## **XYZ Laboratory COVID-19 Hazard Assessment Form**

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| **PART A: SHOULD THE WORKER BE ALLOWED AT THE WORK SITE?** | |
| **1. Does worker have fever, cough, shortness of breath, trouble breathing, sore throat or runny nose?** | |
| [ ] No—Go to Question 2 | [ ] Yes—Worker must be at home in self-isolation for 14 days after symptoms completely disappear |
| **2. Has worker traveled outside the state within last 14 days?** | |
| [ ] No—Go to Question 3 | [ ] Yes—Worker must be at home in self-isolation for 14 days |
| **3. Has worker tested positive for COVID-19?** | |
| [ ] No—Go to Question 4 | [ ] Yes—Worker must be at home in self-isolation for 14 days |
| **4. Has worker had any known exposure to COVID-19, e.g., near infected person without PPE?** | |
| [ ] No—Go to Question 5 | [ ] Yes—Worker must be at home in self-isolation for 14 days |
| **5. Does worker perform an essential service?** | |
| [ ] No—Go to Question 6 | [ ] Yes—Worker must undergo risk assessment under Part B |
| **6. Can worker perform the job remotely?** | |
| [ ] No—Go to Question 7 | [ ] Yes—Company must implement work-at-home agreement for worker |
| **7. Do work schedules + physical work environment ensure social distancing of at least 6 feet apart?** | |
| [ ] No—Perform risk assessment under Part B | [ ] Yes—Company must develop physical distancing operational plan that works for its business |
| **PART B: PERFORM COVID-19 RISK ASSESSMENT** | |
| Complete the following risk assessment to identify:  \*How workers may be exposed to COVID-19, e.g., via contact with co-workers, customers + general public  \*Workers’ individual risk factors, e.g., age, chronic medical conditions, pregnancy  \*Controls necessary to eliminate or minimize risk | |
| **Job-Related Risk Levels for COVID-19** | |
| **Exposure Risk Level** | **Description of Jobs** |
| **Very High** | Frequent + direct exposure to COVID-19, e.g., health care workers + lab personnel working with COVID-19 patients |
| **High** | Indirect exposure to COVID-19, e.g., ambulance staff or hospital workers entering COVID-19 patients’ rooms |
| **Medium** | Frequent/close contact (within 6 feet) with potentially infected people who aren’t COVID-19 patients, e.g., at airports or retail stores |
| **Lower** | No required frequent/close contact with people who may be infected |
| **PART C: SELECT CONTROL MEASURES (in order of preference)** | |
| **[ ] Eliminate hazard:** Remove task, equipment, chemical or action that causes hazard, e.g., having workers work remotely  **[ ] Substitute:** Replace hazardous work process, substance, tool or equipment with a less hazardous one  **[ ] Eliminate hazard:** Remove task, equipment, chemical or action that causes hazard, e.g., having workers work remotely  **[ ] Engineering controls:** Design work site, equipment or process to eliminate, minimize or isolate the hazard, e.g., ventilation or use of physical barriers  **[ ] Administrative controls:** Safe work procedures, training and other methods of limiting hazard by controlling how work is done, e.g., social distancing, requiring frequent hand washing, staggering work shifts to minimize number of workers present at any time  **[ ] PPE:** Respirators, gloves, aprons + other protective equipment required based on exposure risk level | |
| **PART D. IMPLEMENT HAZARD CONTROLS** | |
| **Identified Hazard** | **Control Method** |
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| **PART E: MONITOR EFFECTIVENESS OF CONTROL MEASURES** | |
| **[ ]** Create a plan to monitor that each control measure is working, e.g., safety inspection checklist  **[ ]** Correct measures found not to be working effectively  **[ ]** Seek JHSC or worker input in monitoring and taking corrective action | |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_