

COVID-19 Workplace Safety Plan

Updated: 5-19-2020



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Workplace Safety Plan/Personal Safety

1. Schedule for cleaning and disinfecting work areas, especially common areas:
 - See daily Safety Officer Checklist (pages 4 & 5) which includes scope of sanitization/cleaning, date, and times
 - Cleaning supplies for tools, workstations, and hands—including alcohol-based hand sanitizer with over 60% alcohol—are available throughout the facilities
 - Signage is posted throughout facility reminding to wash hands, social distance, and use other recommended safety practices
2. Implementing social distancing:
 - If distancing is not possible due to specific work activity, acceptable face covering (a mask) must be worn
 - Tightly confined spaces, including workplace vehicles, will be occupied at under 50% capacity and occupants will wear masks
 - Tape defining 6' spaces on floor near entry doors and Daily Screening areas
 - Signage throughout facility reminding to practice social distancing
 - Any necessary team gatherings will be held outdoors or in appropriately sized (open) well-ventilated space
 - For visitor information, see point #7 below
 - Noted 6' distancing on Daily Protocol and limited occupancy signs
 - Main breakroom: temporary occupancy 6 people
 - NWW breakroom: temporary occupancy 4 people
 - Main EC conference room: temporary occupancy 3 people
 - Phonebooth conference room EC: temporary occupancy 2 people
 - WC breakroom: temporarily closed
3. Changes to work schedules – n/a at this time
4. Physical workspaces: decrease contact between coworkers
 - Those who are able to work from home will do so until further notice
 - Lunches in shifts to limit number of folks off at once – implementation of lower occupancy signs
 - Tools are not to be shared, however, if this cannot be avoided they must be sanitized prior to and after use (also see Safety Checklist, page 4 and point #1 above)
 - Handwashing stations will be used at job sites
 - ALL: Physical separation by machinery/worktables

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- 5. Monitoring employee health:
 - See: COVID-19 and the Workplace (page 6) regarding illness or potential illness and actions to follow
 - See also: Daily Self Screening (page 7) taking place at the office, mills, shops, and jobsites
 - Daily coworker screenings are collected, logged, and stored should the need occur to reference them at a later date
- 6. Personal protective equipment (PPE) such as gloves or masks:
 - Masks/face coverings are required to be worn when coworkers are unable to maintain 6' social distance
 - Masks/face coverings are available in the office, shops, and mills and will be restocked weekly/as needed
 - Masks/face coverings should be cleaned or discarded/replaced when damaged or soiled
 - Gloves are available for any who would like to use, but are not mandatory EXCEPT for shared equipment that would degrade under normal sanitizing protocols; see management/leaders/signage for details
- 7. Restrictions on visitors:
 - Showrooms and facilities to remain closed to public walk-ins until further notice
 - Screening check, which will be logged, (page 8) and masks will be required for any essential non-employees who have an appointment
- 8. Continuing business travel restrictions:
 - We will continue to limit to only what is exceptionally necessary travel

COVID-19 Safety Officer Checklist--East Coast

Date _____

Designated Safety Officer:

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Morning self-assessment forms filled out 7am

Verify current signage in place 7am

Verify front door is locked 7am

Check supplies of sanitizer and wipes 7am

Wipe down surfaces with disinfectants:

Entry and interior doors 9:30am 12:30pm 3:30pm 5:00pm

Bathroom door 9:30am 12:30pm 3:30pm 5:00pm

Faucet handles 9:30am 12:30pm 3:30pm 5:00pm

Fridge handles 9:30am 12:30pm 3:30pm 5:00pm

Microwave front 9:30am 12:30pm 3:30pm 5:00pm

Machinery/tools used during shift is wiped down 5:00pm

Forklift handles/seats 9:30am 12:30pm 3:30pm 5:00pm

Protocol observations:

Hand washing 7am 9:30am 12:30pm 3:30pm

6' distance 7am 9:30am 12:30pm 3:30pm

Masks 7am 9:30am 12:30pm 3:30pm



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5-14-2020

COVID-19 Safety Officer Checklist--West Coast

Date _____

Designated Safety Officer:

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Morning self-assessment forms filled out 7am

Verify current signage in place 7am

All staff on site given verbal briefing about company policy 7am

Assign forklifts and drivers 7am

Verify front door is locked with key inserted into deadbolt 7am

Wipe down surfaces with disinfectants:

Entry and interior doors 9:30am 12:30pm 3:30pm 5:00pm

Bathroom door 9:30am 12:30pm 3:30pm 5:00pm

Faucet handles 9:30am 12:30pm 3:30pm 5:00pm

Fridge handles 9:30am 12:30pm 3:30pm 5:00pm

Microwave front 9:30am 12:30pm 3:30pm 5:00pm

Machinery/tools used during shift is wiped down 5:00pm

Forklift handles/seats 9:30am 12:30pm 3:30pm 5:00pm

Protocol observations:

