

LUSD Pandemic Safety Plan: Inspection Form

	Date: Inspector:	Page	of	<u> </u>					
Location:									
Q#	Question	Yes	No	n/a					
1.	Are PANDEMIC safety practices applicable to the area posted or otherwise available?								
2.	Are each of the listed safety practices being followed?								
3.	Have employees completed required PANDEMIC safety training?								
4.	Have modifications been made to eliminate person-to-person contact and support physical distancing (e.g., virtual technology, traffic flow indicators, seating removal)?								
5.	Are people maintaining at least six feet of physical distance, or using a physical barrier?								
6.	Are people practicing proper personal hygiene (e.g., frequent hand washing)?								
7.	Are people using a cloth face covering or equivalent outside of personal workspaces?								
8.	Are high-touch surfaces being routinely disinfected? Note frequency below.								
9.	Is signage in place instructing visitors on safe practices to follow, including not entering the space if experiencing symptoms?								
10.	Is an adequate supply of disinfectant and hand sanitizer available to support cleaning of work surfaces and proper personal hygiene?								
		Action		-4!					

Q#	Notes (Comment on deficiencies/improvements. Reference question number above.)	Action Needed?	Action Done?

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Cont	inued		
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