## BTF School/Site Health and Safety Assessment

## **General Information**

Thank you for completing this assessment. It should be completed once a week or when safety circumstances require its submission. Issues will be sent to the District for correction. Names will be reducted and be confidential

redacted and be con	fidential.	
1. For which School/S	Site are you reporting?	
2. What is today's dat	e?	
Dete		
Date		
Date		
MM/DD/YYYY		
3 Please provide the	name(s) and personal email(s) of the teacher(s) that are completing to	this assessment
	That is contained and a second of the country (a) that are completing the	and additional
Teacher 1 Name		
Teacher 1 Email		
Teacher 2 Name		
Teacher 2 Email		
Teacher 3 Name		
Teacher 3 Email		

Are the following PPE/sup	Yes	No	N/A
urgical Masks for dults			O O
urgical Masks for tudents	$\bigcirc$		
95 Respirators	$\bigcirc$	$\circ$	
ace Shields for Adults	$\circ$	$\circ$	$\circ$
ectrostatic Sprayers	$\bigcirc$		
ufficient Sanitizing upplies for Multiple aily and Nighty anitizing	0		
ufficient Supplies of loves, Disinfecting oray (or Wipes), Towels vith Instructions for Use and Sanitizing After se), Mounted hand anitizer in Each Room			
ufficient No-Contact nermometers for emperature Screening vith Instructions for Use nd Sanitizing After Use)			
fall Mounted Hand anitizers in All lassrooms, Offices, athrooms and Where ecessary.			
If you answered "No" to a	ny of the above, please	e explain and list question and	l sub-category if applicable.

6. Have unavailable items on this checklist been earmarked for ordering and/or are shipments expected	?
Yes	
○ No	
○ N/A	
7. If you answered "No" to any of the above, please explain and list question and sub-category if applicable	<b>)</b> .

	Yes	No	N/A
assrooms			
ıllways	$\circ$	$\circ$	$\bigcirc$
fices		0	$\bigcirc$
throoms (Teacher)	$\circ$	0	$\bigcirc$
throoms (Students)		$\circ$	$\circ$
nchrooms	$\bigcirc$	$\circ$	$\bigcirc$
rms		$\bigcirc$	
ditorium		$\bigcirc$	
culty Rooms			
fices			
her Locations			
	any of the above, please	e explain and list question and	d sub-category if applicable
		e explain and list question and	d sub-category if applicable

	custodial staff	have sufficier	nt supplies?				
Yes							
No							
N/A							
If you answe	ered "No" to the	above, pleas	se explain an	d list questio	n and sub-ca	tegory if applic	able.

. Please answer Yes or N	o to the following in red	gards to hand washing in bathr	ooms.
	Yes	No	N/A
are there soap and paper towels in all pathrooms? (Teachers and Students)	0		0
are there sinks working n all bathrooms? Teachers and students)	$\circ$		$\bigcirc$
s there warm water in all athrooms?	0	0	0
s there a protocol for now and when students need to wash hands?  5. If you answered "No" to	any of the above, pleas	se explain and list question an	od sub-category if applicable
ow and when students leed to wash hands?	any of the above, pleas	se explain and list question an	d sub-category if applicable
ow and when students leed to wash hands?	any of the above, pleas	se explain and list question an	d sub-category if applicable
ow and when students eed to wash hands?	any of the above, pleas	se explain and list question an	d sub-category if applicable

6. For the centralized syste	ems:		
	Yes	No	N/A
Have MERV-11 filters been installed in all bocations?	0		
lave MERV-13 filters been installed in all ocations?	$\bigcirc$		$\bigcirc$
are there any vindowless rooms that ely just on a mechanical entilation system?	0		
are the dampers opened on allow in maximum resh air (75%-100%)?	$\circ$		$\bigcirc$
oo all rooms/halls/offices ave adequate entilation?	0	0	0
		se explain and list question an	

E	3TF School/Site Hea	alth and Safety Assessm	nent
/indowed Buildings			
8. For Windowed Buildings	:		
	Yes	No	N/A
Do all classrooms/offices have access to operable windows?	0	0	
9 If you answered "No" to t	the above inlease expl	ain and list question and su	h-category if applicable
2. II you allowered two to to	пе авоче, рісаве ехрі	an and not question and sa	b category ii applicable.

