

# COVID-19 Home Office Self Assessment Checklist

## Manufacturing

### GENERAL

Area Id

Inspection area

Location

Is the hand wash area clean?

☐ Yes ☐ No ☐ Na

Does the area have soap and single-use napkins?

☐ Yes ☐ No ☐ Na

Is sanitizing solution available in all areas?

☐ Yes ☐ No ☐ Na

Is sanitizer concentration as per the need?

☐ Yes ☐ No ☐ Na

Is hand sanitizer stocked up?

Yes

No

Na

Is hand wash direction displayed?

Yes

No

Na

Is hand washed properly?

Yes

No

Na

Is everyone wearing gloves?

Yes

No

Na

Are employees wearing a hair covering caps?

Yes

No

Na

Is the hand wash sink used for washing hands?

Yes

No

Na

Are nails trimmed and clean?

Yes

No

Na

Are employees wearing minimal accessories or jewelry?

Yes

No

Na

Are employees eating and drinking in the work area?

Yes

No

Na

Are employees wearing a proper uniforms?

Yes

No

Na

Are employees covering their faces while sneezing or coughing?

Yes

No

Na

Are all wearing proper PPE?

Yes

No

Na

Are injuries properly bandaged?

Yes

No

Na

Are proper industry shoes worn?

Yes

No

Na

Are eye protections worn if necessary?

Yes

No

Na

Are industry gloves worn when dealing with heavy items?

Yes

No

Na

**SIGN OFF**

Employee interviewed

Supervisor of the unit -name

Supervisor of the unit -signature

SIGNATURE

Date

DATE

2017-01-01