

**COVID 19**  
**Daily –Work Readiness Checklist**  
Last updated 2020-07-02

Yes	No	Allowable Questions
		Has your supervisor shared the Safemark <u>and</u> customer guidelines required to work on-site
		Do you need any information, equipment, or material to follow the guidelines required by Safemark <u>or</u> our customer?
		Do you agree to the safety and health measures provided to maintain a healthy workplace environment? <ul style="list-style-type: none"> <li>• Wear protective face mask while working</li> <li>• Use of gloves when in public or high-touch areas</li> <li>• Use of recommended disinfectants as required by customer guidelines</li> <li>• Washing of the hands before touching face, mask, or food/drink, and at the start of each work session</li> <li>• Maintaining a distance of 6 feet apart and follow the distancing markers</li> </ul>
		Do you have your required PPE for today’s work session? <ul style="list-style-type: none"> <li>• Mask</li> <li>• Gloves</li> </ul>
		Do you exhibit any of the following symptoms? <ul style="list-style-type: none"> <li>• Fever • (100.4° F [38.0° C] or greater) or symptoms of fever in the past 24 hours</li> <li>• Shortness of breath</li> <li>• Cough</li> <li>• Chills</li> <li>• Repeated shaking</li> <li>• Muscle pain</li> <li>• Headache</li> <li>• Sore throat</li> <li>• New loss of taste or smell</li> <li>• Diarrhea</li> <li>• Nausea or vomiting</li> <li>• Congestion or runny nose</li> </ul>
		Since your prior status check, have you been exposed to someone diagnosed with COVID-19?
		If you have been exposed to someone diagnosed with COVID-19 – have you been tested by a medical professional AND have a letter from a medical professional authorizing you to return to work

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

Job Site (Location / City & State) \_\_\_\_\_