



# Construction & Development

## COVID-19 Project Safety Checklist

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

Y / N	
<input type="checkbox"/> <input type="checkbox"/>	1. Are daily Toolbox Talks addressing COVID-19 safety measures with all workers before each shift?
<input type="checkbox"/> <input type="checkbox"/>	2. Are COVID-19 Safety Posters & Exposure Protocols posted at the field office?
<input type="checkbox"/> <input type="checkbox"/>	3. Are COVID-19 Safety Posters & Exposure Protocols posted at the work sites?
<input type="checkbox"/> <input type="checkbox"/>	4. Does the project safety plan and safety work plans address COVID-19 issues?
<input type="checkbox"/> <input type="checkbox"/>	5. Is recordkeeping current for COVID-19 related issues?
<input type="checkbox"/> <input type="checkbox"/>	6. Have any workers exhibited COVID-19 symptoms? <input type="checkbox"/> a. Fever <input type="checkbox"/> b. Shortness of breath <input type="checkbox"/> c. Cough <input type="checkbox"/> d. Loss of sense of smell/taste
<input type="checkbox"/> <input type="checkbox"/>	7. If a worker exhibited COVID-19 symptoms <input type="checkbox"/> a. Was their supervisor notified? <input type="checkbox"/> b. Has the worker contacted the appropriate hotline? <input type="checkbox"/> c. Did the worker leave the worksite?
<input type="checkbox"/> <input type="checkbox"/>	8. Are workers complying with 6-foot social distancing separation?
<input type="checkbox"/> <input type="checkbox"/>	8a. 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"/>	8b. If maintaining social distancing is not always possible, is interaction time limited to under 10 minutes?
<input type="checkbox"/> <input type="checkbox"/>	8c. If the above conditions have not been met, has non-compliance been reported to the Prime Contractor for further action? And to MTA project and capital leadership for further consideration?
<input type="checkbox"/> <input type="checkbox"/>	9. Are crew sizes limited to the minimum required to accomplish the task?
<input type="checkbox"/> <input type="checkbox"/>	10. Are crews segregated from each other to reduce cross-exposure?
<input type="checkbox"/> <input type="checkbox"/>	11. Have small work spaces been assessed for contained feasibility to continue work?
<input type="checkbox"/> <input type="checkbox"/>	12. Is distancing being enforced during entry, exit, breaks, lunch, and in locker rooms and crew assembly areas?
<input type="checkbox"/> <input type="checkbox"/>	13. Are tools being shared?
<input type="checkbox"/> <input type="checkbox"/>	13a. If yes, are tools being disinfected between uses?
<input type="checkbox"/> <input type="checkbox"/>	14. Is appropriate PPE being enforced?
<input type="checkbox"/> <input type="checkbox"/>	15. Are PPE supplies sufficient for the project for the next week (check boxes below if insufficient)? <input type="checkbox"/> a. Gloves <input type="checkbox"/> b. Eye Protection <input type="checkbox"/> c. Masks <input type="checkbox"/> d. Other
<input type="checkbox"/> <input type="checkbox"/>	16. Are appropriate sanitation and personal hygiene facilities on-site (check boxes below if insufficient)? <input type="checkbox"/> a. Toilet facilities <input type="checkbox"/> b. Soap/hand sanitizer <input type="checkbox"/> c. Eye wash <input type="checkbox"/> d. Toilet paper <input type="checkbox"/> e. Disinfecting wipes/spray
<input type="checkbox"/> <input type="checkbox"/>	17. Are sanitation supplies sufficient for the project for the next week (check boxes below if insufficient)? <input type="checkbox"/> a. Toilet paper <input type="checkbox"/> b. Soap/hand sanitizer <input type="checkbox"/> c. Eye wash <input type="checkbox"/> d. Disinfecting wipes/spray
<input type="checkbox"/> <input type="checkbox"/>	18. Are contact surfaces disinfected regularly? a. If yes, how often? _____

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