## **Martha's Vineyard Back to Work Guidelines**

#### **Back to Work Checklist**

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BUILDING INSPECTOR TO REQUEST AN INSPECTION. NO WORK CAN BEGIN UNTIL AN INSPECTION IS CONDUCTED OR 48 HOURS PASSES.

Constru	ction Site Address:		
Permit I	Number:		
General	Contractor Name:		
Site Sup	ervisor Name:		
Site Sup	ervisor Phone Number:		
Site Sup	ervisor Email:		
	I informed all employees and subcomplete sick, and they must ask some of informed all employees and subcompose.  I informed all employees and subcompose and	contractors that they must stay hose ne to go home if they appear sick contractors that they must travel to contractors about the importance of contractors that they cannot unthe job safely.  Washing station with running wath bin.  Contractors that all supplies at the hootty, or an equivalent rest room are instructed to wear work glow contractors about the need to dision contractors that breaks must be tained to contractors that breaks must be ta	of maintaining 6 feet of distance at all times. Indertake a job if they do not have personal eter, pump soap, paper towels mounted on a mand washing station must always be present. If acility approved by the Board of health estructed all employees and subcontractors to eves at all times, except when not technically enfect shared surfaces and complete the daily extend the site. It is the following locations:
	Name	Signature	Date

### **Martha's Vineyard Back to Work Guidelines**

#### **Daily Cleaning Log**

All high contact surfaces must be disinfected at the end of each day and whenever there is a crew change at the site. High contact surfaces include, but are not limited to, the items listed below. Use the blank boxes to list any additional locations or equipment cleaned. All cleanings must be recorded on this log by the cleaner. The log must be signed by the supervisor each day and kept with the Daily Report.

Item Cleaned	Time Cleaned	Name of Cleaner	Signature
Door Knobs			
Porta Potty			
Handwashing Station			
Site Office			
Storage Trailer			
On Site Vehicles			
Power Tools			
Hand Tools			
Delivered Items			
		1	
Date:			
Site Address:			<del></del>
Supervisor Name:			
Supervisor Signature:			

## **Martha's Vineyard Back to Work Guidelines**

#### **Daily Report Template**

Company Name:
Contact Person:
Contact Phone Number:
Contact Email:
Work Site or Construction Site Address:
Date:
Is a cleaning log attached to this report?
Yes No (Check One)
Is a wellness questionnaire sign in/sign out report attached to this report?
Yes No (Check One)
How many employees or subcontractors were not able to complete the wellness questionnaire and were directed to leave work?
Supervisor Name:
Supervisor Signature:
Date:

## **COVID – 19 Wellness Questionnaire**

In light of the situation regarding COVID-19, please do not enter this jobsite or report to work if you answer yes to any of the following questions:

- 1. Are you experiencing flu-like symptoms including: nasal congestion, sore throat, achiness, nausea, vomiting, diarrhea, signs of a fever or a measured temperature above 100.3 degrees or greater, and cough or shortness of breath within the past 72 hours?
- 2. Have had close contact with an individual diagnosed with COVID-19 or exhibiting flu-like symptoms in the past 14 days?
- 3. Have you been asked to self-isolate or quarantine by their doctor or a local public health official?
- 4. Have you been asked to stay home by a Medical Professional or Board of Health because COVID-19 symptoms were experienced, and you have not been cleared to return to work?
- 5. Have traveled to work with other people in a passenger vehicle, ferry or bus?

