

Contract #: _____ Resident Engineer: _____

Inspector: _____ Signature: _____

Contract Title: _____

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are the contractor's field office safety personnel addressing COVID-19 at daily toolbox talks?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are COVID-19 Safety Posters & Exposure Protocols prominently posted at the field office?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are COVID-19 Safety Posters & Exposure Protocols prominently posted at work sites?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have the project HASP and safety work plans been updated to note proper CDC, OSHA, New York, and New Jersey COVID-19 guidelines (as applicable)?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is there a log or record of all current COVID-19 issues?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have any workers exhibited COVID-19 symptoms that have not been identified for quarantine by their employer? <input type="checkbox"/> Fever <input type="checkbox"/> Chronic Cough <input type="checkbox"/> Shortness of difficulty breathing <input type="checkbox"/> Loss of smell/taste
<input type="checkbox"/>	<input type="checkbox"/>	6. (a) Have you notified the person's supervisor of the above?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are workers practicing 6-foot social distancing?
<input type="checkbox"/>	<input type="checkbox"/>	7. (a) If social distancing is not possible due to the work environment, is there proper supervision to ensure workers maintain PPE within that work area?
<input type="checkbox"/>	<input type="checkbox"/>	7. (b) Additionally, does the safety work plan for that activity include the necessity to wear PPE at all times when in close proximity?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is the crew size limited to reduce the risk of community spread?
<input type="checkbox"/>	<input type="checkbox"/>	9. Are crew in areas such as shanties, toolboxes, toilets, site entry, break areas, common areas, etc. practicing social distancing?
<input type="checkbox"/>	<input type="checkbox"/>	9. (a) Are surfaces, equipment, doors, handles, coffee machines, etc. being disinfected regularly that are located in common areas and may be used by multiple personnel?
<input type="checkbox"/>	<input type="checkbox"/>	10. Are tools being assigned to individuals to reduce the risk of contact spread?
<input type="checkbox"/>	<input type="checkbox"/>	10. (a) When the above is not possible, are tools being disinfected before coworkers share them?
<input type="checkbox"/>	<input type="checkbox"/>	11. Are sanitary facilities being cleaned/maintained on-site on a regular basis? <input type="checkbox"/> Toilets <input type="checkbox"/> Sinks/Eye Wash <input type="checkbox"/> Soap/Hand Sanitizer <input type="checkbox"/> Disinfecting wipes/spray
<input type="checkbox"/>	<input type="checkbox"/>	12. Are there any additional sanitary or COVID-related conditions that require mitigation?
		12. (a) What are these conditions? _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	13. Overall, is the contractor practicing effective safety protocols to limit the spread of COVID-19 per applicable federal, state, local, and PORT AUTHORITY guidelines?