

Pre-Planning Work Requiring COVID-19 Controls

Instructions: Use this form to establish and document additional or alternative safety controls that are required (1) when the requisite physical separation distance cannot be met for described work activities; (2) for transport or delivery of materials, goods, and services (e.g., waste shipments, supply chain deliveries) from out of state entities; and (3) for activities where controls prescribed by N3B-AP-0003 create additional hazards that cannot be mitigated (i.e., a deviation from prescribed controls is necessary).

Section 1 – Description / Justification

Check Applicable: Work within 6-ft of other personnel Out-of-State Delivery Deviation Request

Justification:

Location of Performance:

Date(s) of Work:

Work Control Documents Being Used:

Work Steps That Cannot Meet Separation Distance or Require a Deviation from Prescribed Controls:

Section 2 – Additional Safety Controls *(Mark all that apply)*

- Verbal confirmation that each worker completed the “Return to Worksite Daily Screening & Self-Assessment Checklist” **and** have not experienced any changes since. **Note:** For individuals who transport or deliver materials, goods, and services, the escort is responsible for verbally communicating the “Return to Worksite Daily Screening & Self-Assessment Checklist” when the individual(s) arrive(s) on site.
- Temperature monitoring (everyone must be under 100.0° F)
- Use of gloves
- Use of additional eye or face covering protection (e.g., procedural mask, face shield, safety glasses)
- Wash hands before donning and doffing face masks and gloves
- Use buddy system to minimize exposure risk, and hold each other accountable for health
- Work side-by-side not face-to-face
- Limit number of personnel at location

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Section 2 – Additional Safety Controls (continued)

- Use sanitizer when completing or exchanging paperwork between parties
- Avoid sharing tools
- Disinfect surfaces before handing off space to other employees
- Use designated signage/posting for employee positions/location at job site
- For transport or deliveries, individuals should remain in close proximity of the delivery vehicle and not go to break areas, rest rooms etc.
- Include COVID-19-specific discussion at pre-job briefing
- Consult an Industrial Hygienist for assistance in optimizing work controls
- Other (*Describe*):

Section 3 – Exception or Deviation from Prescribed Controls (*Describe and provide alternative control; Enter N/A on 1st line if no deviation is required.*)

Prescribed Control (<i>Include specific document/step</i>)	Alternative Control

Section 4 – Personnel

Supervisor Coordinating Work Name: _____ Z#: _____

Personnel Involved:

Name: _____ Z#: _____ Position: _____

Name: _____ Z#: _____ Position: _____

Name: _____ Z#: _____ Position: _____

Name: _____ Z#: _____ Position: _____

Name: _____ Z#: _____ Position: _____

Name: _____ Z#: _____ Position: _____

Name: _____ Z#: _____ Position: _____

Name: _____ Z#: _____ Position: _____

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Section 5 – Review and Approval			
Review			
Activity Owner:			
Printed Name	Signature	Z#	Date
ES&H Manager:			
Printed Name	Signature	Z#	Date
Approval			
Responsible Director:			
Printed Name	Signature	Z#	Date
Additional Approvals for Exceptions / Deviations <i>(Required if exceptions/deviations are requested in Section 3)</i>			
Program Manager for Activity:			
Printed Name	Signature	Z#	Date
ES&H Program Manager:			
Printed Name	Signature	Z#	Date
N3B Executive Officer:			
Printed Name	Signature	Z#	Date
Comments/Notes:			