**The following checklist can be used by staffing firms to assess measures taken by staffing firm clients to prevent COVID-19 exposures in the workplace. Use this checklist to verify customer COVID-19 safety protocols to be used during any outbreak of COVID-19 when (1) employees return to work; (2) new accounts are opened; or (3) perodically thereafter, as warranted.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Name and Location:** | | | | | |
| **Client Contact:** | | | | | |
| **Date of Conversation/Inspection:** | | | | | |
| **Person(s) Conducting:** | | | | | |
| **Topic** | **Policy or Program** | **Does Policy/Program Apply to Temporary Workers?** | **Topic** | **Policy or Program** | **Does Policy/Program Apply to Temporary Workers?** |
| **Social Distancing** |  |  | **Engineering / Administrative Controls** |  |  |
| Has customer addressed or reconfigured: |  |  | Has customer modified or installed: |  |  |
| Shared work spaces / equipment? |  |  | Physical barriers such as sneeze guards for customer or public-facing positions? |  |  |
| Paths of travel / aisle use? |  |  | Signs / Warnings / Notices? |  |  |
| Elevator use? |  |  | Has customer reduced or modified shifts to limit number of people working together at one time? |  |  |
| Communal spaces? |  |  | Has customer addressed: |  |  |
| Locker areas? |  |  | Employee and visitor health and exposure screening? |  |  |
| Prohibiting/discouraging personal contact (i.e., handshakes, hugs)? |  |  | Infectious disease control? |  |  |
| Maintaining at least 6 feet of distance, to the extent feasible? |  |  | Quarantine procedures? |  |  |
| Entrances / exits? |  |  | Workforce contact tracing? |  |  |
| **Sanitation and Hygiene** |  |  | Illness reporting? |  |  |
| Has customer addressed: |  |  | Self-monitoring? |  |  |
| Coughing / sneezing etiquette? |  |  | Employee reporting of issues? |  |  |
| Handwashing? |  |  |  |  |  |
| Use of hand sanitizers? |  |  |  |  |  |
| Cleaning / sanitizing work stations? |  |  |  |  |  |
| Deep cleaning procedures? |  |  |  |  |  |
| **Face Coverings** |  |  |  |  |  |
| Does customer: |  |  |  |  |  |
| Require or permit use? |  |  |  |  |  |
| Furnish face coverings to temporary workers? |  |  |  |  |  |
| Address proper use? |  |  |  |  |  |
| Address cleaning? |  |  |  |  |  |
| Address replacement? |  |  |  |  |  |