**COVID-19 Jobsite Specific Work Plan**

**Project: Contact Person: Date:**

**HAZARD CHECKLIST**

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| 1. Worker Personal Responsibilities | 4. Personal Protective Equipment | 7. Entering Occupied spaces |
| 2. Social Distancing | 5. Sanitation and Cleanliness | 8. Other |
| 3. General Jobsite/ Office practices | 6. Jobsite Visitors |  |

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| **HAZARD DESCRIPTION** | **guidelines** | **SITE SPECIFIC PROTECTIONS REQUIRED** |
| *Example: more than 10 employees onsite* | *1, 2, 3, 4, 5, 6* | *Increase space, break & lunch rotation, small group safety meetings, foreman sign in or photo documentation, glasses and gloves, restrict visitors* |

**Pandemic Safety Officer:**

**Phone:**