

COVID-19 Jobsite Specific Work Plan

Project: _____ Contact Person: _____ Date: _____

HAZARD CHECKLIST (following guidelines from the AGC COVID-19 Jobsite Practices Document)

1. Worker Personal Responsibilities	4. Personal Protective Equipment	7. Entering Occupied spaces
2. Social Distancing	5. Sanitation and Cleanliness	8. Other
3. General Jobsite/ Office practices	6. Jobsite Visitors	

HAZARD DESCRIPTION	guidelines	SITE SPECIFIC PROTECTIONS REQUIRED
<i>Example: more than 10 employees onsite</i>	<i>1, 2, 3, 4, 5, 6</i>	<i>Increase space, break & lunch rotation, small group safety meetings, foreman sign in or photo documentation, glasses and gloves, restrict visitors</i>

RESPONSIBLE PERSONS (with phone #):

Break/lunch schedule: _____

Employee/ Visitor Monitoring: _____

Sanitation manager: _____

PPE: _____

Site Plan and Updates: _____

Employee Concerns _____