## **COVID-19 TEMPORARY RULE EXPOSURE RISK ASSESSMENT TEMPLATE**

All employers must conduct a COVID-19 exposure risk assessment, without regard to the use of personal protective equipment or masks, face shield, or face coverings. This risk assessment must address the questions listed below related to potential employee exposure to COVID-19 in the workplace.

**NOTE:** The exposure risk assessment must involve feedback and participation from employees. This feedback may be achieved via a safety meeting, safety committee, distancing officer, supervisor, process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process.

| (3)(h)(A) | Questions                            | Answers | Completed |
|-----------|--------------------------------------|---------|-----------|
| ı         | Can employees telework or            |         |           |
|           | otherwise work remotely? How are     |         |           |
|           | employees encouraged or              |         |           |
|           | empowered to use those distance      |         |           |
|           | work options to reduce COVID-19      |         |           |
|           | transmission at the workplace?       |         |           |
| 2         | What are the anticipated working     |         |           |
|           | distances between employees? How     |         |           |
|           | might those physical working         |         |           |
|           | distances change during non-routine  |         |           |
|           | work activities?                     |         |           |
| 3         | What are the anticipated working     |         |           |
|           | distance between employees and       |         |           |
|           | other individuals? How might those   |         |           |
|           | working distances change during      |         |           |
|           | non-routine work activities?         |         |           |
| 4         | How has the workplace or             |         |           |
|           | employee job duties or both been     |         |           |
|           | modified to provide for at least 6-  |         |           |
|           | foot physical distancing between all |         |           |
|           | individuals?                         |         |           |

|   | 1                                    |  |
|---|--------------------------------------|--|
| 5 | What is the mask, face shield, or    |  |
|   | face covering policy for COVID19     |  |
|   | at the workplace? How is this policy |  |
|   | communicated to employees and        |  |
|   | other individuals at the workplace?  |  |
| 6 | How have employees been              |  |
|   | informed about the workplace         |  |
|   | policy and procedures related to     |  |
|   | reporting COVID-19 signs and         |  |
|   | symptoms? How will employees         |  |
|   | who are identified for quarantining  |  |
|   | or isolation as a result of medical  |  |
|   | removal under (3)(I) of this rule be |  |
|   | provided with an opportunity to      |  |
|   | work at home?                        |  |
| 7 | How have engineering controls        |  |
|   | such as ventilation (whether local   |  |
|   | exhaust ventilation systems,         |  |
|   | airborne infection isolation room,   |  |
|   | or general building HVAC systems)    |  |
|   | and physical barriers been used to   |  |
|   | minimize employee exposure to        |  |
|   | COVID19?                             |  |
| 8 | How have administrative controls     |  |
|   | (such as foot-traffic control) been  |  |
|   | used to minimize employee            |  |
|   | exposure to COVID19?                 |  |
| 9 | What is the procedure or policy for  |  |
|   | employees to report workplace        |  |
|   | hazards related to COVID-19? How     |  |
|   | are these reporting procedures or    |  |
|   | policies communicated to             |  |
|   | employees?                           |  |

| 10 | How are sanitation methods related to COVID-19 implemented in the workplace? How have these sanitation practices been explained to employees and other individuals that enter the workplace?  |  |
|----|---|--|
| 11 | How has industry-specific public health guidance from the Oregon Health Authority been implemented in addition to this rule? How are periodic updates to such guidance documents incorporated into the workplace on an on-going basis?  |  |
| 12 | For multiemployer worksites, how are the physical distancing; masks, face shield, or face covering requirements; and sanitation provisions required under (3)(a), (3)(b), and (3)(c) of this rule respectively, communicated to and coordinated between all employers and their affected employees? |  |

Each employer that has more than ten employees statewide (including temporary and part-time workers) or that is covered by (1)(b) of this rule (workplaces at exceptional risk) must record their COVID-19 exposure risk assessment in writing by documenting the following information:

| The name(s), job title(s), and contact information of the person(s) who performed the exposure risk |  |
|---|--|
| assessment  |  |
| The date the exposure risk assessment was completed   |  |
| The employee job classifications that were evaluated  |  |
| A summary of the employer's answers to each of the  |  |
| applicable exposure risk assessment questions   |  |