By reporting work and signing below I attest that I answered NO to all the above questions:

<u>Printed Name</u>	<u>Signature</u>	Sign in Time	Sign out Time
Supervisor Name:			
		<u></u>	
Date:	<del></del>		

THIS FORM MUST BE POSTED AT THE ENTRY OF EACH CONSTRUCTION SITE OR PROVIDED TO WORKERS AT A WORK SITE

## **Questionário sobre COVID 19**

Em relação ao COVID-19, não entre nesta obra e nem vá ao trabalho se responder sim a qualquer uma das seguintes perguntas:

- 1. Você está tendo sintomas semelhantes aos da gripe, incluindo: congestão nasal, dor de garganta, dor no corpo, náusea, vômito, diarréia, sinais de febre ou temperatura medida acima de 37.9°C, e tosse ou falta de ar nas últimas 72 horas?
- 2. Teve contato próximo com um indivíduo diagnosticado com COVID-19 ou exibindo sintomas semelhantes aos da gripe nos últimos 14 dias?
- 3. Você foi solicitado a se auto-isolar ou colocado em quarentena pelo médico ou por um funcionário local de saúde pública?
- 4. Você foi solicitado a ficar em casa por um profissional médico ou pelo conselho de saúde porque teve sintomas do COVID-19 e você ainda não foi liberado para voltar ao trabalho?
- 5. Você tem viajado à trabalho com outras pessoas em um veículo, balsa ou ônibus?

Ao relatar o trabalho e assinar abaixo, atesto que respondi NÃO a todas as perguntas acima:

<u>Nome</u>	<u>Assinatura</u>	<u>Horário de</u> <u>chegada</u>	<u>Horário de</u> <u>saida</u>
Nome do supervisor:			
		-	

ESTE FORMULÁRIO DEVE SER PREENCHIDO TODOS OS DIAS COMO PARTE DO RELATÓRIO DIÁRIO

## Stop the Spread of Germs

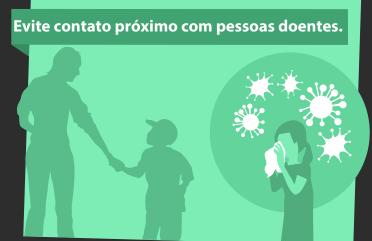
Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

## PARE DE ESPALHAR GERMES

## Ajude a prevenir à propagação de doenças respiratórias como o COVID-19



Cubra a boca e nariz com lenço quando tossir ou espirrar, depois jogue o lenço no lixo.



Evite tocar seus olhos, nariz e boca.



Limpar e desinfetar objetos e superficies frequentemente tocados.

Quando estiver em publico, use uma mascara para tampar seu nariz e boca.



Fique em casa se voce estiver doente, sai apenas pra obter assistência médica.



Lave as mãos frequentemente com água e sabão por pelo menos 20 segundos.

cdc.gov/coronavirus





thands that look clean can still have icky germs!



<sup>®</sup> Get Soap

# WASA YOUR HANGS!



® Scrub





<sup>®</sup>Rinse



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.





Mãos que parecem limpas podem ter germes nojentos!



**@Ensaboe** 

## Lance as suas Maosi



**®** Esfregue





**4** Enxague



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Este documento foi desenvolvido pela CDC. A campanha Life is Better with Clean Hands foi possível através de uma parceira entre a fundação CDC, GOJO, e Staples. A HHS/CDC não recomenda produtos, serviços ou empresas comerciais.



## **Help Prevent COVID-19** with Social Distancing

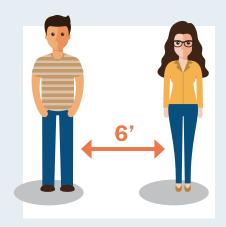




**Call/Facetime/online chat** with friends and family.



**Stay home** as much as you can.



If you must go out:

- Don't gather in groups
- Stay 6 feet away from others
- Don't shake hands or hug



And please continue to wash your hands frequently.



## Ajude prevenir o COVID 19 com distanciamento social

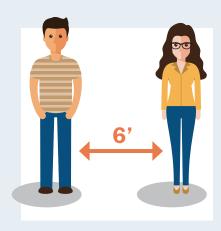




Ligar / Facetime / conversar online com amigos e familiares.



Fique em casa o máximo possível.



### Caso precise sair:

- Não se reunir em grupos
- Manter 2m de distância um do outro
- Não se cumprimentarem dando as mãos, nem se abraçando



**E** por favor continue lavando as mãos frequentemente.