CSUF COVID-19 Safety Program

Appendix E: Inspection Form

Inspection Form:

Date: _____ **Inspector:** _____ **Page** ___ **of** ___

Location: _____

Q#	Question	Yes	No	n/a
1.	Are COVID-19 safety practices applicable to the area posted or otherwise available?	☐	☐	☐
2.	Are each of the listed safety practices being followed?	☐	☐	☐
3.	Have employees completed required COVID-19 safety training?	☐	☐	☐
4.	Have modifications been made to eliminates person-to-person contact and support physical distancing (e.g., virtual technology, traffic flow indicators, seating removal)?	☐	☐	☐
5.	Are people maintaining at least six feet of physical distance, or using a physical barrier?	☐	☐	☐
6.	Are people practicing proper personal hygiene (e.g., frequent hand washing)?	☐	☐	☐
7.	Are people using a cloth face covering or equivalent outside of personal workspaces?	☐	☐	☐
8.	Are high-touch surfaces being routinely disinfected? Note frequency below.	☐	☐	☐
9.	Is signage in place instructing visitors on safe practices to follow, including not entering the space if experiencing symptoms?	☐	☐	☐
10.	Is an adequate supply of disinfectant and hand sanitizer available to support cleaning of work surfaces and proper personal hygiene?	☐	☐	☐

Q#	**Notes** (Comment on deficiencies/improvements. Reference question number above.)	Action Needed?	Action Done?
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