**COVID-19 Site Audit Template**

**To Be Completed Daily**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Site |  | Date |  |
| Person In Charge |  | Number of workers |  |

**\* If items are non-compliant, corrective actions must be indicated below and implemented as soon as practicable. \***

|  |  |  |
| --- | --- | --- |
| **#** | **Item Description** | **Compliant****Yes / No / NA** |
| 1 | Does the site consist of 50 workers or less? |  |
| 2 | Are workers practicing social distancing (working 2 meters apart from each other)  |  |
| 3 | Signage posted that limits the number of occupants in any elevator to 4 people at a time  |  |
| 4 | Are site meetings held in open areas to follow social distancing regulations |  |
| 5 | Are there handwashing stations available including soap, water, paper towel, hand sanitizer? |  |
| 6 | Are hand washing stations identified with signs? |  |
| 7 | Are supplied hand washing technique posters posted? |  |
| 8 | Are the latest Company COVID19 plans and bulletins accessible to workers on site? |  |
| 9 | Is the site actively using the daily screening questionnaire for all staff entering the site? |  |
| 10 | Is a list of current workers being compiled and maintained daily (and accessible during an emergency)? |  |
| 11 | Are all common areas and surfaces cleaned at the end of each day. Examples, site trailers, first aid station, door handles, desks, computers, tools, mobile equipment cabs etc |  |
| 12 | Are cleaning records being maintained to show frequency / areas of cleaning. (site specific) |  |
| 13 | Are there any employees/workers showing/reporting signs and or symptoms of COVID-19 like symptoms such as sore throat, fever, sneezing, or couching  |  |
| 14 | Has the site team review and customized ETRO’s “Hygiene exposure awareness template”. Does it accurately reflect site conditions? |  |
| 15 | Do FHLA’s / Pretasks identify hygiene exposure and controls? |  |
| 16 | Do toolbox talks address site specific standards regarding COVID-19? (review Exposure Control Plan guidelines from WSBC) |  |
| 17 | Have site specific roles and responsibilities been established in the event of an emergency (pertaining to COVID-19 exposure) |  |
| 18 | Have all ETRO site staff been informed regarding their roles in the event of an emergency (pertaining to COVID-19) |  |
| 19 | Other:  |  |
| 20 | Other:  |  |

**Corrective Actions**

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| --- | --- | --- | --- |
| # | Corrective actions | Who to Complete | Complete Date |
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**Site Supervisor Completing this report:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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