

**Management Implementation / Monitoring Checklist**

**Area Being Inspected / Monitored:** \_\_\_\_\_

Supervisors, please use this checklist to monitor your area daily. Return completed checklists to Designated Supervisor at the end of every shift.

Management Communication	Yes	No
Have all COVID-19 resources and protocols been communicated to all employees?		

Policies, Procedures and Processes	Yes	No
Are supervisors adequately trained on and enforcing COVID-19 Safety Protocols?		
Are employees completing screening requirements prior to commencing work?		

Cleanliness and Hygiene / Safe Working Practices	Yes	No
Are the procedures/ protocols being followed (hand washing/ sanitizing, tool/ equipment/ shared surfaces sanitization)?		
Are common work areas being sanitized and disinfected regularly?		
Is COVID-19 signage and resources posted in common areas?		
Are hand washing/ sanitizing products available and kept stocked?		
Is PPE provided and available for all employees?		
Are cleaners wearing respirators and gloves?		
Are workers demonstrating that they understand our safe work practices?		

Social Distancing	Yes	No
Are lunch and breaks being staggered to limit the number of people in the eating area at one time?		
Are workers maintaining the 2 Metre social distancing?		
If the 2 Metre social distancing CANNOT be maintained, is the appropriate PPE being used?		
Are visitors keeping out of the workplace during the pandemic period?		

Notes and Corrective Actions Required	By Whom	Due Date	Completed
1.			
2.			
3.			

**Completed by:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Management / WSH Committee Review**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_