

Workplace at a Glance

Quick Checks During a Pandemic

Office: _____

Time and Date: _____

Completed by: _____



Occupational Health and Safety

*If no is checked, please submit to your site lead.

Site lead name: _____

Location: Example: First floor washroom	*Hot water COHSR 9.18 (a)		*Hand soap available		*Paper towels or hand air dryer / blower		Hand Sanitizer		Tissues / disposal bins in front end		Disinfecting wipes for high touch surfaces		*Site lead submits a NSCC ticket.
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Record Ticket #

Monitoring appropriate physical distancing measures? Yes No

Are emergency exits and egresses clear and unobstructed? Yes No

Are panic alarms in working order and accessible to staff? Yes No

Are First Aid Kits accessible to employees? Yes No

Comments: _____



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PHYSICAL DISTANCING CHECKLIST - ASSESSMENT OF WORKPLACE HIGH TRAFFIC AREAS TO MINIMIZE CLOSE CONTACTS			
Considerations	Yes	No	If no, indicate measures to implement to ensure appropriate physical distancing
Have high traffic work areas been assessed to ensure measures are in place to keep a distance of at least 2 arms-length (approximately 2 metres) between people?			
Are non-essential gatherings being avoided? Alternative virtual meetings held? If meetings must be held, have meeting rooms been arranged to permit the recommended 2-metre distance between participants?			
Have breaks and lunches been staggered to avoid crowding at peak periods in lunchrooms or cafeterias?			
Has space between workstations been assessed to ensure physical distancing between neighbours (e.g. moving employees to unoccupied workstations or other practical options)?			
Have employees and others visitors (clients, contractors, etc.) who access the workplace been reminded to avoid common greetings that involve touching, such as handshakes?			