

massDOT
Massachusetts Department of Transportation
Contractor COVID-19 Guidelines
Compliance Checklist:

Contract Number: _____ City/Town: _____

Contract Description: _____

Contractor Name: _____

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the <u>COVID-19 Guidelines and Procedures for all Construction Sites and Workers at all Public Work</u> bulletin been posted in a location for workers to observe? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have all required PPE been made available to all on site personnel? Have all personnel been instructed on the best practices for the use of PPE prior to the start of the work shift? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have handwashing instructions been posted on the project site? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. For site specific project locations have wash stations been installed?

(NOTE: For various location/district wide projects wash stations are not required. For those projects the contractor must provide disinfecting wipes and liquid hand sanitizer) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has a procedure been established for workers to certify their health to their supervisor prior to the start of each shift, and identified the responsible person on site to manage this provision? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has signage been posted to prohibit unauthorized visitors to enter the MassDOT and contractor field offices? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have jobsite cleaning and decontamination procedures been established? Have these been shared with contractor/subcontractor employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have jobsite cleaning and decontamination procedures been established and have they been posted on trailers, gates, equipment, vehicles, etc. at each entry point to the site, and throughout the project site? |

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- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has a “No Congregation” policy been put into effect that states that individuals must implement social distancing by maintaining a minimum distance of 6-feet from other individuals? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are all meetings being held via electronic means, and any required on-site meetings being done following social distancing practices including limiting attendance to 10 persons? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are individual crew meetings/tailgate talks being held outdoors and following social distancing requirements? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are all restroom and porta-potty stations being sanitized consistent with guidance, and are these locations provided with soap, hand sanitizers and paper towels? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have all field office common areas been cleaned in the last 24 hours; and soap, hand sanitizer, and paper towels provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have workers been instructed to bring food from home and practice appropriate hygiene while eating on lunch and at breaks including social distancing? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Have employees been instructed about appropriate personal hygiene and about staying home when either they or a family member is feeling sick? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are all employees driving to the work site/ parking area in a single occupant vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Are all employees utilizing the proper PPE for conditions where required social distancing is not achievable? |

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I hereby certify that the responses indicated on this document are accurate and that all the necessary actions have taken place on this day to comply with the COVID-19 Guidelines as issued by MassDOT

Name: _____
Signature:

Name: _____ Date: _____
Printed:

Position: _____
Printed: