



COVID-19 Workplace Inspection Form

Department: _____ Location: _____ Date: _____

Inspected By: _____ Participants: _____

Exposure Controls	Status (C, NC, N/A)	Corrective Action (C/A)	C/A Assigned To
Elimination/Substitution			
Alternate schedules used			
Engineering Controls			
Ventilation has been evaluated (amount of air flow & filtration maximizing)			
Additional room filtration where needed			
Administrative			
Employees complete daily assessments			
Employee training completed/documented <i>Sec.3205 (c)(5)</i>			
Employee provided opportunity to participate in COVID eval/inspections			
Hygiene Facilities			
Adequate supplies (soap/paper towels/waste)			
Hand sanitizer provided when soap & water can't be (vehicles/outside work area)			
PPE (available and being worn)			
Face coverings provided/worn where required			
Respirators (N95) provided for voluntary use			
Proper PPE offered (gloves, face shields, safety glasses etc.)			

*C = Compliant, N/C = Non-Compliant, N/A = Not Applicable

Corrective Action Tracking Log				
#	Corrective Action	Date Completion Required	Date Complete	Completed by Initials
1				
2				
3				
4				
5				

*All identified hazards are to be communicated to worksite employees and subcontractors in a timely manner.

For additional information related to improvements to ventilation, visit the CDPH "[Interim Guidance for Ventilation Filtration and Air Quality in Indoor Environments](#)" webpage.