in locker rooms and crew assembly areas?
<input type="checkbox"/> <input type="checkbox"/>	18. Are tools being shared?
<input type="checkbox"/> <input type="checkbox"/>	18a. If yes, are tools being disinfected between uses?
<input type="checkbox"/> <input type="checkbox"/>	19. Is appropriate PPE being enforced?
<input type="checkbox"/> <input type="checkbox"/>	20. Are PPE supplies sufficient for the project for the next week (check boxes below if insufficient)?
<input type="checkbox"/>	<input type="checkbox"/> a. Gloves
<input type="checkbox"/>	<input type="checkbox"/> b. Eye Protection
<input type="checkbox"/>	<input type="checkbox"/> c. Masks
<input type="checkbox"/>	<input type="checkbox"/> d. Other
<input type="checkbox"/> <input type="checkbox"/>	21. Are appropriate sanitation and personal hygiene facilities on-site (check boxes below if insufficient)?
<input type="checkbox"/>	<input type="checkbox"/> a. Toilet facilities
<input type="checkbox"/>	<input type="checkbox"/> b. Soap/hand sanitizer
<input type="checkbox"/>	<input type="checkbox"/> c. Eye wash
<input type="checkbox"/>	<input type="checkbox"/> d. Toilet paper
<input type="checkbox"/>	<input type="checkbox"/> e. Disinfecting wipes/spray
<input type="checkbox"/> <input type="checkbox"/>	22. Are sanitation supplies sufficient for the project for the next week (check boxes below if insufficient)?
<input type="checkbox"/>	<input type="checkbox"/> a. Toilet paper
<input type="checkbox"/>	<input type="checkbox"/> b. Soap/hand sanitizer
<input type="checkbox"/>	<input type="checkbox"/> c. Eye wash
<input type="checkbox"/>	<input type="checkbox"/> d. Disinfecting wipes/spray
<input type="checkbox"/> <input type="checkbox"/>	23. Are contact surfaces disinfected regularly?
<input type="checkbox"/>	a. If yes, how often? _____

Inspector Name: \_\_\_\_\_ Signature: \_\_\_\_\_