Hand washing 7am 9:30am 12:30pm 3:30pm

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Masks 7am 9:30am 12:30pm 3:30pm



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5-14-2020

Daily protocol: safety precautions for COVID-19 spread prevention

As part of our new daily protocol, please:

- Wash your hands immediately upon arriving at work then go to your screening station.
- Follow procedures/answer all daily screening questions before starting your workday.
- Leave your completed screening form in the designated box/area. The Safety Officer will review/archive each form.
- Maintain a distance of 6 feet from all other people.
- When social distancing cannot be maintained a face mask is required.
- Wash your hands after each break, after bathroom use, or each time you leave/return to work.
- Avoid sharing tools—if you must share, sterilize the tool/shared surface prior to AND after use.
- Sanitize your station at the end of each workday—this includes all handles, buttons, cords, tools, etc.
- Sign out at the end of your day in the screening area; the Safety Officer will then check your station, etc.
- Do not come to work if you are sick.
- Do not come to work if:
 - You exhibit the symptoms of COVID-19.
 - Have knowingly been in contact with anyone who has tested positive to COVID-19.
 - Have knowingly been in contact with anyone who has been asked to remain quarantined because they may have COVID-19.

Note: we are all in a very fluid situation; the law/government may issue changes overnight/daily. The leadership team continues to meet daily and monitor updates on the COVID-19 pandemic. We will inform you of changes. Please talk with your manager for any issues that arise for you.



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5-18-2020

Daily Employee Self-Screening Report

Please complete all of the below prior to starting each workday.

1. Do you have, or have you had, any COVID-19 related symptoms (check yes/no below) in the last 14 days:

- Fever (greater than 100.5F) Yes No
- Frequent cough Yes No
- Do you have any difficulty breathing Yes No
- Chills/repeated shaking with chills Yes No
- Body aches/muscle pain Yes No
- New loss of taste or smell Yes No
- Headache Yes No
- Sore throat Yes No
- Fever with a rash Yes No
- Nausea or vomiting Yes No
- Unusual sweating or unusually pale skin Yes No

If you develop any of the signs or symptoms listed above while at work, maintain social distancing and report to your supervisor before leaving the workplace. Go directly home. Contact your Health Care Provider for guidance.

2. In the past 14 days, have you:

- Had close contact with anyone **confirmed** to have COVID-19 Yes No
- Had close contact with anyone **suspected** to have COVID-19 Yes No
- Traveled outside of your state of residence Yes No

Name: _____ Date: _____

Signature: _____



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5-19-2020

COVID-19 Visitor Screening

I affirm that I have **not** knowingly been in close or proximate contact in the past 14 days with anyone who has confirmed or suspected COVID-19 or who has symptoms* of COVID-19.

I also certify that I am **not** experiencing any symptoms* of COVID-19, **nor** have I tested positive for COVID-19 in the last 14 days.

PLEASE PRINT

First _____ Last _____

Address: _____

Phone: _____ Date: _____

Signature: _____

*According to the CDC guidance on “Symptoms of Coronavirus,” the term “symptomatic” includes people who have the following symptoms or combinations of symptoms: fever, cough, shortness of breath, or at least two of the following symptoms: fever, chills, recent loss of smell or taste.



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5-19-2020

This site practices COVID-19 safety

By being on this site you agree to:

- **Wash your hands upon entry to this site, after bathroom use, after breaks, or if you sneeze or cough.**
- **Keep a distance of 6' between you and anyone else on site.**
- **Not share tools. Should you need to use a shared tool, clean before & after use.**
- **Wear a mask whenever social distancing cannot be maintained.**
- **Not come to this site if you are sick.**
- **Not come to this site if:**
 - **You exhibit the symptoms of COVID-19**
 - **Have knowingly been in contact with anyone who has tested positive to COVID-19**
 - **Have knowingly been in contact with anyone who has been asked to remain quarantined because they may have COVID-19.**

**For your protection and that of our coworkers,
we have instituted a COVID-19 Safety Plan to address necessary COVID-19 precautions.
This plan is available on our website and upon request should you like to view it.**



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5-18-2020

This site practices COVID-19 safety

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- **Not come to this site if you are sick.**
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 - **You exhibit the symptoms of COVID-19**
 - **Have knowingly been in contact with anyone who has tested positive to COVID-19**
 - **Have knowingly been in contact with anyone who has been asked to remain quarantined because they may have COVID-19.**

