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| *Completed By:* |  |
| *Date Completed:* |  | *Supervisor:*  |  |

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| **Item** | **Response** | **Action** |
| *No.* | *Description* | *Yes* | *No* | *N/A* | *Corrective Action* | *Remarks* |
| 1. | Identify Executive/Administrative Team to develop reopening plan?  |[ ] [ ] [ ]   |  |
| 2. | Are recommendations from Federal, State, and local agencies consistently reviewed to determine if those recommendations and guidance should or can be incorporated into workplace-specific plans? |[ ] [ ] [ ]   |  |
| 3. | Have the routes of COVID-19 exposures (where, how and what sources) been determined for workers and guests?  |[ ] [ ] [ ]   |  |
| 4. | Have business processes/tasks been evaluated to identify additional health controls to protect employees from COVID-19 while they perform their activities? |[ ] [ ] [ ]   |  |
| 5. | Have personnel been identified to enforce and monitor COVID-19 controls? |[ ] [ ] [ ]   |  |
| 6. | Has a schedule been developed to stagger start dates for returning employees, starting with critical employees first, then other positions returning the following days/weeks?  |[ ] [ ] [ ]   |  |
| 7. | Have considerations been made to operate on multiple shifts or continued staggering start times? |[ ] [ ] [ ]   |  |
| 8. | Are all employees aware of any attendance and scheduling changes that impact them due to COVID-19? |[ ] [ ] [ ]   |  |
| 9. | As per Fair Labor Standards Act (FLSA), are you maintaining an accurate tracking system of any overtime work being performed by any non-exempt (not salaried) employees?  |[ ] [ ] [ ]   |  |
| 10. | Have you installed COVID-19 controls such as physical barriers, testing stations, etc.  |[ ] [ ] [ ]   |  |

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| **Item** | **Response** | **Action** |
| *No.* | *Description* | *Yes* | *No* | *N/A* | *Corrective Action* | *Remarks* |
| 11. | Have you evaluated access to supplies such as thermometers, face covers, antibacterial wipes, soap and hand sanitizer? |[ ] [ ] [ ]   |  |
| 12. | Have you coordinated with vendors, contractors, and suppliers on delivery and service procedures? |[ ] [ ] [ ]   |  |
| 13. | If using any temporary staffing agencies or Professional Employer Organizations (PEOs), ensure a clear understanding of each employer’s role in protecting employees from COVID-19.  |[ ] [ ] [ ]   |  |
| 14. | If using any temporary staffing agencies, have the responsibilities for COVID-19 compliance been detailed in contract(s) prior to temporary staff entering the facilities? |[ ] [ ] [ ]   |  |
| 15. | Have tests/drills been conducted with controls in place to identify any deficiencies before employees return? |[ ] [ ] [ ]   |  |
| 16. | Have employees been trained on the new COVID-19 procedures? |[ ] [ ] [ ]   |  |

**Additional Resources**

For additional resources, tools, information, and links, please visit our COVID-19 resource page at[www.usi.com/public-health-emergencies](http://www.usi.com/public-health-emergencies)



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