



Appendix C

COVID-19 Inspection Form

Conducted By:

Date:

Location:

Directions: Use this checklist (front & back) to help you inspect labs, rooms, and areas.

Enter comments or concerns and that end of the form.

I. Criteria				
		Pass	Fail	N/A
1	6 ft. social distancing enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Everyone has a face covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Hand sanitizer readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Soap & paper towels provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Campus Covid signage posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Gloves provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Barriers/Shielding in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Disinfectant provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*	*			
*	*			

	VIII. General Comments

Submit safety issues/concerns to CSUDH EHS