Coronavirus (COVID-19) Social Distance Tracking Checklist, Review and Filing Instructions

Note: *This sample policy provides a framework to help businesses create a detailed social/physical distancing policy. Verbiage and implementation may vary for different industries and states. Please go the federal and your state CDC websites for more information.*

This detailed procedure is for <Company><Department and/or Locations>

1. **General Instructions:**
   a. Each **<Company>** employee is to complete a COVID-19 Social Distance Tracking Checklist document each time they are on site.
   b. Every person must submit a document even if there is no violation of the 6 (six) foot social distancing boundary.
   c. Use the latest revision of the COVID-19 Social Distance Tracking Checklist.
   d. Ensure that the employee's name and the date are filled out on each sheet.
   e. The sum of all encounters where the 6 (six) foot social distancing requirement has been encroached on by any individual at this **<Company>** location must be logged by the end of each shift.
   f. Each person completing the COVID-19 Social Distance Tracking Checklist must deliver the document to their supervisor at the end of each shift.
      i. **<Department A>** will place their completed COVID-19 Social Distance Tracking Checklists in the **<define physical location>**.
      ii. **<Department B>** will place their completed COVID-19 Social Distance Tracking Checklists in the **<define physical location>**.

2. **Scanning, Reviewing and Emailing of COVID-19 Social Distance Tracking Checklist Documents. Each supervisor will perform the following prior to the end of their shift.**
   a. Each supervisor will:
      i. Collect their team's COVID-19 Social Distance Tracking Checklist at the end of each shift.
      ii. Confirm that each member of their team, who was on site that day, completed a COVID-19 Social Distance Tracking Checklist.
      iii. Place their personal COVID-19 Social Distance Tracking Checklist on the top of their team's documents.
   b. The supervisor will scan the documents to their scan folder on the **<Company-Designated>** drive.
      i. Place the documents on the **<define equipment number/name>** scanner/printer located <define location of copier/scanner.
      ii. Select Fax/Scan.
      iii. Using the touch pad on the printer select your name to scan the documents to your folder.
      iv. Press Start.
   c. Review the COVID-19 Social Distance Tracking Checklist documents
      i. Go to your scan folder on the **<COMPANY-DESIGNATED>** drive.
      ii. Open the document that was just scanned into the folder.
      iii. Ensure that all people on your team are included and that the document is scanned properly.
      iv. Review the documents and make note of any employees that have notable exposure to their co-workers, visitors or vendors. **Note: Anything in excess of 15 <or Company-defined> total minutes of contact – with other individuals within the six (6) foot limit -- triggers a mandatory discussion with the employees involved.**

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          v.   After the review is complete, using the signature function in Adobe, create a text box on the last page of the document and enter your name and the date of the review.

          iv.   Click Save.

   d.   Rename the document in the following format (YY=Year, MM=Month, DD=Day)

          i.   YY-MM-DD, Supervisor Name COVID-19 Checklist

             Example: 20-03-29, J Doe COVID-19 Checklist

             This would be for John Doe's **<Department>** Team on 29 March 2020.

   e.   Create an Email to **<email of Assistant Manager, or other manager defined in process>**.

          i.   Make the subject of the email the file name of the document that you just created.

          ii.   Go to the ***<Company-designated>*** drive and copy the document that was just created and named.

          iii.   Go to the email and paste the document, created in Step 2.d.1 above, into the email as an attachment.

          iv.   Document any people that were absent and who, if anyone, was called in to fill in for their position. If no employees were absent, note that in the email.

          v.   Send the email.

   f.   Put the original documents in the recycling bin. This step is placed here to ensure the documents are not recycled until it is confirmed that electronic copies are available.

3.   Follow Up Discussions

   a.   Based on the review of the COVID-19 Social Distance Tracking Checklist completed in Step 2.c.iv above, seek out and have conversations with people who had interactions that were longer than the established guidelines.

   b.   Remain more than 6 (six) feet apart from the person and make them aware of the time that they have spent with person(s) with in the boundary for more than the established time.

   c.   Inform the people that this is for awareness purposes and that you are looking out for the health of the person, the person's family and our coworkers.

   d.   Document this discussion in a manner consistent with ***<Company>*** policy for verbal progressive discipline.

          i.   In cases where employee behavior results in multiple discussions, the ***<Company>*** progressive discipline policy shall be followed.

4.   Management Review

   a.   The ***<Company-designated manager>*** will review each of the department leader's emails daily.

   b.   After the review is complete, using the signature function in Adobe, create a text box on the first page of the document and enter his name and the date of the review.

   c.   All Department and the ***<Company-designated manager's>*** COVID-19 Social Distance Tracking Checklists will be placed in an email to the ***<Top-Level Manager>.***

   d.   The subject line of the email will follow the file naming format with no names mentioned.

   e.   The body of the email will contain the absentee and fill-in worker information that was provided by the department leaders.

   f.   The ***<Company-designated manager>*** will send the email to the ***<Top-Level Manager>*** on a daily basis.

Covid-19
Social Distance Tracking Checklist

Write the time in the appropriate designated column next to the individual you were within social distancing space (less than 6 feet), for any encounter that is 10 seconds or longer, unless directly coughed or sneezed on.

Time is to be considered daily total. Indicate seconds with "S" and Minutes with "M".

	6'		6'		6'
Shift Supervisor Office		**Control Room Operators**		**Warehouse**	
Last Name, First Name		*Last Name, First Name*		*Last Name, First Name*	
Last Name, First Name		*Last Name, First Name*		*Last Name, First Name*	
Last Name, First Name		*Last Name, First Name*		*Last Name, First Name*	
I/C (Electrician) Shop		**Relief Operators**		**Temp Workers**	
Last Name, First Name		*Last Name, First Name*		*Last Name, First Name*	
Last Name, First Name		*Last Name, First Name*		*Last Name, First Name*	
Last Name, First Name		*Last Name, First Name*		*Last Name, First Name*	
Admin Staff		**Utility Operators**		**WRITE-IN**	
Last Name, First Name		*Last Name, First Name*		**Company & First/Last Name**	**6'**
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		**Crane Operators**			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		**Truck Drivers**			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		**Scale House**			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		**Yard Crew**			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Department		**Mechanics**			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		**Equipment Operators**			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Department		**Laborers**			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*			
Last Name, First Name		*Last Name, First Name*		**SUPERVISOR INITIALS**	
Last Name, First Name		*Last Name, First Name*			

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