

# Viral Illness & Flu Epidemic Preparedness Checklist

Assess your company's preparedness for widespread illnesses, such as viral respiratory infections like **coronavirus/COVID-19 or the flu**. Edit this checklist template according to your situation. Sources: CDC, OSHA, Red Cross

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By:

Date:

Time:

## Preventive Measures & Supplies

1. Do you have adequate clean hand-washing facilities equipped with soap and touch-free waste bins?	Yes	No	N/A	Comments
2. Where you cannot provide hand-washing facilities, have you supplied alcohol-based hand sanitizer?	Yes	No	N/A	Comments
3. Do you provide tissues and encourage employees to wash hands following use? (This can be done during a safety meeting, with a poster, etc.)	Yes	No	N/A	Comments
4. Do you remind staff not to share office supplies, cups, glasses, dishes, and cutlery?	Yes	No	N/A	Comments

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5. Are dirty dishes washed in soap and water immediately after use?	Yes	No	N/A	Comments
6. Have you removed or do you regularly disinfect commonly touched items, such as waiting room magazines, water coolers, etc.?	Yes	No	N/A	Comments
7. Have you trained employees in proper handwashing procedure?	Yes	No	N/A	Comments
8. Have you trained employees how to protect themselves from illness while at work? (Wash hands, avoid close contact, avoid touching others' personal items, etc.)	Yes	No	N/A	Comments
9. Are your ventilation systems working properly?	Yes	No	N/A	Comments

## Infection Control

10. Have you instructed employees what to do if someone close to them falls ill? (Assign one primary caregiver and isolate the individual.)	Yes	No	N/A	Comments
11. Have you instructed employees what to do if they begin to feel ill? (Stay at home and seek medical care if symptoms are severe.)				

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12. Do you have a company infection control plan?	Yes	No	N/A	Comments
13. Do you have an infection control plan coordinator? (Write their name in the comments)	Yes	No	N/A	Comments
14. Have you allocated funds for your infection control supplies and plan?	Yes	No	N/A	Comments
15. Are your staff with janitorial duties included in your plan and protected through control and prevention measures?	Yes	No	N/A	Comments
16. If you provide transportation or housing for employees, have you included prevention and isolation measures in your control plan?	Yes	No	N/A	Comments

## Contingency Planning

17. Do you have a contingency plan for continuing services in the case of an outbreak?	Yes	No	N/A	Comments
18. Do you have a contingency plan coordinator? (Write their name in the comments)	Yes	No	N/A	Comments

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19. Have you clearly communicated your remote / work-from-home policy?	Yes	No	N/A	Comments
20. Have you instructed employees on how to manage absences from work over 5 days?	Yes	No	N/A	Comments
21. Have you planned how you will protect temporary or contingency personnel from infection? (Add to your infection control plan.)	Yes	No	N/A	Comments

22. Additional Comments:

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