## **COVID -19 FORT KNOX PREVENTION CHECKLIST**

Date: \_\_\_\_\_

Directorate/Staff: \_\_\_\_\_

Directorate/Staff Rep: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **General Measures**

- a. **Prior to** entering the building what type of signage/Postings are visible?
- b. 
  Do the workers have Masks, Hand Sanitizer, Sneeze Guards, Barrier, for separation / protection where needed? YES / NO
- c. Is Hand Sanitizer available for public use? YES / NO
- d. □ Training Has the employees been trained on: Masks/Face covering when & how to use? YES / NO How to clean common areas? YES / NO \_\_\_\_\_
- f. **Has** the Director or Chief appointed an employee safety representative to assist with workplace safety consultation, prevention and submission of COVID19 AGAR's
- g. Are frequent cleaning of items such as door knobs, access areas, refrigerator and freezer handles, frequently sanitized with antibacterial disinfectants; used by workforce and public?
- h. 
   Has the employer identified their employees that are Very High, High, Medium and Iow risk? YES / NO
- i. **Are** workers with vulnerable health or (65 years old and above, or persons with diabetes, heart, lung, kidney diseases, and those with a weakened immune systems) will be closely monitored?

## Safety Recommends Teleworking \_\_\_\_\_

- j. **Are** rules of "social distancing of (6 Feet)" being enforced when applicable to all such as (Employees, Patrons, and Visitors?) **YES** / **NO**
- k. **When** General Service Administrative (GSA) vehicles **are** occupied by more than one person **are** mask or face-covering worn **YES** / **NO** (will be worn by all occupants?)
- I. 

   Are employees who feel sick staying home? SUPERVISOR IAW COVID-19 guidance YES / NO
- m. 

   Are workplace ventilation systems properly maintained and performing sufficiently?

   YES / NO