

# **COVID Risk Assessment Tool - Workplace Exposure**

## 15 Mar 2021 / SafetyCulture Staff

Complete

Score	0%	Failed items	10	Actions	0
Conducted on				15th Mar, 2021 1:10 PM PS	ST
Prepared by				SafetyCulture Sta	aff
Location				Sydney NSW, Austral (-33.8688197, 151.209295	

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Failed Items	10 failed	
Inspection / Section 1. Occupational Information		
12a. Were you able to physically distance yourself from others in the same vehicle by at least 6 feet?	No	
Inspection / Section 1. Occupational Information		
12c. Did everyone else in the vehicle wear a cloth face covering or face mask that covered their nose and mouth?	No	
Inspection / Section 1. Occupational Information / Did you use?		
Face shield:	No	
Inspection / Section 1. Occupational Information / Did you use?		
did you receive training on how to use respirators properly?	No	
Inspection / Section 2: Facility Information / Section 4: Community Exposures / 1. During the 14-day period, did you		
attend a gathering of >50 people (e.g., religious event, wedding, party, dance, concert, banquet, festival, sports event, funeral, or other event)?	No	
Inspection / Section 2: Facility Information / Section 4: Community Exposures / 1. During the 14-day period, did you		
go to school or daycare in-person?	No	
Inspection / Section 2: Facility Information / Section 4: Community Exposure	s	
3. During the 14-day period, did you travel away from home (out of the county, state, or country)?	No	
Inspection / Section 2: Facility Information / Section 4: Community Exposures		
7. Was your housing provided by the employer?	No	
Inspection / Section 2: Facility Information / Section 4: Community Exposures		
10. If other persons lived in the household, did they work outside of the home?	No	
Inspection / Section 2: Facility Information / Section 5: Ability to Quarantine and Risk to Other Household Members		
4. Are you able to maintain at least 6 feet of distance from other persons in the home?	No	

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Inspection 10 failed

### **Section 1. Occupational Information**

4 failed

NOTE TO INTERVIEWER: The questions in Sections 1–4 refer to the 14 days before the date of first symptom onset. If asymptomatic or if the date of first symptom onset is unknown, the questions can refer to 14 days before the interviewee's first positive test sample was collected. To guide these questions, record the following dates:

During the 14-day period, did you work outside of your home?  (Note: If there is a single workplace involved, this question can be changed to ask if the person worked at a specific facility.)	Yes
2. If you were employed at any time during the 14-day period, when was the last day you worked outside your home?	14th Mar, 2021
3. During the 14-day period, what kind of work did you do?	Manual Labor/Moving Building Materials
4. During the 14-day period, what kind of business or industry did you work in? (for example, elementary school, clothing manufacturing, restaurant)	Commercial Construction
5. During the 14-day period, what was the name of your employer or business?	Example Only Construction
6. During the 14-day period, which of the following best describes you? (Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be adapted.)	I am paid by a contractor
7. During the 14-day period, approximately how many people worked at this location?	2-9 employees
8. During the 14-day period, which shift did you work? (Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be adapted. For example, shifts may be referred to as A, B, C, or shift 1, 2, 3.)	Regular daytime schedule (e.g., first shift)
9. During the 14-day period, how many shifts did you work?	5
10. During the 14-day period, how many hours did you work each shift?	5
11. During the 14-day period, what type of transportation did you use to get to work? (Select all that apply)	Bus Rideshare (e.g., Uber/Lyft)/taxi
	Train/subway
	Carpool/van
	Walk/bike

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12. If you shared a ride either in a bus, train/subway, car, or other type vehicle,	Yes
12a. Were you able to physically distance yourself from others in the same vehicle by at least 6 feet?	No
12b. Did you wear a cloth face covering that covered your nose and mouth? Yes No	Yes
12c. Did everyone else in the vehicle wear a cloth face covering or face mask that covered their nose and mouth?	No
13. During the 14-day period, what was your job title? (Note: this question can be a free text field, or a list can be customized depending on job titles at a specific facility; this question is more specific than question 3, which asks about type of work [i.e., occupation].)Obtain the most recent proportion of confirmed or probable cases for the local community of the worksite:	Builder Apprentice
14. During the 14-day period, what department were you assigned to? (select all that apply) (Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be customized depending on the facility.)	Production area
15. During the 14-day period, what areas of the facility did you spend most of your time in? (select all that apply) (Note: This list should be customized depending on the facility; the following are examples.)	Other
Specify	Construction Site
6. During the 14-day period, how often did you wear a cloth face covering or face mask (for example, a surgical mask) while at work for the purposes of source control (to contain your respiratory secretions) not as personal protective equipment?	Always
17. During the 14-day period, how often was everyone else in the facility (e.g., co-workers, customers/clients, visitors) wearing a cloth face covering or face mask (for example, a surgical mask) while at work?	Sometimes
18. During the 14-day period, did you use any personal protective equipment (PPE)?  (Note: If information about a specific workplace is known before the interviews, the types of PPE included here can be adapted. Images of the PPE used at the workplace might be helpful.)	Yes

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what type? (select all that apply)

