



## COVID-19 Supplemental

1. Are any employees suspected of/diagnosed w/ COVID-19?
  - a. Numbers of Employees
  - b. Date of most recent positive test
  - c. Number of positive tests reported as WC claims:
2. What Personal Protective Equipment (PPE) is provided?
3. How are employees trained in their use?
4. What screening practices are in place for both employees and visitors?
5. How often are employee screenings conducted?
6. Is a written record of screening maintained?
7. What procedures are in place for managing an employee suspected of or diagnosed with COVID-19?
8. What procedures are in place to practice social distancing with other employees, customers, and guests?
9. Do facilities have instructional signage, use of barriers, or other controls related to exposure management?
10. What new housekeeping, deep cleaning, and disinfecting procedures have been put in place to help prevent the transmission of COVID-19 throughout the workplace?

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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