Please complete the following assessment at least 2 weeks prior to field activity with company input. Completed forms are to be submitted with your NOA. The advisor will review the form and ensure identified controls have been enabled and are available. The advisor will retain a copy of the completed Site Pre-Visit Assessment. The Site Pre-Visit Assessment will be verified the day before the field activity begins to ensure there are no new infected employees at the field site.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Completing Assessment: |  | Related Activity: (including host company name) |  |
| Date of Assessment: |  | Date of Visit: |  |
| Project Team Members (if applicable): |  | Auditor |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Virus  | Policy/Procedures/Risk Factors | This **WILL BE** Present  | This **WILL NOT** BE Present | If a hazard **WILL BE** present, how will you protect yourself (Identified Controls)?If policy/procedures **WILL NOT BE** present, how will you protect yourself? |
| (COVID-19) | Workers with COVID-19 Symptoms |  |  |  |
| Workers with known COVID-19 infection |  |  |  |
| Workers have traveled internationally within 2 week |  |  |  |
| Site Physical Distancing Policy/Procedures |  |  |  |
| Site Sanitation Guidelines |  |  |  |
| Safe Area for Interviews Identified |  |  |  |
|  |  |  |  |

Once complete, submit with your NOA for review.

This page should be submitted with your audit report, not the NOA

If any risk factors appear or increase before or during the audit, the auditor needs to promptly report this to AgSafe.

1 Week Prior to Activity:

|  |  |  |  |
| --- | --- | --- | --- |
| Auditor Name: |  | Comments |  |
| Date of Review: |  |
| Approved: |  |

Confirmation 1 day Prior to Activity:

|  |  |  |  |
| --- | --- | --- | --- |
| Auditor Name: |  | Comments |  |
| Date of Review: |  |
| Approved: |  |