

EMPLOYEE DAILY EXPECTATIONS

- Before entering the workplace, employees must be wearing a face covering as long as he/she is medically able. Once an employee reaches his/her workstation, the face covering may be removed, if just sitting at his/her desk. However, if an employee is moving about the workplace, interacting with co-workers, and/or interacting with the public, a face covering MUST be worn.
- When entering the workplace, employees must immediately apply hand sanitizer. This shall be done before punching in, if applicable, and touching any surfaces.
- Next, employees need to complete the Work Place Health Screening • Form.
 - If "Yes" is answered to any of the questions, the employee must immediately leave the building. Once at home, the employee must contact his/her supervisor.
 - _ If "No" is answered to all questions, the employee may continue to his/her workstation.
 - Employees must return this form to the Human Resource Department as soon as possible.
- Once an employee arrives at his/her workstation, all equipment (keyboards, phone, desktop, • equipment, etc.) MUST be thoroughly cleaned. Cleaning shall be done frequently throughout the day and before leaving at the end of the employee's shift.
- Limit sharing tools and equipment. If tools and equipment need to be shared, it MUST be disinfected and cleaned after each use. This applies to printers, copiers, postage meter, other office equipment, refrigerator door handles, Public Works/Water Treatment Plant/Wastewater Treatment Plant tools and equipment, etc. IF YOU TOUCH IT AND SOMEONE ELSE MAY USE IT, DISINFECT IT !!!!
- Breaks and meals cannot be taken and shared together. Employees should limit use of the • breakrooms to only placing or retrieving food or drink in the shared refrigerators.
- Employees should wash hands frequently, cover coughs and sneezes with a tissue, and avoid • touching his/her face.
- Employees should conduct their work in a way to reasonably avoid coming within six feet of • other individuals.
- Employees must use all additional Personal Protective Equipment (PPE) as instructed by his/her • Supervisor, if required for the work being performed.











Coronavirus Disease (COVID-19) Workplace Health Screening

Company Name: Employee Name:



Date:

Timelar