



COVID-19 Business Reopening Administrative Guidelines Checklist

<i>Completed By:</i>			
<i>Date Completed:</i>		<i>Supervisor:</i>	

Item		Response			Action	
No.	Description	Yes	No	N/A	Corrective Action	Remarks
1.	Identify Executive/Administrative Team to develop reopening plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Are recommendations from Federal, State, and local agencies consistently reviewed to determine if those recommendations and guidance should or can be incorporated into workplace-specific plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Have the routes of COVID-19 exposures (where, how and what sources) been determined for workers and guests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Have business processes/tasks been evaluated to identify additional health controls to protect employees from COVID-19 while they perform their activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Have personnel been identified to enforce and monitor COVID-19 controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Has a schedule been developed to stagger start dates for returning employees, starting with critical employees first, then other positions returning the following days/weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Have considerations been made to operate on multiple shifts or continued staggering start times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Are all employees aware of any attendance and scheduling changes that impact them due to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	As per Fair Labor Standards Act (FLSA), are you maintaining an accurate tracking system of any overtime work being performed by any non-exempt (not salaried) employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Have you installed COVID-19 controls such as physical barriers, testing stations, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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No.	Description	Yes	No	N/A	Corrective Action	Remarks
11.	Have you evaluated access to supplies such as thermometers, face covers, antibacterial wipes, soap and hand sanitizer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Have you coordinated with vendors, contractors, and suppliers on delivery and service procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.	If using any temporary staffing agencies or Professional Employer Organizations (PEOs), ensure a clear understanding of each employer's role in protecting employees from COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.	If using any temporary staffing agencies, have the responsibilities for COVID-19 compliance been detailed in contract(s) prior to temporary staff entering the facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Have tests/drills been conducted with controls in place to identify any deficiencies before employees return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Have employees been trained on the new COVID-19 procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Resources

For additional resources, tools, information, and links, please visit our COVID-19 resource page at www.usi.com/public-health-emergencies



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