**Employee COVID-19 Questionnaire**

As your company develops and implements the reopening of your facility operations in regards to federal, state and local guidelines, it is important to create plans to provide a safe and healthy environment for all staff and employees.

We have developed a free worksheet to assist with your facility’s reopening guidelines. This document provides a questionnaire checklist to help employees remember to follow safe practices and guidelines during the COVID-19 outbreak.

By keeping everyone on the same page with this checklist, all staff and employees of your facility will be aware of the safety protocols and can help prevent the transmission of COVID-19.

In an effort to support those that have been impacted by the COVID-19 outbreak, information has been gathered on procedures and guidelines for rebuilding, recovery and reopening work facilities. The materials and information displayed on the free worksheet is for general information purposes only. The Great Plains TMC is not responsible for the results that relate to your reopening decisions. Please work with your COVID-19 response team to determine the best procedures for your company.

**This list is to help employees remember to practice safe and healthy procedures. Please fill in your initials daily and return to your supervisor’s slot at the end of the shift.**

|  |  |  |
| --- | --- | --- |
| **QUESTIONS** | **YES** | **NO** |
| 1. Are you experiencing or have experienced any flu-like symptoms?
	1. *Fever, headache, cough, difficulty breathing, body aches*
	2. *If you came to work after feeling these symptoms, please notify your supervisor and contact your health care provider immediately*
 |  |  |
| 1. Are you frequently washing your hands?
	1. *Before and after breaks, meetings, bathroom*
	2. *Please wash hands thoroughly for at least 20 seconds*
 |  |  |
| 1. Are you using the hand sanitizer/washing station in your area?
	1. *Please notify your supervisor if more is needed*
 |  |  |
| 1. Are you using the PPE equipment accurately and safely?
	1. *Please notify your supervisor if more is needed or if your equipment is not clean*
 |  |  |
| 1. Are you using new PPE when appropriate?
	1. *Please use new PPE before your shift, after breaks and lunch*
 |  |  |
| 1. Are you disposing used PPE in the designated trash cans?
 |  |  |
| 1. Are you following all social distancing guidelines?
	1. *Staying at least 6 feet away from others, staying home when sick, washing hands, etc.*
 |  |  |
| 1. Are you wiping down and cleaning any items before and after use?
	1. *Please wipe down phones, equipment, copiers, handles and other highly touched objects before and after use*
 |  |  |
| 1. Are you aware of anyone that should not be in the facility due to COVID-19 conditions?
	1. *Please notify your supervisor if yes*
 |  |  |
| My safety protocol tasks include: | Time assigned: | Completed? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Contact Information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_