WWW.CORONAVIRUSCONTRACTORS.COM RISK ASSESSMENT SHEET

Please fill out this assessment sheet as correct as possible. This will help us determine a customizable plan for your property. Thank you

1.	Is this a public venue (casino, sport venue, clubs, etc) or Office/commercial request?		
	□ Public venue □ Office/commercial		
2.	Approximately how many employees work inside building/office?		
	□ 1-5 □ 6-10 □ 11-20 □ 21-40 □ 41-80 □ 81 − 150 □ 31 □ other () please specify	151- 300	
3.	Is this workspace environment a:	Select	
	Warehouse		
	Repair shop (auto repair, and/or specialty)		
	Office (computers, and phone setup)		
	Industrial Commercial (plant, refinery, production, etc)		
4.	Has any staff/employee tested positive for Covid-19?	□ Yes	□No
5.	Has any employee called out sick with-in 30 days?	□ Yes	□ No
6.	Has an employee reported family being sick but they are not?	□ Yes	□ No
7.	Do your staff/employee where mask at all time while inside workplace	e? □ Yes	□ No
8.	Does your staff wipe and clean phones, desk, and personal workspace at end of each work day?		
	☐ Yes ☐ No ☐ Not sure		
9.	Do your employees use breakroom at the same time following CDC guidelines?		
	□ Yes □ No □ Not sure		
 10. Is there a janitorial, or cleaning service that empties trash containers, clean restrooms, clean breakrooms, and clean general office space? □ Yes □ No 11. Does the cleaning company use standard cleaning supply or CDC recommended sanitizers? 			
	□ Yes □ No □ Not sure		
12.	. Does your office allow the public to enter and use facilities?	□ Yes	□ No
13. Does your office have or share:			
	Elevators	□ Yes	□ No
	Stairwells	□ Yes	□ No
	Vending machines	□ Yes	□ No
	Restroom with public	□ Yes	□ No
	Restroom with other floors in building	□ Yes	□ No
	Restroom only with staff within office only	□ Ves	□ No

Fax completed form to (832) 550-2525 or E-mail: Frontdesk.FMI@gmail.com