

## Auditor Site Visit Checklist

Client Name

Client ID

### A. Site Visit Preparation

To minimize time spent in the home gather as much information as possible prior to the site visit through information provided by client and/or electronic media such as: tax records, photos, and measurements etc.

### B. Prior to Site Visit

- Review In-Home Safety Plan Screening Questions
- Obtain necessary Personal Protective Equipment (PPE)
- Obtain necessary cleaning and disinfecting supplies
- Verify that all workers entering the home have answered no to the Potential Exposure and Symptom Screening Questions. Workers who answer yes to the screening questions must not enter the client's home.

| Potential Exposure and Symptom Screening Questions (if these symptoms cannot be attributed to another health condition)         | Name and Date   | Name and Date   |
|---|---|---|
| Has anyone in the household had contact (within six feet) with anyone who has tested positive for COVID-19 in the last 14 days? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has anyone in the household travelled internationally in the last 14 days?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has anyone in the household tested positive or is presumed to be positive for COVID-19 based-on symptoms?                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Fever (100.4°F or higher), or feeling feverish?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Chills?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new cough?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Shortness of breath?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new sore throat?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New muscle aches?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New headache?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New loss of smell or taste?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

### C. Site Visit

- Disinfect high touch surfaces in the vehicle(s) being driven to the home
- Confirm answers to Potential Exposure and Symptom Screening Questions have not changed for workers and household members the day of the site visit prior to entering the home
- Review and implement In-Home Safety Plan with client prior to entering the home in relation to the auditor's work; including isolation, social distancing, PPE
- Wash hands with soap or sanitize hands immediately prior to donning PPE and entering the home
- Follow In-Home Safety Protocols as determined in Pre-Site Client Survey. Note any deviations or necessary changes to the In-Home Safety Plan:
  - Maintain adequate social distance, (at least six feet)
  - Wear PPE prescribed by Pre-Site Visit Client Survey
  - Keep equipment tools and supplies from touching surfaces in the home, (clean tarps or poly can be used to create a staging area)
  - Disinfect high touch surfaces touched during the audit before leaving the home
  - Disinfect tools touched during the site visit
  - Disinfect high touch surfaces in the vehicle(s) after leaving the home
  - Wash and/or sanitize hands immediately after doffing PPE

## Crew/Contractor Checklist

Client Name C

Client ID

### A. Prior to Site Visit

- Review In-Home Safety Plan
- Obtain necessary PPE
- Obtain necessary cleaning and disinfecting supplies
- Verify that all workers entering the home have answered no to the Potential Exposure and Symptom Screening Questions. Workers who answer yes to the screening questions must not enter the client's home.

| Potential Exposure and Symptom Screening Questions (if these symptoms cannot be attributed to another health condition)         | Name and Date   | Name and Date   |
|---|---|---|
| Has anyone in the household had contact (within six feet) with anyone who has tested positive for COVID-19 in the last 14 days? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has anyone in the household travelled internationally in the last 14 days?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has anyone in the household tested positive or is presumed to be positive for COVID-19 based-on symptoms?                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Fever (100.4°F or higher), or feeling feverish?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Chills?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new cough?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Shortness of breath?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new sore throat?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New muscle aches?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New headache?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New loss of smell or taste?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

### B. Site Visit

- Disinfect high touch surfaces in the vehicle(s) being driven to the home
- Confirm answers to Potential Exposure and Symptom Screening Questions have not changed for workers and household members the day of the site visit prior to entering the home
- Review In-Home Safety Plan with client prior to entering the home in relation to the crew/contractor's work; including isolation, social distancing, PPE
- Wash hands with soap or sanitize hands immediately prior to donning PPE and entering the home
- Follow Safety Protocols as determined in In-Home Safety Plan. Note any deviations or necessary changes to the In-Home Safety Plan:
  - Maintain adequate social distance, (at least six feet)
  - Wear PPE prescribed by In-Home Safety Plan
  - Keep equipment tools and supplies from touching surfaces in the home, (clean tarps or poly can be used to create a staging area)
  - Disinfect high touch surfaces touched during the site visit before leaving the home
  - Disinfect tools touched during the site visit
  - Disinfect high touch surfaces in the vehicle(s) after leaving the home
  - Wash or sanitize hands immediately after doffing PPE

