## **MHI-COVID-19 Return To Workplace Audit Checklist**

\*RTWP - Return to Workplace Plan

Date Time	Location:
Auditor Name:	Admin Manager:
Contact #:	RTWP Committee Lead: RTWP Issue Date:
Is the RTWP posted on Safety Board?  Yes No (If no explain why?)  Has the RTWP been communicated with employees?  Yes No (If no explain why?)	How many employees are working in the office/shop?  MHI staff Contractors and Sub-contractors (where applicable)  Total capacity of the office/shop?
Have all employees on site completed the awareness e-module, prior to returning to workplace?	Yes No What %
Is there a protocol in place for sign in/out for employees and visitors/contractors?	Yes No Alternative Measures in place (explain what?)
Is there a policy and/or procedure in place for employees who are ill?	☐ Yes ☐ No
If "Yes", Have employees been made aware of it?	Yes No
Is there a screening checklist for visitors?	Yes No
Do you know how to get the cleaning supplies?	Yes No Alternative Measures in place (explain what?)
Are physical barriers in place at all offices/cubicles (where required) to maintain social distancing requirements?	Yes No Alternative Measures in place (explain what?)
Is soap and water/cleaning/disinfecting supplies available onsite?	Yes No Alternative Measures in place (explain what?)

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## MHI-COVID-19 Return to Workplace Audit Checklist

Is signage posted for hand washing at sinks and washrooms/lunch rooms?	Yes No Alternative Measures in place (explain what?)
Is there enhanced cleaning of the washrooms in place?	Yes No Alternative Measures in place (explain what?)
Are waste bins cleaned on regular basis?	Yes No Alternative Measures in place (explain what?)
Is the washroom capacity/limit of max users at any given time posted on washroom doors/access point?	Yes No Alternative Measures in place (explain what?)
Is enhanced cleaning of lunch/break rooms in place and followed?	Yes No Alternative Measures in place (explain what?)
Is the lunch room capacity/limit of max users at any given time posted on lunchroom door/entrance?	Yes No Alternative Measures in place (explain what?)
Is equipment and machinery being cleaned/disinfected regularly (Employee personal office space)?	Yes No Alternative Measures in place (explain what?)
Are signs posted for employees to follow?	Yes No Alternative Measures in place (explain what?)

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Are signs posted for meeting rooms (max capacity)?	Yes No Alternative Measures in place (explain what?)
Can social distancing be maintained in the conference room?	Yes No Alternative Measures in place (explain what?)
Are supplies readily available in the conference room for cleaning and disinfecting?	Yes No Alternative Measures in place (explain what?)
Are employees following the posted protocols for the conference room (i.e. cleaning/disinfecting before and after each use)?	Yes No Alternative Measures in place (explain what?)
Are waste bins cleaned on regular basis?	Yes No Alternative Measures in place (explain what?)
Are posters present and being adhered to as per the plan (photocopies, supplies room)?	Yes No Alternative Measures in place (explain what?)
Are cleaning supplies being maintained in the common area?	Yes No Alternative Measures in place (explain what?)
Are waste bins cleaned on regular basis?	Yes No Alternative Measures in place (explain what?)
Can the work duties be staggered (different start/end time) to maintain social distancing?	Yes No Alternative Measures in place (explain what?)
Is personal protective equipment (PPE) available for use (e.g. gloves, etc.)?	Yes No Alternative Measures in place (explain what?)
Is a protocol in place for safe use of elevator/stair ways?	Yes No N/A Alternative Measures in place (explain what?)

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Are signs posted at the entrances of elevators/stair ways?	Yes No N/A Alternative Measures in place (explain what?)	
Are Employees following the Mandatory/Highly Recommended Face mask Guideline?	Yes No (if no please explain)	
Employee Interview Section (maintain social distance dur	ing interview):	
Are you aware of the RTWP plan and/or procedures that are in place for employees to follow?	☐ Yes ☐ No	
If "Yes", how were you made aware of it?		
Are supplies readily available for cleaning and disinfection?	☐ Yes ☐ No	
Is required PPE available (e.g. gloves)?	Yes No	
Do you feel safe at work?	Yes No (if no explain why?)	
Do you have any concerns for RTWP Plan?		
Audit Summary:		
Unsafe Observation and Findings:		
Opportunities for Improvement:		

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