

RETURN TO WORK DAILY CHECKLIST

Business Name: _____

Designated Employee: _____

Location: _____

SELF-CERTIFICATION

Y	N	N/A
---	---	-----

Have any employees shown visible signs and symptoms of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all workers and visitors self-certified that they do not have COVID-19 prior to working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all workers and visitor's temperature have been taken prior to entering the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have Social Distancing Guidelines been distributed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SANITATION & HYGEINE

Y	N	N/A
---	---	-----

Has routine cleaning been performed on all frequently touched surfaces (workstations, telephones, handrails, doorknobs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are cleaning products stocked and readily available for employee use including: disinfectant wipes & EPA approved disinfectant products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are doors propped open, when possible, to avoid repeated contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is equipment sanitized after each use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL DISTANCING, PPE & HYGEINE

Y	N	N/A
---	---	-----

Are employees remaining at least 6 ft away while in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees wearing face masks while in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are facemasks and gloves stocked and available for employee use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is hand hygiene procedures posted in bathrooms to remind employees to wash hands safely? Is there 60% Alcohol Hand Sanitizer available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date & Time