Martha's Vineyard Back to Work Guidelines

Back to Work Checklist

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BUILDING INSPECTOR TO REQUEST AN INSPECTION. NO WORK CAN BEGIN UNTIL AN INSPECTION IS CONDUCTED OR 48 HOURS PASSES.

Construction Site Address: _____

Permit Number: _____

General Contractor Name: _____

Site Supervisor Name: _____

Site Supervisor Phone Number: _____

Site Supervisor Email: _____

_____ I informed all employees and subcontractors that no more than two workers may be on the site at one time.

_____ I informed all employees and subcontractors that they must stay home if they are sick, they must go home if they feel sick, and they must ask someone to go home if they appear sick.

_____ I informed all employees and subcontractors that they must travel to work by single occupant vehicle, on bike, or by foot.

_____ I informed all employees and subcontractors about the importance of maintaining 6 feet of distance at all times.

_____ I informed all employees and subcontractors that they cannot undertake a job if they do not have personal protective equipment to complete the job safely.

_____ The construction site has a hand washing station with running water, pump soap, paper towels mounted on a holder or in a dispenser, and a trash bin.

_____ I informed all employees and subcontractors that all supplies at the hand washing station must always be present.

_____ The site has one bathroom, porta-potty, or an equivalent rest room facility approved by the Board of health

_____ The wellness questionnaire sign in/sign out sheet is posted and I instructed all employees and subcontractors to complete it each day.

_____ All employees and subcontractors are instructed to wear work gloves at all times, except when not technically feasible.

_____ I informed all employees and subcontractors about the need to disinfect shared surfaces and complete the daily cleaning log.

_____ I informed all employees and subcontractors that breaks must be taken on the site.

_____ Guidelines for stopping the spread of COVID-19 and proper social distancing are posted at the following locations:

- _____ Entrance of the structure.
- _____ On each floor of the structure.
- _____ In each bathroom/porta-potty.
- _____ Inside each office/storage/equipment trailer.

_____ Guidelines for proper hand washing technique are posted at all hand washing sinks.

_____ The site supervisor will complete the Daily Report.

I attest that I have met all the requirements of the Back to Work Checklist and I hereby request an inspection of the above addressed Construction Site and an authorization to begin work.

_____	_____	_____
Name	Signature	Date

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Daily Cleaning Log

All high contact surfaces must be disinfected at the end of each day and whenever there is a crew change at the site. High contact surfaces include, but are not limited to, the items listed below. Use the blank boxes to list any additional locations or equipment cleaned. All cleanings must be recorded on this log by the cleaner. The log must be signed by the supervisor each day and kept with the Daily Report.

Item Cleaned	Time Cleaned	Name of Cleaner	Signature
Door Knobs			
Porta Potty			
Handwashing Station			
Site Office			
Storage Trailer			
On Site Vehicles			
Power Tools			
Hand Tools			
Delivered Items			

Date: _____

Site Address: _____

Supervisor Name: _____

Supervisor Signature: _____

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Daily Report Template

Company Name: _____

Contact Person: _____

Contact Phone Number: _____

Contact Email: _____

Work Site or Construction Site Address: _____
_____

Date: _____

Is a cleaning log attached to this report?

____ Yes ____ No (Check One)

Is a wellness questionnaire sign in/sign out report attached to this report?

____ Yes ____ No (Check One)

How many employees or subcontractors were not able to complete the wellness questionnaire and were directed to leave work? _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

THIS FORM IS TO BE KEPT AT THE CONSTRUCTION SITE OR THE OFFICE FOR WORKSITE RELATED WORK FOR 30 DAYS

THIS FORM MUST BE COMPLETED EACH DAY AS PART OF THE DAILY REPORT

COVID – 19 Wellness Questionnaire

In light of the situation regarding COVID-19, please do not enter this jobsite or report to work if you answer yes to any of the following questions:

1. Are you experiencing flu-like symptoms including: nasal congestion, sore throat, achiness, nausea, vomiting, diarrhea, signs of a fever or a measured temperature above 100.3 degrees or greater, and cough or shortness of breath within the past 72 hours?
2. Have had close contact with an individual diagnosed with COVID-19 or exhibiting flu-like symptoms in the past 14 days?
3. Have you been asked to self-isolate or quarantine by their doctor or a local public health official?
4. Have you been asked to stay home by a Medical Professional or Board of Health because COVID-19 symptoms were experienced, and you have not been cleared to return to work?
5. Have traveled to work with other people in a passenger vehicle, ferry or bus?

