



Daily COVID-19 Spread Mitigation Checklist

Item Description

Response (Circle or Enter)

- | | | |
|---|---|--------|
| 1 | Have you confirmed with a non-contact thermometer that the employee has a temperature less than 100.4? | Y or N |
| 2 | Have you confirmed that the employee is not exhibiting coughing, shortness of breath, or signs of illness? | Y or N |
| 3 | Does the employee understand the COVID-19 precautionary requirements from the Governor's Executive Order? | Y or N |
| 4 | Does the employee understand that face coverings are strongly encouraged at all times and may be required at times? | Y or N |

Project Name

Company Name

Person Name

Orientation Number