## In-Home Safety Plan

Client Name

Client ID

### A. Hierarchy of Controls (Listed in order of most effective to least effective).

| Elimination  |                          |
|--|--------------------------|
| Household agrees to remove themselves from the home  | <input type="checkbox"/> |
| Household agrees to limit number of people in home   | <input type="checkbox"/> |
| Engineering Controls   |                          |
| Household agrees to shut off air handler (as possible)   | <input type="checkbox"/> |
| Household agrees to have windows open (as possible, weather permitting)  | <input type="checkbox"/> |
| Administrative Controls  |                          |
| Household can isolate behind closed doors  | <input type="checkbox"/> |
| Household agrees to maintain six feet of social distance   | <input type="checkbox"/> |
| Personal Protective Equipment (PPE)  |                          |
| Worker PPE required while in home:   |                          |
| - Gloves and surgical masks if social distancing is possible   | <input type="checkbox"/> |
| - Gloves and N95 respirator (or better) if social distancing is not possible (or surgical mask and eye protection) | <input type="checkbox"/> |
| Face masks requested by clients<br>If yes, how many  | <input type="checkbox"/> |

1. What additional information needs to be added to the In-Home Safety Plan based on the scope of work?

2. What additional information about the site would be helpful to note (i.e. considerations for clients, which entrance will be used, parking availability)?

### B. Within 48 hours of any scheduled site visit:

1. The client shall be contacted and asked to:
  - a. Confirm answers to Symptom and Potential Exposure Screening Questions have not changed.
  - b. Confirm answers to In-Home Safety Plan Screening Questions have not changed.
  - c. Be given the following information:
    - i. Staff/ contractor will meet with client at an appropriate social distance and will confirm the In-Home Safety Protocols remain feasible
    - ii. Staff/ contractor may complete some tasks outside the home before entering to minimize the time spent in the home
    - iii. Client will receive forms either by mail, electronically, or delivered in person in a safe manner.
2. All WAP Staff and Contractors will answer the Symptom and Potential Exposure Screening Questions. If they answer yes to any of the questions, they will not enter a client's home.

### C. Quality Control Inspector

In-Home Safety Plan was aligned with COVID-19 safe work practices.

Comments:

In-Home Safety Plan for COVID-19 safe work practices were followed.

Comments:

## Pre-Site Visit Client Contact Checklist

Client Name

Client ID

### A. Client Education

Inform the client what they can expect from WAP staff and contractors in their home. *While in your home:*

*WAP staff and contractors will:*

1. *Wear masks or respirators and gloves.*
2. *Wash/sanitize their hands before entering your home.*
3. *Maintain at least six feet of social distance between themselves and household members.*
4. *Minimize tools and equipment from touching surfaces in your home.*
  - a. *e.g. They may lay down clean tarps or poly to create a staging area.*
5. *Disinfect high touch surfaces such as doorknobs, faucets, and light switches while in your home.*
6. *Provide household members a mask to wear, as needed.*
7. *When possible, provide all forms and documents electronically or through the postal service.*

Inform the client that:

Though it is not required, the most effective safety measure is for them to remove themselves from the home. At a minimum, clients are asked to maintain a six-foot distance while workers are in the home

They will be contacted within 48 hours before all site visits to confirm that the results of the screening questions and the In-Home Safety Plan have not changed.

If at any point work is postponed due to a response to these screening questions work will continue when the health status of the household allows it. Homes deferred due to concerns over COVID-19 will return to the top of the waiting list after these concerns subside.

There are optional precautions for at-risk household members:

- Clients can choose to wait until a future date to receive weatherization.
- At-risk household member isolate themselves or not be present while weatherization workers are in the home.

Note: At-risk people includes those 65 and over and those that have any of the following underlying medical conditions: high blood pressure, chronic lung disease, diabetes, morbid obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.

