

## 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).

<b>Section 1 – Description / Justification</b>
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<i>Check Applicable:</i> <input type="checkbox"/> Work within 6-ft of other personnel <input type="checkbox"/> Out-of-State Delivery <input type="checkbox"/> Deviation Request
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Justification:
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Location of Performance:
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Date(s) of Work:
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Work Control Documents Being Used:
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Work Steps That Cannot Meet Separation Distance or Require a Deviation from Prescribed Controls:
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<b>Section 2 – Additional Safety Controls</b> <i>(Mark all that apply)</i>
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbal confirmation that each worker completed the “Return to Worksite Daily Screening &amp; Self-Assessment Checklist” <b>and</b> have not experienced any changes since. <b>Note:</b> For individuals who transport or deliver materials, goods, and services, the escort is responsible for verbally communicating the “Return to Worksite Daily Screening &amp; Self-Assessment Checklist” when the individual(s) arrive(s) on site.</li> <li><input type="checkbox"/> Temperature monitoring (everyone must be under 100.0° F)</li> <li><input type="checkbox"/> Use of gloves</li> <li><input type="checkbox"/> Use of additional eye or face covering protection (e.g., procedural mask, face shield, safety glasses)</li> <li><input type="checkbox"/> Wash hands before donning and doffing face masks and gloves</li> <li><input type="checkbox"/> Use buddy system to minimize exposure risk, and hold each other accountable for health</li> <li><input type="checkbox"/> Work side-by-side not face-to-face</li> <li><input type="checkbox"/> Limit number of personnel at location</li> </ul> |
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## Pre-Planning Work Requiring COVID-19 Controls

**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 1<sup>st</sup> 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: \_\_\_\_\_

## Pre-Planning Work Requiring COVID-19 Controls

### Section 5 – Review and Approval

#### Review

Activity Owner:

Printed Name	Signature	Z#	Date
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ES&H Manager:

Printed Name	Signature	Z#	Date
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#### Approval

Responsible Director:

Printed Name	Signature	Z#	Date
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#### Additional Approvals for Exceptions / Deviations *(Required if exceptions/deviations are requested in Section 3)*

Program Manager for Activity:

Printed Name	Signature	Z#	Date
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ES&H Program Manager:

Printed Name	Signature	Z#	Date
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N3B Executive Officer:

Printed Name	Signature	Z#	Date
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**Comments/Notes:**