Statestani	
Photo 1	
19. Why did you use PPE?	For protection from a pre-COVID-19 pandemic workplace chemical, particulate, or biological hazard
Did you use?	2 failed
Gloves:	Yes
what kind? (Note: If information about a specific workplace is known before the interviews, the types of PPE included here can be adapted.)	Work gloves
how often did you use this type of PPE?	Always
Material (e.g., nitrile)	Nitrile
Purpose (e.g., cut resistant)	Protects against abrasions, snags, punctures, and cuts + Resists against oils and solvents
Goggles/safety glasses:	Yes
Goggles/safety glasses: how often did you use this type of PPE?	Yes Don't know
how often did you use this type of PPE?	Don't know
how often did you use this type of PPE?  Face shield:	Don't know No
how often did you use this type of PPE?  Face shield:  Respirator:  what kind?  (Note: an infographic with pictures of different types of respiratory protection can be found at <a href="https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508">https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508</a> .	Don't know  No  Yes  Disposable Filtering Facepiece Respirator
how often did you use this type of PPE?  Face shield:  Respirator:  what kind?  (Note: an infographic with pictures of different types of respiratory protection can be found at <a href="https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf">https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf</a> )	Don't know  No  Yes  Disposable Filtering Facepiece Respirator (e.g., N95, P100, etc.)
how often did you use this type of PPE?  Face shield:  Respirator:  what kind?  (Note: an infographic with pictures of different types of respiratory protection can be found at <a href="https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf">https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf</a> )  did you receive training on how to use respirators properly?	Don't know  No  Yes  Disposable Filtering Facepiece Respirator (e.g., N95, P100, etc.)
how often did you use this type of PPE?  Face shield:  Respirator:  what kind?  (Note: an infographic with pictures of different types of respiratory protection can be found at <a href="https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf">https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf</a> )  did you receive training on how to use respirators properly?  If you used a disposable respirator, were you required to re-use it?	Don't know  No  Yes  Disposable Filtering Facepiece Respirator (e.g., N95, P100, etc.)  No  Don't Know
how often did you use this type of PPE?  Face shield:  Respirator:  what kind?  (Note: an infographic with pictures of different types of respiratory protection can be found at <a href="https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf">https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf</a> )  did you receive training on how to use respirators properly?  If you used a disposable respirator, were you required to re-use it?  If a disposable respirator was re-used, was it decontaminated first?	Don't know  No  Yes  Disposable Filtering Facepiece Respirator (e.g., N95, P100, etc.)  No  Don't Know  Don't Know

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Tyvek or equivalent

how often did you use this type of PPE?	Sometimes
Do you wear any other PPE while at work?	Don't Know
20. Did any employees diagnosed with COVID-19 come to the worksite within 48 hours before their symptoms began? Or, if the case didn't show any symptoms, 48 hours prior to receiving a positive test result?	Don't Know

### **Section 2: Facility Information**

6 failed

NOTE TO INTERVIEWER: For the following questions, close contact means being within 6 feet for a total of 15 minutes or more. Six feet (2 meters) is about the length of a twin or full-size mattress.

1. During the 14-day period, did you have close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19) at your workplace?

(Note: Consider adding definition/symptoms for 'visibly ill')

My aunt from Melbourne visited me and my family a while back

Don't Know

### **Section 4: Community Exposures**

5 failed

NOTE TO INTERVIEWER: Questions from this section would only be used if this information is unavailable from a case report form or other available records.

For the following questions, close contact is being within 6 feet for a total of 15 minutes or more. Six feet (2 meters) is about the length of a twin or full-size mattress.

#### 1. During the 14-day period, did you...

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attend a gathering of >50 people (e.g., religious event, wedding, party, dance, concert, banquet, festival, sports event, funeral, or other event)?	No
attend a gathering of >10 but $\leq$ 50 people (e.g., religious event, wedding, party, funeral, or other event)?	Yes
use public or shared transportation (bus, train, airplane, Uber/Lyft, taxi, carpooling) to get to and from places other than work?	Yes
go to school or daycare in-person?	No
have a household member who went to school or daycare in-person?	Yes
My son Luke	
have close contact with a sick person who had close contact with a COVID-19 patient (i.e., secondary contact with a person with confirmed COVID-19)?	Don't Know
have close contact with a person who had traveled in the previous 2 weeks?	Yes

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2. During the 14-day period, did you have close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19) outside of the workplace?	Don't Know
3. During the 14-day period, did you travel away from home (out of the county, state, or country)?	No
4. What was your living situation?	Lived in my own home/apartment in another community
5. How many other people lived with you?	3
6. What type of housing (select one) did you live in?	House
7. Was your housing provided by the employer?	No
8. How many bedrooms were there in your home?	3
9. How many bathrooms were there in your home?	1
10. If other persons lived in the household, did they work outside of the home?	No
Section 5: Ability to Quarantine and Risk to Other Household Members	1 failed
1. What is the age of the eldest person in your household? (years)	56
2. What is the age of the youngest person in your household?	8
3. Are there any people living in your household with any of the following health conditions? (check all that apply)	Chronic respiratory disease (e.g., asthma, COPD, emphysema)
4. Are you able to maintain at least 6 feet of distance from other persons in the home?	No
5. If you were given the option of isolating yourself outside of the home to prevent transmission to other members of the household, would you take that option?	Yes
Sign Off	
Completed by (Name and Signature)	
Hypothetical Horace 15th Mar, 2021 1:27 PM PST	

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## **Appendix**



Photo 1

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