Construction & Development
COVID-19 Project Safety Checklist

Date: ____________________  Project Name & Number: ____________________

☐ ☐ 1. Are daily Toolbox Talks addressing COVID-19 safety measures with all workers before each shift?

☐ ☐ 2. Are COVID-19 Safety Posters & Exposure Protocols posted at the field office?

☐ ☐ 3. Are COVID-19 Safety Posters & Exposure Protocols posted at the work sites?

☐ ☐ 4. Does the project safety plan and safety work plans address COVID-19 issues?

☐ ☐ 5. Is recordkeeping current for COVID-19 related issues?

☐ ☐ 6. Have any workers exhibited COVID-19 symptoms?

☐ ☐ 7. If a worker exhibited COVID-19 symptoms
   ☐ a. Was their supervisor notified? ☐ b. Has the worker contacted the appropriate hotline?
   ☐ c. Did the worker leave the worksite?

☐ ☐ 8. Are workers complying with 6-foot social distancing separation?
   ☐ 8a. If maintaining social distancing is not always possible, are appropriate PPE measures (masks, gloves, respirators w/appropriate cartridges) being adhered to?
   ☐ 8b. If maintaining social distancing is not always possible, is interaction time limited to under 10 minutes?
   ☐ 8c. If the above conditions have not been met, has non-compliance been reported to the Prime Contractor for further action? And to MTA project and capital leadership for further consideration?

☐ ☐ 9. Are crew sizes limited to the minimum required to accomplish the task?

☐ ☐ 10. Are crews segregated from each other to reduce cross-exposure?

☐ ☐ 11. Have small work spaces been assessed for contained feasibility to continue work?

☐ ☐ 12. Is distancing being enforced during entry, exit, breaks, lunch, and in locker rooms and crew assembly areas?

☐ ☐ 13. Are tools being shared?
   ☐ 13a. If yes, are tools being disinfected between uses?

☐ ☐ 14. Is appropriate PPE being enforced?

☐ ☐ 15. Are PPE supplies sufficient for the project for the next week (check boxes below if insufficient)?
   ☐ a. Gloves ☐ b. Eye Protection ☐ c. Masks ☐ d. Other

☐ ☐ 16. Are appropriate sanitation and personal hygiene facilities on-site (check boxes below if insufficient)?
   ☐ a. Toilet facilities ☐ b. Soap/hand sanitizer ☐ c. Eye wash
   ☐ d. Toilet paper ☐ e. Disinfecting wipes/spray

☐ ☐ 17. Are sanitation supplies sufficient for the project for the next week (check boxes below if insufficient)?
   ☐ a. Toilet paper ☐ b. Soap/hand sanitizer
   ☐ c. Eye wash ☐ d. Disinfecting wipes/spray

☐ ☐ 18. Are contact surfaces disinfected regularly?
   a. If yes, how often? ________________________

Inspector Name: ____________________  Signature: ____________________