Appendix B - 4 EMPLOYEE PERSONAL PROTECTIVE EQUIPMENT CHECKLIST															
Name _	Parish/School/Archdiocese of Employr														
Date of	f Hire Position or Job Title														
I acknowledge receiving the following and reviewing the Employee Training Presentation:															
Employ			oyee's Signature						Date						
Note: This form is to be filed in the Employee's personnel file				I	Date										
Check if not applicable	Job Task	NIT. ANT AND CLASS	ile Unnull Cloves	1.20 N.3 5000 600	esticion two sticion two stores 2	1. 1.95 Respired	sed or th	44. (02)	473						
	Home more of Home of Home balance	2	2	2	2	Х									
	My Office or Work Station Has 6' Social Distance Markings					Yes									
	Walking Around and Elevator Use	1	2	2	2	Х									
	Opening Mail/Packages/Delivered Items in Mail Room														
	Interacting with Others - Proximity 6' or Less	Not Allowed													
	Meetings - According to Wash. State Phase Guidelines or Local Decision For On-Line or													1	
	Reduced Attendance				1										
	As required through PAM 710	NA	1	1	3	3	1	1						ļ!	
														<u> </u>	
	Catholic Schools													ļ!	
	Meetings - According to Wash. Phase Guidelines or Local Decision For On-Line or Reduced		_	_	_									1	
	Attendance	1	2	2	2	Х								 ļ!	
	Library Use for Staff - Limit number of Staff with 6' distancing	1	2	2	2	Х									
	Office Machine Use - Limit number of Staff with 6' distancing	1	2	2	2	Х								 ļ!	
														 ļ!	
	As required through PAM 710													 ļ!	
	SCENARIO #1 - School Nurse duty or Isolation Room Monitoring with potential COVID-19			_	_	-									
	Person "Extremely High Risk"	NA	1	2	2	3	1	1	1						
	SCENARIO #2 - Clean Area after COVID-19 Person "Extremely High Risk"	NA	1	2	2	3	1	1	2					ļļ	
	SCENARIO #3 - Work in room with 10 people and/or frequent <3 ft. contact "High Risk"	NA	1	2	2	3	1	1	NA					 ļ!	
	SCENARIO #4 - Bus Driver needing frequent <3 ft. contact "High Risk"	NA	1	1	2	3	1	1*	NA					,	
	Note: X - Must maintain														
	Note: 1 - PPE must be used.														
	Note: 2 - PPE Personal Choice														
	Note 3 - Desired but not practical by scenario														
	NA = Not applicable														
	* = Bus Driver does not need to wear a face shield														