

COVID-19 Site Pre-Visit Assessment

Please complete the following assessment at least 1 week prior to field activity. Completed forms are to be submitted to the supervisor of the person filling out the form. The supervisor will review the form and ensure identified controls have been enabled and are available. The supervisor will retain a copy of the completed Site Pre-Visit Assessment. The Site Pre-Visit Assessment will be verified the day before the field activity begins to ensure there are no new infected employees at the field site.

Name of Person Completing Assessment:		Related Activity: (including host company name)	
Date of Assessment:		Date of Visit:	
Project Team Members (if applicable):		Supervisor:(send to supervisor 1 week prior to activity starting)	

Hazard Virus	Policy/Procedures/ Risk Factors	This WILL BE Present	This WILL NOT BE Present	If a hazard WILL BE present, how will you protect yourself (Identified Controls)? If policy/procedures WILL NOT BE present, how will you protect yourself?
(COVID-19)	Workers with COVID-19 Symptoms			
	Workers with known COVID 19 infection			
	Workers have traveled internationally within 2 week			
	Site Physical Distancing Policy/Procedures			
	Site Sanitation Guidelines			
	Safe Area for Interviews Identified			

Once complete, submit to your supervisor for review.

1 Week Prior to Activity:

Supervisor Name:		Comments	
Date of Review:			
Approved:			

Confirmation 1 day Prior to Activity:

Supervisor Name:		Comments	
Date of Review:			
Approved:			