By reporting work and signing below I attest that I answered NO to all the above questions:

Printed Name	Signature	Sign in Time	Sign out Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

THIS FORM MUST BE POSTED AT THE ENTRY OF EACH CONSTRUCTION SITE OR PROVIDED TO WORKERS AT A WORK SITE

ESTE FORMULÁRIO DEVE SER PREENCHIDO CADA DIA COMO PARTE DO RELATÓRIO DIÁRIO

Questionário sobre COVID 19

Em relação ao COVID-19, não entre nesta obra e nem vá ao trabalho se responder sim a qualquer uma das seguintes perguntas:

1. Você está tendo sintomas semelhantes aos da gripe, incluindo: congestão nasal, dor de garganta, dor no corpo, náusea, vômito, diarréia, sinais de febre ou temperatura medida acima de 37.9ºC, e tosse ou falta de ar nas últimas 72 horas?
2. Teve contato próximo com um indivíduo diagnosticado com COVID-19 ou exibindo sintomas semelhantes aos da gripe nos últimos 14 dias?
3. Você foi solicitado a se auto-isolar ou colocado em quarentena pelo médico ou por um funcionário local de saúde pública?
4. Você foi solicitado a ficar em casa por um profissional médico ou pelo conselho de saúde porque teve sintomas do COVID-19 e você ainda não foi liberado para voltar ao trabalho?
5. Você tem viajado à trabalho com outras pessoas em um veículo, balsa ou ônibus?

Ao relatar o trabalho e assinar abaixo, atesto que respondi NÃO a todas as perguntas acima:

Nome	Assinatura	Horário de chegada	Horário de saida
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Nome do supervisor: _____

Assinatura do supervisor: _____

Data: _____

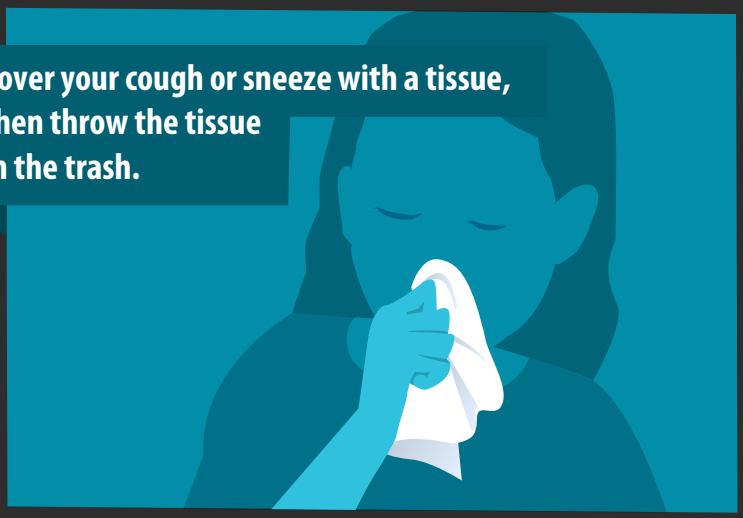
ESTE FORMULÁRIO DEVE SER PREENCHIDO TODOS OS DIAS COMO PARTE DO RELATÓRIO DIÁRIO

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.

When in public, wear a cloth face covering over your nose and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

cdc.gov/coronavirus

POST AT THE OFFICE, AT THE ENTRANCE AND ON EACH FLOOR OF THE STRUCTURE, AND INSIDE THE BATHROOM

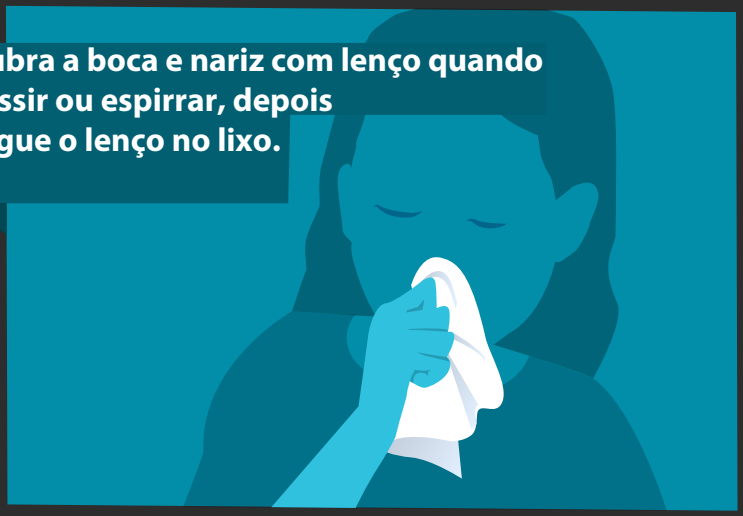
316351-A April 7, 2020 9:58 AM

PARE DE ESPALHAR GERMES

Ajude a prevenir à propagação de doenças respiratórias como o COVID-19

Evite contato próximo com pessoas doentes.

