



Help Your Employees Reinforce a Culture of Safety at Your Facility During COVID-19

Once your management and supervisory teams have set up COVID-19 operating practices as part of your daily management routine and provided training to ensure understanding, you'll want to continually encourage employees and to insist on their adherence to these protocols every day.

On the next page we offer an employee checklist template that we developed for one of our customers. Build upon this template for your operation.

We recommend incorporating practices as recommended by the CDC's [Cleaning and Disinfecting Your Facility guidelines](#).

If you need support, please call us at 860.232.8577 or email us at info@danielpenn.com.

Employee COVID-19 Safety Checklist

Name: _____ Job Title: _____

This checklist is to help you remember to follow safe practices during this crisis. Please keep it at your work station or desk and fill it out daily. Put it into the slot by the door when you leave each day.

		Initial	
		Yes	No
1.	Before coming to work today, am I experiencing flu-like symptoms (e.g. fever, headache, body aches, cough, difficulty breathing)? <i>If Yes, do not come to work. Let us know you are not feeling well. Contact your health care provider immediately.</i> <i>If Yes and you did come to work or if you feel ill during the day, contact your health care provider immediately and notify HR or your supervisor.</i>		
2.	Am I washing my hands frequently enough (before and after breaks, lunch, meetings, or using the bathroom)? <i>Wash for at least 20 seconds each time in accordance with CDC guidelines.</i>		
3.	Are hand sanitizer and/or sanitizing wipes available in my work area? Am I using them when entering and when leaving my work area? <i>If sanitizer or wipes are out, notify your Supervisor or HR immediately.</i>		
4.	Do I have the proper protective equipment, PPE (mask, gloves, safety glasses or safety shield)? Is my equipment clean?		
5.	Did I get a new mask and new gloves at the beginning of my shift, after breaks, and after lunch?		
6.	Am I disposing of my used masks and gloves in designated waste bins?		
7.	Am I practicing 6-foot distancing in my work area, during lunch and breaks, and when I enter and leave the workplace?		
8.	Have I wiped down company phones and my cellphone before and after use?		
9.	Is there anyone in the building I am not sure should be here? <i>If Yes, immediately notify your supervisor.</i>		
10.	Did I put my work coat in the laundry bin at the end of the work day?		
11.	My special coronavirus cleaning tasks are:	Fill In Task	Time assigned?
	a.		Completed?
	b.		
	c.		

Signature: _____ Date: _____

Emergency Numbers		
Name:	First Aid Team – page #:	Medical Emergency or Fire – 9-911