

COVID-19 Workplace Safety Plan

Updated: 7-14-2020



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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 5 & 6) 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 5 & 6 and point #1 above)
 - Handwashing stations will be used at job sites
 - ALL: Physical separation by machinery/worktables

5. Monitoring employee health:
 - See: COVID-19 and the Workplace (page 11 & 12) regarding illness or potential illness and actions to follow
 - See also: Daily Self Screenings (page 8 & 9) 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 re-stocked 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. Regarding visitors:
 - Showrooms are open by appointment and our Farmington NY showroom is open to walk-ins
 - Screening check, which will be logged, (page 10) 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
9. NYS co-worker non-work travel:
 - NYS has issued a travel advisory for anyone returning from travel to states that have a significant degree of community-wide spread of COVID-19. The advisory includes a required 14-day self-quarantine when returning to NYS from the "hotspot" states. This list changes weekly – please visit "Restricted States" section of this website for the most recent information: <https://ny.gov/states>
 - These states are based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents. To read more, visit Coronavirus NYS <https://coronavirus.health.ny.gov/covid-19-travel-advisory>
 - The requirements of the travel advisory do not apply to any individual passing through designated states for a limited duration (i.e., less than 24 hours) through the course of travel. For example: airport layovers, stopping at rest stations.

- Voluntary travel (over 24 hours) to “high-risk” states could impact benefits: New York State residents who voluntarily travels to a designated state for travel that was not taken as part of the person’s employment, or at the direction of the person’s employer, will not be eligible for benefits under New York’s COVID-19 paid sick leave law. See NYS FAQs here:
https://coronavirus.health.ny.gov/system/files/documents/2020/07/nys-covid-travel-advisory-faq_0.pdf
 - **Please note:** as a company, if we are aware of any coworker who knowingly travels to any of the high-risk states and does not follow the NYS required guidelines we will ask you to leave work/remain home for the quarantine period.
10. If a coworker develops symptoms, is exposed to a COVID-19 positive/suspected case, or tests positive:
- See COVID-19 Quarantine Protocols (pages 11 & 12)
 - For the latest symptoms, visit the CDC website:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



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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

Check supplies of sanitizer and wipes

☐ 7am

Wipe down surfaces with disinfectants:

Entry and interior doors ☐ 12:30pm ☐ 5:00pm

Bathroom door ☐ 12:30pm ☐ 5:00pm

Faucet handles ☐ 12:30pm ☐ 5:00pm

Fridge handles ☐ 12:30pm ☐ 5:00pm

Microwave front ☐ 12:30pm ☐ 5:00pm

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

Forklift handles/seats ☐ 12:30pm ☐ 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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6-22-2020

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 ☐ 12:30pm ☐ 5:00pm

Bathroom door ☐ 12:30pm ☐ 5:00pm

Faucet handles ☐ 12:30pm ☐ 5:00pm

Fridge handles ☐ 12:30pm ☐ 5:00pm

Microwave front ☐ 12:30pm ☐ 5:00pm

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

Forklift handles/seats ☐ 12:30pm ☐ 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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6-22-2020

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

EC Daily Employee Self-Screening Report

I affirm that I have **not**:

- ☐ had COVID-19 symptoms* in past 14 days
- ☐ had a positive COVID-19 test in past 14 days
- ☐ I also certify that I have not knowingly been in close or proximate contact** with confirmed or suspected COVID-19 case in past 14 days.

In the past 14 days I have traveled outside of New York State: ☐ Yes ☐ No

Note: Include only states that you were in for more than 24 hours; do not include any states you passed through for a limited duration during the course of travel.

IF YES, please note here which states(s): _____

PLEASE PRINT

Name: _____ 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: temperature of 100°F or higher, chills, body aches, severe fatigue, headache, congestion or runny nose, sore throat (not due to allergies), loss of taste or smell, loss of appetite, cough, hard time breathing, nausea, vomiting, or diarrhea.

**Close or proximate contact: this is defined as being within six feet of an infected individual for at least 10 minutes.