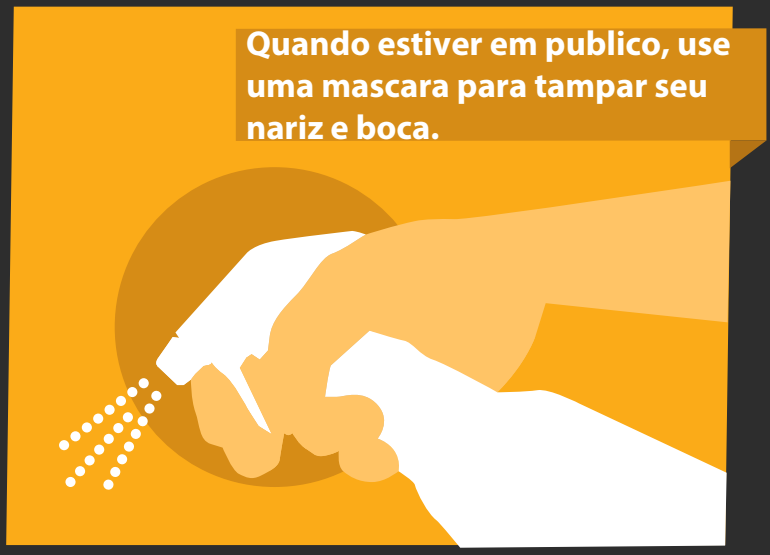
Cubra a boca e nariz com lenço quando tossir ou espirrar, depois jogue o lenço no lixo.



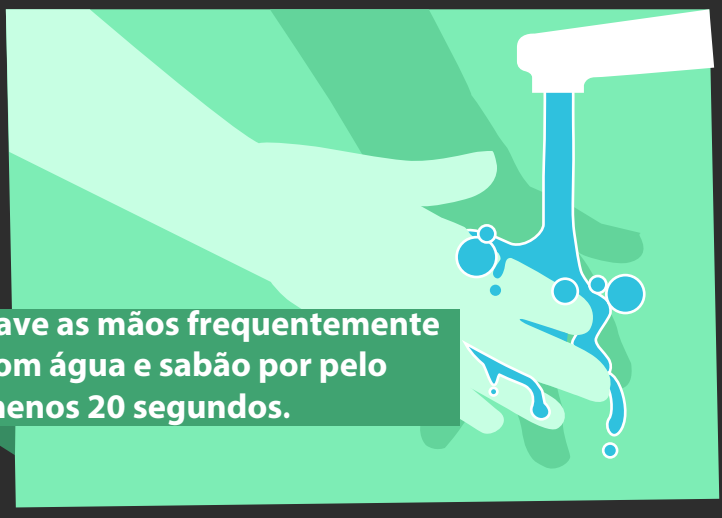
Evite tocar seus olhos, nariz e boca.

Limpar e desinfetar objetos e superficies frequentemente tocados.

Quando estiver em publico, use uma mascara para tampar seu nariz e boca.



Fique em casa se voce estiver doente, sai apenas pra obter assistência médica.



Lave as mãos frequentemente com água e sabão por pelo menos 20 segundos.

cdc.gov/coronavirus

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1 Wet

Hands that look clean can still have icky germs!

2 Get Soap

Wash Your Hands!

3 Scrub

4 Rinse

5 Dry

This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

POST AT EACH HANDWASHING STATION

Mãos que parecem limpas podem ter germes nojentos!

❶ Molhe

❷ Ensaboe

Lave as suas mãos!

❸ Esfregue

❹ Enxague

❺ Seque

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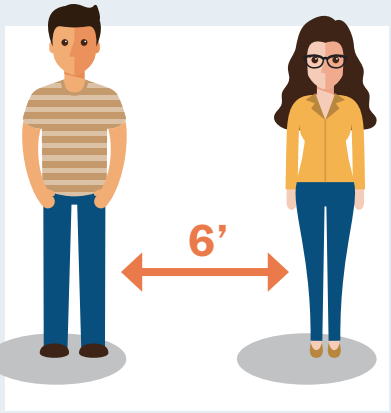
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Colocar em cada estação de lavagem das mãos

Help Prevent COVID-19 with Social Distancing

Call/Facetime/online chat with friends and family.

Stay home as much as you can.



If you must go out:

- **Don’t gather in groups**
- **Stay 6 feet away from others**
- **Don’t shake hands or hug**

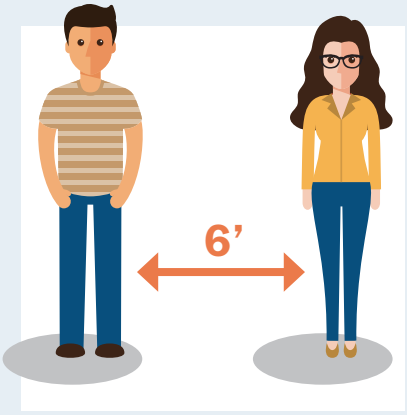
And please continue to wash your hands frequently.

POST AT THE OFFICE, AT THE ENTRANCE AND ON EACH FLOOR OF THE STRUCTURE, AND INSIDE THE BATHROOM

Ajude prevenir o COVID 19 com distanciamento social

Ligar / Facetime / conversar online com amigos e familiares.

Fique em casa o máximo possível.



Caso precise sair:

- **Não se reunir em grupos**
- **Manter 2m de distância um do outro**
- **Não se cumprimentarem dando as mãos, nem se abraçando**

E por favor continue lavando as mãos frequentemente.

POST AT THE OFFICE, AT THE ENTRANCE AND ON EACH FLOOR OF THE STRUCTURE, AND INSIDE THE BATHROOM