**B. Potential Exposure Screening Questions:** If a household member answers yes to any of these symptoms, WAP site visits must be postponed for a minimum of 14 calendar days.

| For each of the questions, please answer yes/no to the following:  | Pre-Site Visit (call)                                 | Before Audit  | Before Crew/ Contractor Site Visit                    | Before Crew/ Contractor Site Visit                    | Before QCI Site Visit                                 |
|--|---|---|---|---|---|
| Interviewer Initials and Date  |   |   |   |   |   |
| 1. Has anyone in the household had contact (within six feet) with anyone who has tested positive for COVID-19 in the last 14 days? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Has anyone in the household travelled internationally in the last 14 days?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Has anyone in the household tested positive or is presumed to be positive for COVID-19 based-on symptoms?                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**C. Symptoms Screening Questions:** *If a household member answers yes to any of these symptoms, when the symptoms cannot be attributed to another health condition, WAP site visits must be postponed at least 14 days.*

| Has anyone in the household had any of the following symptoms in the last 14 days that cannot be attributed to another health condition?<br>Check any that apply: | Pre-Site Visit (call)                                 | Before Audit  | Before Crew/Contractor Site Visit                     | Before Crew/Contractor Site Visit                     | Before QCI Site Visit                                 |
|---|---|---|---|---|---|
| Interviewer Initials and Date   |   |   |   |   |   |
| Fever (100.4°F or higher), or feeling feverish?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Chills?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new cough?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Shortness of breath?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new sore throat?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New muscle aches?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New headache?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New loss of smell or taste?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**D. In-Home Safety Plan Screening Questions:** Inform the client that the most effective safety measure is for them to remove themselves from the home and these questions are designed to develop a plan specific to their household.

**1. Elimination:**

- a. Can the household remove themselves from the home while WAP staff and/or contractors are in the home? Yes  No

Notes

- b. Can the household limit the number of people in the home while WAP staff and/or contractors are in the home? Yes  No

Notes

**2. Engineering Controls:**

- a. Can the household shut off the HVAC air handler (if present) while WAP staff and/or contractors are in the home? Yes  No

Notes

- b. Is the household willing to have windows open during (weather permitting) while WAP staff and/or contractors are in the home to increase ventilation? Yes  No

Notes

**3. Administrative Controls:**

- a. Can household members remain in an area of the home behind a closed door while WAP staff and/or contractors are in the home? Yes  No

Notes

- b. Are all household members willing and able to maintain at least six feet of social distancing between themselves and WAP staff and/or contractors while they are in the home? (If not, WAP staff/ contractors must follow the N95 mask protocol). Yes  No

Notes

**4. Personal Protective Equipment (PPE):**

- a. Would you like to be provided with face coverings for household members while WAP staff and/or contractors are in the home? Yes  No

Notes

## QCI Checklist

Client Name \_\_\_\_\_

Client ID \_\_\_\_\_

### A. Prior to Site Visit

- Review In-Home Safety Plan
- Obtain necessary PPE
- Obtain necessary cleaning and disinfecting supplies
- When possible administer quality control inspection while crew/ contractor is at the home to minimize the number of site visits and time spent in the home.
- Verify that all workers entering the home have answered no to the Potential Exposure and Symptom Screening Questions. Workers who answer yes to the screening questions must not enter the client's home.

| Potential Exposure and Symptom Screening Questions (if these symptoms cannot be attributed to another health condition)         | Name and Date   | Name and Date   |
|---|---|---|
| Has anyone in the household had contact (within six feet) with anyone who has tested positive for COVID-19 in the last 14 days? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has anyone in the household travelled internationally in the last 14 days?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has anyone in the household tested positive or is presumed to be positive for COVID-19 based-on symptoms?                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Fever (100.4°F or higher), or feeling feverish?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Chills?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new cough?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Shortness of breath?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| A new sore throat?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New muscle aches?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New headache?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| New loss of smell or taste?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

### B. Site Visit

- Disinfect high touch surfaces in the vehicle(s) being driven to the home
- Confirm answers to Potential Exposure and Symptom Screening Questions have not changed for workers and household members the day of the site visit prior to entering the home
- Review In-Home Safety Plan with client prior to entering the home in relation to the QCI's work; including isolation, social distancing, PPE
- Wash hands with soap or sanitize hands immediately prior to donning PPE and entering the home
- Follow Safety Protocols In-Home Safety Plan. Note any deviations or necessary changes to the In-Home Safety Plan:
- Maintain adequate social distance, (at least six feet)
- Wear PPE prescribed by In-Home Safety Plan
- Keep equipment tools and supplies from touching surfaces in the home, (clean tarps or poly can be used to create a staging area)
- Disinfect high touch surfaces touched during the site visit before leaving the home
- Disinfect tools touched during the site visit
- Disinfect high touch surfaces in the vehicle(s) after leaving the home
- Wash or sanitize hands immediately after doffing PPE