**ATTACHMENT A**

# COVID-19: Safety Site Assessment Checklist

***This checklist is intended for implementation at the group level. Facilities Services, labor studio Principal Investigators and RM/EHS will conduct a walkthrough and survey of instructional-based activity spaces prior to instructional-based activity re-openings post closures due to COVID-19. If you discover a hazardous condition that poses a threat to you or to others, call EHS immediately at (323) 343-3531 or 911. If you have and COVID-19 symptoms or if you are feeling sick, please contact your healthcare provider.***

| **BUILDING:** | **ROOM NO.:** |
|---|---|

| YES | SAFETY SITE ASSESSMENT |
|---|---|
| ☐ | Determine how physical distancing standards will be applied – include sketches of instructional-based activity and number of sq. ft. Physical distancing adequate distancing. |
| ☐ | Has capacity been determined? _____ |
| ☐ | Have public or common area (e.g. restrooms, elevators) cleaning protocols been reviewed? _____ Nearest restroom location: _____ |
| ☐ | Personnel must wash hands immediately and frequently and in accordance with CDC recommendations, before touching any surfaces. |
| ☐ | Sterilize working surfaces with approved disinfectants. Use EPA-registered hospital disinfectants with label claims to be effective against SARS-CoV-2. Follow manufacturer's recommendations for use, such as dilution, contact time, and safe handling. |
| ☐ | Develop communication strategy for team members (email, notifications, etc.) in the event of a COVID-19 exposure. |
| ☐ | If applicable, identify equipment that will need to be recalibrated/certified and serviced. Schedule such service before having anyone arrive on campus. Distancing needs to be maintained with service technicians in addition to regular instructional-based activity members. |
| ☐ | Protective Equipment, i.e. Disposable gloves, face shields or other PPE, is available for all personnel. |
| ☐ | Cloth face coverings are required to be worn at all times. |
| ☐ | COVID-19 signage for posting at entrance and usage of PPE. |
| ☐ | Completion of COVID-19 Safety Training by each instructional-based activities personnel. |

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| Name of Faculty or Director: | Signature: | Date: |
| RM/EHS Representative: | Signature: | Date: |
| Facilities Representative: | Signature: | Date: |