

# Covid-19 Warehouse Safety & Health Audit



Union Representative Name: \_\_\_\_\_

Local No.: \_\_\_\_\_

## COMPANY INFORMATION

Company / Location #: \_\_\_\_\_

Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Asst. Manager: \_\_\_\_\_

Date (mo/day/yr): \_\_\_\_\_

Time: \_\_\_\_\_

a.m.  p.m.

## WAREHOUSE SAFETY

Yes  No Is there a written Infectious Disease Preparedness Response plan, specific to COVID-19?

\_\_\_\_\_ If yes, has the Union asked for and received a copy?

\_\_\_\_\_ Describe if no:

Yes  No What steps has your facility taken to protect safety and health?

\_\_\_\_\_ Describe if no:

## REDESIGNING THE WORKPLACE TO ENCOURAGE SIX FEET DISTANCING/SPACING

Yes  No Is your facility staggering start times to reduce the number of people coming and going at one time?

\_\_\_\_\_ Describe if no:

Yes  No Are workers spaced six feet apart at fixed workstations?

\_\_\_\_\_ Describe if no:

Yes  No In loading and unloading areas, are workers able to space six feet apart?

\_\_\_\_\_ Describe if no:

Yes  No Are you able to stay six feet apart from all workers at all times during the day?

\_\_\_\_\_ Describe if no:

Yes  No Are breakrooms/lunchrooms redesigned to allow for six feet distancing?

\_\_\_\_\_ Describe if no:

Yes  No Have production standards been relaxed to allow for more social distancing between workers?

\_\_\_\_\_ Describe if no:

## CLEANING AND SANITIZING

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Yes  No Are workstations cleaned multiple times a day?

Describe if no:

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Yes  No Are forklifts, power jacks and other powered moving equipment cleaned after each use?

Describe if no:

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Yes  No Are bathrooms, breakrooms, lunchrooms and other common areas cleaned regularly?

Describe if no:

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Yes  No Are protocols written for cleaning and sanitizing?

Describe if no:

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Yes  No Are EPA registered disinfectants used to sanitize?

Describe if no:

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Yes  No Do workers who clean and sanitize have proper training and protective equipment?

Describe if no:

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## BATHROOMS AND HAND HYGIENE

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Yes  No Do bathrooms have running water, soap and hand dryers or paper towels?

Describe if no:

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Yes  No Is hand sanitizer available throughout the plant upon entering the workplace?

Describe if no:

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Yes  No Is hand sanitizer available throughout the plant in breakrooms/lunchrooms?

Describe if no:

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Yes  No Is hand sanitizer available throughout the plant in locker rooms?

Describe if no:

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Yes  No Is hand sanitizer available throughout the plant in the hallways?

Describe if no:

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Yes  No Is hand sanitizer easily accessible to all workers throughout the warehouse?

Describe if no:

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Yes  No Are workers provided extra breaks to wash hands/sanitize hands throughout the day?  
(Hand washing with soap and water for 20 seconds is more effective than hand sanitizer.)

Describe if no:

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## FACE MASKS AND OTHER PPE

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Yes  No Are face coverings required upon entering the workplace?

Describe if no:

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Yes  No Does the company encourage or require face coverings for all personnel inside the plant, including workers, management, vendors, contractors?

Describe if no:

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Yes  No Does the company provide face masks?

Describe type of mask if yes:

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Yes  No Is a new face mask provided at the beginning of every shift?

Describe how often they are provided if no:

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Yes  No Can a face mask be replaced if it gets soiled or damaged?

Describe if no:

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Yes  No Does the company provide face shields?

Yes  No Can face shields be replaced if it gets soiled or damaged?

Describe if no:

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Yes  No Does the company provide gloves?

Yes  No Can gloves be replaced if it gets soiled or damaged?

Describe if no:

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Yes  No Are workers instructed on proper donning and doffing procedures to prevent contamination?

Describe if no:

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## TRAINING

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Yes  No Has training been conducted on proper use of PPE, including putting on and taking off gloves and masks, to prevent contamination?

Describe if no:

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Yes  No Has training been conducted on purpose and limitations of PPE?

Describe if no:

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Yes  No Has training been conducted on proper disposal procedures?

Describe if no:

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Yes  No Have workers been trained on symptoms and transmission of COVID-19?

Describe if no:

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Yes  No Have workers been trained on proper hand hygiene?

Describe if no:

Yes  No Is the training conducted in languages understood by all workers?

Describe if no:

## REPORTING PROCEDURES; ILLNESS/SYMPTOMS OF COVID-19

Yes  No Do workers understand the procedures to report illnesses or symptoms of COVID-19?

Describe if no:

Yes  No Are workers protected from retaliation if they report feeling ill or report or exhibit symptoms of COVID-19?

Describe if no:

## PROCEDURES IF A COVID-19 CASE IS IDENTIFIED IN THE WORKPLACE

Yes  No Do workers understand the procedures to follow if they receive a positive test for COVID-19?

Describe if no:

Yes  No Is the work area shut down for cleaning and sanitizing, where a worker has been identified with COVID-19?

Describe if no:

Yes  No Are workers identified who were in close contact with the infected individual?

Describe if no:

Yes  No Are these workers contacted, to let them know they have been in contact with an infected individual?

Describe if no:

Yes  No Are these workers instructed to self-monitor for symptoms?

Describe if no:

Yes  No Is there an area to isolate individuals who have tested positive for COVID-19?

Describe if no:

Yes  No Is there an area to isolate individuals who develop symptoms during the workday?

Describe if no:

Yes  No Is there an area to isolate individuals who report feeling ill?

Describe if no:

Yes  No Is paid sick leave provided to workers who are positive for COVID-19?

Describe if no:

Yes  No Is paid sick leave provided to workers who are waiting for COVID-19 test results?

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Describe if no:

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Yes  No Is paid sick leave provided to workers who are who are sick, and exhibiting symptoms of COVID-19 but have not been tested?

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Describe if no:

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## WORKPLACE SCREENING

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Yes  No Is your workplace conducting screening for all personnel who enter the workplace?

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If yes, who is conducting the screening?:

Nurse  Other health care provider  Management  Don't know

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Yes  No Is the screening conducted in a way that provides privacy for each person being screened?

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Describe if no:

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Yes  No Do workers understand the procedures if a screening reveals that they may have symptoms of COVID-19 and have to isolate at home?

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Describe if no:

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## DRIVER SAFETY

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Yes  No Has your facility taken steps to protect drivers?

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Describe if yes:

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Yes  No Are steps in place to assure that drivers can remain six feet apart from any customer or member of the public when making deliveries?

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Describe if no:

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Yes  No Have drivers been provided with materials/equipment to protect themselves and sanitize the truck such as masks, hand sanitizer, soap and/or disinfectant wipes?

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Describe if No:

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## RETALIATION

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Yes  No Have you or anyone in your workplace experienced job-related retaliation related to COVID-19? (e.g. for asking for more protections)?

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Describe if yes:

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## WORKPLACE

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Yes  No Have quotas or work expectations changed for you during COVID-19?

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Describe if yes:

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