

## OSU Extension: Essential Research and Extension Office Safety Plan Checklist

Office: \_\_\_\_\_

Date: \_\_\_\_\_

How many people are in your office? \_\_\_\_\_

Where is your office located? (courthouse, county bldg., ag building, etc..) \_\_\_\_\_

Are there other entities that are open currently in your building? Yes \_\_\_\_\_ No \_\_\_\_\_

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- Give me a brief description of specific office opening strategies/proposed scheduling (e.g., days/hours open to the public, strategies for rotating or staggering employee and clientele)?** *Outlook calendar usage required for employees and shared with supervisor.*
- Describe the overall building use, occupancy, and flow?** *Employee daily capacity, occupancy strategy for reducing contact while in building, and plan for delineating traffic flow, waiting areas/lines, and any necessary barriers (e.g., counter/employee only access, etc.).*
- Do you have a tracking plan for employees?** *Names, dates/times of access, primary tasks performed (e.g., front office coverage, essential activities, etc.).*
- Do you have a tracking plan for visitors?** *Must not be a sign-in sheet that clientele touch/share (e.g., tracking sheet behind desk, Excel spreadsheet with name and phone number, etc.)*
- Daily health checks are required. You are required to take your temperature and communicate the results. Has this been discussed?** Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have PPE / Sanitizing supplies for the office?** Yes \_\_\_\_\_ No \_\_\_\_\_ *Who is procuring PPE (enough for at least 3 weeks).*
- Describe PPE practices while in the office?**
- What is the cleaning and sanitizing plan for all areas of the office? (hourly, daily, as contact occurs)** *Tracking of common space regular cleaning required.*
- Describe any signage /communication for the office.** *Create clear expectations. Posted hours on door, safety precautions (e.g., please do not enter if sick or have temperature, please wear mask while in the office—masks available)*
- Are there any other specific safety precautions in place for employees and clientele?**
- Will there be travel other than in personal vehicles?** Yes \_\_\_\_\_ No \_\_\_\_\_

**You have already identified essential and time-critical activities, person(s) responsible etc., are there specific issues or concerns that we need to discuss.** *These may change over the next few weeks, so prioritize essential critical and time-sensitive activities, incorporate what is known, and additional activities can be submitted for approval, as needed.*

**Explain COVID-case reporting and plans to shut offices down? *If we receive a report, confirmed or unconfirmed, that a member of our team has been exposed to or has contracted coronavirus (COVID-19), we will connect with our HR Business Partner and call the Wexner Medical Center's COVID-19 call center at (614) 293-4000 for guidance. Confirmed Cases On-Site/ Shutdown of Space Immediately isolate and seek medical care for any individual who develops symptoms while at work. We will contact the local health district about suspected cases or exposures, and we will shut down the office and contact Ohio State's safety and compliance office for instructions regarding deep sanitation.***

**Do you have any other questions, concerns, or issues?**

Concerns / Questions that came from interview:

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**Do you see any reason that this employee or group should not proceed? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, explain:**

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\_\_\_\_\_ **Approved to open County Extension Office**