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7-14-2020

WC 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°F) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Chills/repeated shaking with chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Body Aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sever Fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Frequent cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Congestion or runny nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sore throat (not associated with allergies) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • New loss of taste or smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Loss of appetite | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Hard time breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Nausea, vomiting, diarrhea | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Had close contact with anyone suspected to have COVID-19 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Traveled outside of your state of residence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name: _____ Date: _____

Signature: _____



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7-14-2020

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: temperature of 100°F or higher, chills, body aches, severe fatigue, headache, congestion or runny nose, sore throat (not due to allergies), loss of taste or smell, loss of appetite, cough, hard time breathing, nausea, vomiting, or diarrhea.



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7-14-2020

COVID-19 Quarantine Protocols

In accordance with New York Department of Health and CDC updated guidance issued the week of 6.8.2020, applying to all non-essential coworkers:

If a coworker comes to work symptomatic (ill) or develops COVID-19 symptoms at work:

Under the prior guidance, a non-essential employee could not return to work for 14 days. The coworker will be separated and sent home immediately and may return to work upon completing at least **10 days of isolation from the onset of symptoms OR upon receipt of a negative COVID-19 test result.** Note that in this case, it does not matter if close or proximate contact with an infected individual can be identified.

If a coworker tests positive for COVID-19:

Under the prior guidance, a non-essential employee could not return to work for 14 days. Now, if an employee tests positive for COVID-19, the employee may return to work upon completing **at least 10 days of isolation from the onset of symptoms or after the first positive test if the employee is asymptomatic.** This applies regardless of whether the employee was symptomatic or asymptomatic at the time of the positive test.

If a coworker comes into close or proximate contact with a person who has COVID-19:

If an employee had close or proximate contact with a person with COVID-19 for a prolonged period of time and the employee then experiences COVID-19 like symptoms the employee may return to work upon completing at least **10 days of isolation** from the onset of symptoms.

What is a “prolonged period of time” for close or proximate contact?

According to the guidance, this is defined as being within six feet of an infected individual for **at least 10 minutes.** A person is considered infected for the period of time beginning 48 hours before the illness onset until the infected individual is isolated. Additionally, the local health department will be contacted if the extent of contact between an individual and a person suspected or confirmed to have COVID-19 is unclear.

If a coworker comes into close or proximate contact with a person who has COVID-19 AND the coworker does NOT experience COVID-19 related symptoms:

This is where the Guidance significantly differs from the prior guidance. If an employee has had close or proximate contact with a person with COVID-19 for a prolonged period of time, the employee may return to work upon completing **14 days of self-quarantine.**

Please note, this creates a different timeline:

If a coworker comes into close or proximate contact with a COVID-19 positive individual AND the coworker is not experiencing COVID-19 related symptoms, the coworker may return to work after 14 days of self-quarantine. If that coworker later develops COVID-19 symptoms, **they must self-isolate for at least 10 days from the onset of symptoms.** (For example, if a coworker self-quarantines after coming into close or proximate contact with a COVID-19 positive individual and develops COVID-19 symptoms on the fifth day, that employee must self-isolate for at least 10 days from the fifth day, until the employee becomes asymptomatic.)



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6-22-2020

COVID-19 Quarantine Protocols

Applying to essential coworkers:

The rules are different if the employee is essential. If an employer wants to bring back an employee regarded as essential, meaning “critical for the operation or safety of the workplace,” the coworker must be asymptomatic. The manager must complete documentation defining the coworker’s essential nature. We will consult with “appropriate state and local health authorities” regarding this coworker. Additionally, the coworker must follow the below protocols, which will be monitored and documented by the coworker and their leader/manager:

- 1. Regular monitoring.** The employee must self-monitor and check his or her temperature and COVID-19 symptoms every 12 hours. The temperature may not be 100.0 degrees or higher.
- 2. Face mask.** The employee must wear a mask in the workplace at all times for 14 days after exposure.
- 3. Social distancing.** The employee must maintain at least six feet of distance from others.
- 4. Maintain quarantine.** The employee must continue to self-quarantine and self-monitor for temperature and symptoms when not at the workplace for 14 days after last exposure.

As in all circumstances, we must continue to regularly clean and disinfect all areas, such as machinery, bathrooms, common areas, and shared equipment/tools.



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6-22-2020

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

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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5-19-2020



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%