

COVID-19 Employee Return to Work - Needs Survey

Employee Name:		
Title:		
Work Location:		
Date:		

PPE and Needed Supplies:

Quantity	Item	Note:
	Face Shields	For use by employees who cannot use a face mask. Limited availability.
	Gloves	Recommended for use by employees accepting materials from others.
	Disinfecting Spray	For daily self-cleaning of personal workstations.
	Hand Sanitizer	For use when frequent hand washing is not an option.

Facilities Requests:

Item	Details	Note:
Furniture moves:		Work stations must be 6' apart from each other.
Personnel Relocation		When scheduling of shared offices that do not permit social distancing cannot be worked out
Plexiglass Guard Installation		For installation in areas with high levels of person-to-person contact occur
Social Distance-Related Signage:		To encourage 6' distancing in high traffic areas

Approvals Routing:

Department Head _____

Division VP _____

Human Resources _____

Administration/Facilities _____

Upon completion Form will be sent to Facilities for creation of a work order.