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## Nurse's Office

20. Please answer yes or no to the following in regards to the Nurse's office.

	Yes	No	N/A
Does the school/site have a full-time, on site nurse?		0	0
Is there a designated waiting area for the nurse's office that permits social distancing if more than one student arrives?			
Is there proper ventilation in the nurse's office?		0	0
Does the nurse's office have enough space to socially distance?			$\circ$
Is there a functioning sink with adequate supplies available for hand washing?			0
Is there an established written protocol for taking students to the nurse?			$\bigcirc$
Does the nurse's office have a phone capable of calling outside lines?		0	0
Does the nurse have access to a computer and the ASHR system?			$\bigcirc$
Is there a designated isolation room? A waiting room for students with a fever and symptoms. (Adults leave the building if exhibiting symptoms)			
Is the isolation room properly ventilated?	0	0	0
Is the isolation room large enough to provide 6 feet between people?	0	0	0

	Yes	No	N/A
Has the nurse been consulted and approved the appropriateness of the isolation room?	$\circ$		
Is there an area in which to put on and take off PPE, and a designated trash receptacle for safe disposal of PPE?			
21. If you answered "No" to a	ny of the above, plea	se explain and list question ar	nd sub-category if applicable.
221 II you anomorou 110 to a	y or and above, prod	oo oxpram and not quodicin an	a cas category in application

BTF School/Site Health and Safety Assessment  Hallway Movement/Student Circulation  22. Regarding hallway movement/student circulation:  Yes No N/A  Is there a plan for passing time between classes? Briefly describe the passing plan. (We recommend limited passing.)  Are there one-way lines in hallways?  Has the appropriate signage for those lanes been installed  23. If you answered "No" to any of the above, please explain and list question and sub-category if appl	
22. Regarding hallway movement/student circulation:  Yes  No  No  N/A  Is there a plan for passing time between classes? Briefly describe the passing plan. (We recommend limited passing.)  Are there one-way lines in hallways?  Has the appropriate signage for those lanes been installed	
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signage for those lanes been installed	
23. If you answered "No" to any of the above, please explain and list question and sub-category if appl	

	BTF School/Site Hea	alth and Safety Assessmer	nt
rotocol for Breakfast a	nd Lunch		
4. Regarding breakfast ar	nd lunch:		
	Yes	No	N/A
Are there written protocols for breakfast and lunch?	0		0
How will meals be delivered to the classroom?	$\bigcirc$		
How will waste be removed?	0	0	0
Is there a protocol for cleaning of classrooms/offices that ensure all leftover food is removed?			

	BTF School/Site Hea	llth and Safety Assessme	ent
Staff Eating Area			
26. Regarding the staff eatir	ng area:		
	Yes	No	N/A
Does the school/site have an area designated for staff meals?	0	0	0
Is the space large enough to provide 6 feet between multiple people?			
Is the room properly ventilated?	0	0	0

	DTE School/Sita Llos	alth and Cafaty Assassma	nt
Designated Dooms	BTF School/Site Hea	alth and Safety Assessme	nt
Designated Rooms	1		
28. In regards to designate	a rooms: Yes	No	N/A
Is there a room designated for counseling or disciplinary issues?	O		N/A
Is the room large enough to provide 6 feet between multiple people?			
Is the room properly ventilated?			$\bigcirc$

. Regarding signage, is tl	nere:		
	Yes	No	N/A
ignage where students and staff congregate cluding, but not limited by, hallways, elevators, utside the building, caircases, main offices, abbies, and the nurse's ffice (inside and out) to elp enforce social istancing?			
there signage for the accement of desks or ables in the classroom?  If you answered "No" to	any of the above, pleas	e explain and list question ar	nd sub-category if applicable
acement of desks or ables in the classroom?	any of the above, pleas	e explain and list question ar	od sub-category if applicable
acement of desks or ables in the classroom?	any of the above, pleas	e explain and list question ar	nd sub-category if applicable
acement of desks or ables in the classroom?	any of the above, pleas	e explain and list question ar	nd sub-category if applicable

	BTF School/Site He	alth and Safety Assessme	nt
Main Office			
2. In regards to the main c	office:		
	Yes	No	N/A
Has the plexiglass partition been installed?	0	$\circ$	$\circ$
Is the main office large enough to provide 6 feet between multiple people?			
Is the main office properly ventilated?	$\bigcirc$		
2 If you areward "No" to	any of the above place	so ovaloin and list question on	d cub actogory if applicable
J. II YOU AIISWEIEU INO IO	any of the above, plea	se explain and list question an	а зар-сатедогу п аррпсавте.

uilding Response Team	ı		
. In regards to the Buildin	g Response Team (BRT	):	
	Yes	No	N/A
o you have a BRT?	O	O	O
The BRT must now include the school nurse, custodial ingineer and school afety agents. How were the members selected?			
re the Delegate Chair nd Building Committee ncluded?	0	0	0

	BTF School/Site Hea	alth and Safety Assessme	nt
Protocols			
6. Are there written and entendent insure the safety and well b		that conform to State and Fed and visitors?	deral guidelines and also
	Yes	No	N/A
When entering the school/site.	$\bigcirc$	0	$\circ$
When someone is suspected of having COVID-19.			
When someone is diagnosed with COVID-19.	0		
When someone does not follow safety and health requirements.	0		$\circ$
When leaving the school/site.	0	$\circ$	$\circ$
7. If you answered "No" to	any of the above, pleas	se explain and list question an	d sub-category if applicable.

## BTF School/Site Health and Safety Assessment Additional Information 38. Please provide additional health and safety problems/concerns.