

**COVID-19 Pandemic/Infectious Disease Checklist**

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| Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Agency Information

Agency Name: South Central Community Action Program

Address: 1500 W. 15th St. Bloomington, In 47404

Phone Number: 812-339-3447

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

# Checklist: Initial please

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|  | Covid-19 Screening Questions asked – see below | If client answer is YES to any question, defer unit for at least 30 days. |
|  | Unit deferred due to screening or client request | Date for deferral follow-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Social distancing of 6’ is possible for unit | Follow guidelines: No handshaking etc. |
|  | Use of physical containment barrier necessary | Isolate client in a room or create temporary barriers to isolate clients i.e. zip wall |
|  | Followed proper protocol for maintenance and disposal of PPE | To prevent cross contamination |
|  | Safety protocols for document handling followed | Client uses own pen; hand sanitizer |
|  | Tools and equipment used in unit sanitized following completion | To prevent cross contamination |
|  | All crew members sanitized hands prior to touching vehicle surfaces | To prevent cross contamination |
|  | Washed hands upon return to shop/office | To prevent cross contamination |
|  | By client request or other reason, final inspection deferred | Date deferral to expire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date inspection completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Job safety analysis complete and in file |  |

Screening questions

1. Has anyone in the household tested positive for COVID-19? If so, how long ago?
2. Has anyone in the household experienced fever, cough or shortness of breath in the last two weeks?
3. Has anyone in the household been in contact with someone with above symptoms in the last two weeks?

**Notes:**