

COVID-19 CONSTRUCTION PROJECT SAFETY CHECKLIST

Introduction							
This document is to be complete commencement of works. The C Failure to maintain these COVID	OVID-19 control measur	es highlighted below must be	in place before works commence.				
Post Office Building 56 Church Street Hamilton, HM 12, Bermuda Office: 297-7651 Email: <u>dwsimmons@gov.bm</u>							
Project Description							
Project Name							
Building Permit #							
Project Start / End dates	Mm/dd/yyyy	Mm/dd/yyyy					
Project Location							
Project Contacts	Name	Phone Number	Email				
Primary Contractor							
Project Manager							

Required COVID-19 Project Controls				
Controls	YES	NO		
Does the site have a sign posted with required hygienic practices? (e.g. No face touching, wash hands, clean and disinfect, cover mouth when coughing or sneezing)				
clean and disinfect, cover modifi when coughing of sheezing)				



Site to have daily attendance log (for workers and visitors).	
Any person (employee, visitor, subcontractor, etc.) with COVID-19 symptoms not allowed on site / Post sign at entrance.	
Stagger trades to minimize worker density.	
Manage interactions during deliveries / Maintain physical distancing.	
Prohibit any gatherings of staff.	
Face masks must be available; used by all persons on site.	
Employees must maintain 6-ft physical distancing / Post signage	
Schedule or Log for cleaning surfaces/objects.	
No sharing of tools or equipment; If sharing is required there must be a system in place for sanitizing equipment between uses by different employees.	
Handwashing facilities (e.g. soap/water or hand sanitizer 60% alcohol) at every entrance; maintain stock.	

Plan Review I have reviewed the above checklist and affirm the required controls listed above are established at the project.						
Position	Name (Print)	Signature	Date (mm/dd/yyyy)			
Primary Contractor						

- FOR OFFICIAL USE ONLY -						
	Name (Print)	Signature	Date (mm/dd/yyyy)			
Reviewed by						
Follow-up Action	YES	NO				