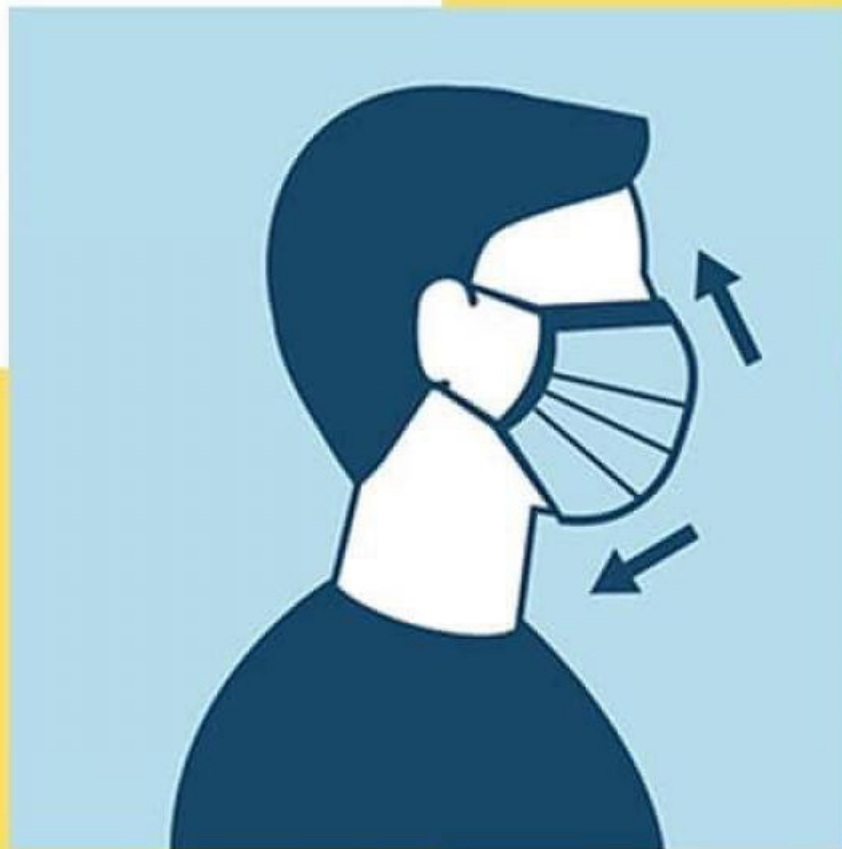
For your protection and that of our coworkers, we have instituted a COVID-19 Safety Plan to address necessary COVID-19 precautions. This plan is available on our website and upon request should you like to view it.



**Social distancing
of 6' must be followed.
When distance is not
possible a mask is required.**

FACE COVERINGS SHOULD:

FIT SNUGLY BUT
COMFORTABLY
AGAINST THE SIDE OF
THE FACE



BE SECURED WITH
TIES OR EAR LOOPS
AND INCLUDE
MULTIPLE LAYERS OF
FABRIC

IF CLOTH:

BE ABLE TO BE
LAUNDERED AND
MACHINE DRIED
WITHOUT DAMAGE
OR CHANGE TO
SHAPE

ALLOW FOR
BREATHING WITHOUT
RESTRICTION

NEW CDC GUIDANCE



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5-18-2020



New York Forward

Business Affirmation

We have received your reopening affirmation on 05/18/2020 at 08:41 am.

Print or take a screenshot of this page for your records.

Your next step is to create and post your Business Re-Opening Safety Plan.

[Download the Business Re-Opening Safety Plan Template](#)

I am the owner or agent of the business listed. I have reviewed the New York State interim guidance for business re-opening activities and operations during the COVID-19 public health emergency and I affirm that I have read and understand my obligation to operate in accordance with such guidance.

New Energy Works of Rochester Inc

Construction

Megan Avila

(585) 924-3860

megan@newenergyworks.com

1180 Commercial Dr

Farmington, NY 14425

Ontario County



New York Forward

Business Affirmation

Print

We have received your reopening affirmation on 05/18/2020 at 08:43 am.

Print or take a screenshot of this page for your records.

Your next step is to create and post your Business Re-Opening Safety Plan.

[Download the Business Re-Opening Safety Plan Template](#)

I am the owner or agent of the business listed. I have reviewed the New York State interim guidance for business re-opening activities and operations during the COVID-19 public health emergency and I affirm that I have read and understand my obligation to operate in accordance with such guidance.

Pioneer Millworks, Inc

Manufacturing

Megan Avila
(585) 924-9970

megan@pionermillworks.com

1180 Commercial Dr
Farmington, NY 14425
Ontario County

100%