

CONSTRUCTION SITE SAFETY PROTOCOL FOR COVID-19 CHECKLIST



Shelter and NFI Cluster Team

SHELTER CLUSTER IRAQ

Part 1 - Organization Staff

Staff Training Data Entry Form: [\(this table to be filled by the organization's designated safety manager\)](#)

First name	Second name	Third name	ID no.	Duty station	Training received	Training Date	Is a refreshing session required?	Remarks
[text]	[text]	[text]	[integer]	[text]	Select one: <input type="radio"/> Regular <input type="radio"/> ToT <input type="radio"/> None	[date]	Select one: <input type="radio"/> Yes <input type="radio"/> No	[text]

Project Control:

General information: [\(this table to be filled by the organization's designated safety manager\)](#)

Project name	Project type	Project code/reference no.	Project location	Starting date	Estimated finish date
[text]	[text]	[text]	Select: Governorate>District>Sub-district> [text: village/neighborhood/area]	[date]	[date]

General staff visiting form: [\(To be used on daily basis by the designated site safety manager and can be linked to the general form for autofill option\)](#)

Note: Add covid19 safety manager details!

First name	Second name	Third name	ID no.	Training received	Visit date	Visit purpose	COVID-19 safety protocols followed	If no, which safety protocol was broken	Remarks	Action take
[text:auto-fill]	[text:auto-fill]	[text:auto-fill]	[integer]	[text:auto-fill]	[date]	Select one:	Select one: <input type="radio"/> Yes <input type="radio"/> No	Select multiple:	[text]	Select one: <input type="radio"/> Verbal warning

						<ul style="list-style-type: none"> ○ Regular daily visit ○ Regular weekly visit ○ General follow up 		<ul style="list-style-type: none"> <input type="checkbox"/> verbal self-certification is not given <input type="checkbox"/> Not wearing mask/face cover <input type="checkbox"/> Not wearing gloves/washing hands <input type="checkbox"/> Physical distancing is not respected <input type="checkbox"/> Other behaviors such as handshakes, hugs, etc. 		<ul style="list-style-type: none"> ○ Escort out of the project site ○ Other [text]
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Part 2 - Beneficiaries

General Head of Households Data Entry Form: [\(to be filled by the field unit and linked to the projects list\)](#)

HoH First name	HoH Second name	HoH Third name	Reference no.	Project location (optional)	How many members living here?	Have the HoH and family members received the training:	Training types received	If no, why?	Training Date	Is a refreshing session required?	Updated training date	Any member breaking the safety measures?	Remarks
[text]	[text]	[text]	[integer]	Select: Governorate>District>Sub-district>	[integer]	Select one: <ul style="list-style-type: none"> ○ Yes (all) 		[text]	[date]	Select one:	[date]	Select one:	[text]

				[text:village/neighborhood /area]		<input type="radio"/> Yes (partially) <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
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Part 3 – Contractor / Sub-contractors

General Daily Observation Checklist

Transport to/from construction site		
Is chlorinated water provided daily to the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Is individual transport to the work site applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
If individual transport is not applied, is transport organized to have the same crew/staff travelling together to the work site?	<input type="checkbox"/>	If no, recommended action(s)
Are masks being wore if the passenger capacity of the vehicle is occupied for more than 50%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Are employees being asked daily by the COVID-19 Safety Manager if they are experiencing any symptoms, and referred to the nearest health facility if they are?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Preventive health and hygiene practices – AT ALL TIMES		
Is the minimum distance of 1 meter with others at all times being applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Are tools, cabinets, equipment, etc being cleaned first and then disinfected before use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Are hard surfaces like door handles, chairs, tables, floors etc. being regularly cleaned and disinfected (min. daily)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Are scaffolding being limited to access from essential staff only and cleaned regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Are all onsite workers helping in keeping all working areas clean?	<input type="checkbox"/> Yes	If no, recommended action(s)

	<input type="checkbox"/> No	
Are all onsite workers helping in keeping the washroom clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Is ventilation being increased in closed spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)
Has the contractor limited the exchange of tools and equipment between their workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, recommended action(s)

Staff Training Data Entry Form:

First name	Second name	Third name	ID no.	Duty station	Training received	Training Date	Is a refreshing session required?	Remarks
[text]	[text]	[text]	[integer]	[text]	Select one: <input type="radio"/> Regular <input type="radio"/> ToT <input type="radio"/> None	[date]	Select one: <input type="radio"/> Yes <input type="radio"/> No	[text]

General working manpower on-site form: [\(To be used on daily basis by the designated site safety manager and can be linked to the staff training data entry form for autofill option\)](#)

date	First name	Second name	Third name	ID no./reference no.	Training received	COVID-19 safety protocols followed	If no, which safety protocol was broken	Remarks	Action take
[date]	[text:auto-fill]	[text:auto-fill]	[text:auto-fill]	[integer]	[text:auto-fill]	Select one: <input type="radio"/> Yes <input type="radio"/> No	Select multiple: <input type="checkbox"/> verbal self-certification is not given	[text]	Select one: <input type="radio"/> Verbal warning <input type="radio"/> Escort out of the

							<input type="checkbox"/> Not wearing mask/face cover <input type="checkbox"/> Not wearing gloves/washing hands <input type="checkbox"/> Physical distancing is not respected <input type="checkbox"/> Other behaviors such as handshakes, hugs, etc. <input type="checkbox"/> Not cleaning or disinfecting tools and equipment <input type="checkbox"/> Not keeping all areas clean.		project site <input type="radio"/> Other [text]
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Visitor check book sample

Name	Phone number	Purpose of the visit	Date	Time in	Time out	Signature

Part 4 – Access control measures

Is there any sign of sickness (humanitarian partner staff, contractors, beneficiaries, suppliers, third parties, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employee / worker / subcontractor / supplier coming to the working site when they are feeling sick?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are those with access to the worksite providing daily verbal self-certification to the COVID 19 safety manager that they are in the physical conditions to carry on the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is temperature check when entering the site being implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are those who are sick or exhibiting any of the symptoms above reporting to the COVID-19 Safety Manager (via phone, text or verbally) right away for immediate referral to the health care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> none
Are those exhibiting symptoms or unable to self-certify being directed to leave the work site and seek medical attention and applicable testing by their health care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> none
Are large gatherings while accessing/exiting the worksite avoided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there high staff turnover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is presence of (sub)contractors, suppliers, third parties, etc. at the same time limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are rehabilitation activities coordinated in a way that different specialists access the construction site with alternate modalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 5 – Visual material

General form: [\(linked to projects list\)](#)

Project code/reference no.	Project name	Project type	Project location	Are there any visual material?	If no, why?	Visual material type	Need to replace visual material?	Need to add more visual material?	Have the beneficiaries received a copy of the protocol?	Is there a copy of the protocol with the contractor staff at site?
[text]	[text:auto-fill]	[text:auto-fill]	[text:auto-fill]	Select one: <input type="radio"/> Yes <input type="radio"/> No	[text]	Select multiple: <input type="checkbox"/>	Select one: <input type="radio"/> Yes <input type="radio"/> No			