



COVID CONTROLS ASSESSMENT CHECKLIST

DATE _____

AGENCY _____

LOCATION _____

PARTICIPANTS

PEF	CSEA	NYSCOPBA	Management	Other

- Does your agency have Return to Work plan: Y / N
- Is there a system for reporting COVID-19 workplace concerns Y / N
- Does your agency have a mask policy: Y / N
- Does your agency have COVID-19 protocols for field staff: Y/ N/ NA
- Does your agency have COVID-19 protocols for vehicle use and maintenance: Y/ N/ NA
- Is vaccination status confidentially maintained: Y/ N
- Is daily health screening performed?
 - Staff Y/N
 - Clients Y/N
 - Contractors/visitors Y/N
- Who is notified when there is a confirmed COVID-19 positive in the workplace:
 - Close contacts Y / N
 - Team/department Y/ N
 - All employees on a floor Y / N
 - All employees at the location Y / N

- What percentage of employees are the in office each day? _____
- How many days per week are staff required to be in the office? _____
- Are workstations 6 ft or more apart? Y / N
- Are cubicles occupied side to side? Y / N or back to back Y / N (instead of facing each other)
- Are additional rooms (conf./meeting rooms, etc.) made available to use as office space? Y/ N
- What is the MERV rating for HVAC filters? _____
- What are the ventilation settings for
 - Fresh Air Intake _____
 - Air Exchanges per Hour _____
- Are signs posted for: “Face Coverings” Y / N, “Hand Hygiene” Y / N, “Social Distancing” Y / N
- Are face coverings provided? Y / N
 - Adequate supplies maintained? Y / N
 - Do staff know how to access? Y / N
- Is hand sanitizer made available? Y / N
- Are cleaning and disinfection supplies available for individual work spaces? Y / N
- Are sanitizing wipes provided for commonly used equipment (copiers/printers, etc.)? Y/ N
- Are high touch areas cleaned and disinfected at least daily? Y / N
- Is there a log posted that notes the dates/times of cleaning done? Y / N
- Are face coverings policies enforced? Y / N
 - Periodic reminders sent to all staff Y/N
- Vehicle Maintenance
 - How often are vehicles cleaned/detailed? _____
 - Who is responsible? _____
 - Are maintenance/detail records kept in the vehicle? Y / N
 - Are staff instructed to disinfect commonly touched areas before/after use? Y / N
 - Are hand sanitizers and disinfection wipes provided for each vehicle? Y / N

ADDITIONAL QUESTIONS FOR FACILITY-BASED WORKSITES

- Please indicate by letter the function that best represents your title a) healthcare b) direct care c) educational/vocational d) counseling/social service e) other

- Have you been provided with the proper PPE for your job duties Y / N

- If you are required to wear an N95 Y / N Have you been trained and fit tested Y / N

- Does the facility have designated zones for Quarantine and Medical Isolation Y / N

- Does the facility have a plan for restricting or closing programs during a resurgence Y / N

- Is there a system for reporting workplace concerns Y / N

This document and many others were developed and produced by the NYS Public Employees Federation Health and Safety Department. If you have any questions or need assistance with a workplace health and safety issue, please contact the PEF Health & Safety Department at 1-800-342-4306, ext. 254 or at HealthandSafety@pef.org

FOR MORE INFORMATION ON COVID-19, PLEASE SEE
<http://www.pef.org/covid-19>

Produced by the New York State Public Employees Federation

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