

Unit Operational Plan Form

Please complete and submit your plan to the Occupational Health and Safety Office (OHS) via email (OHS@acadiau.ca).

Department School/Unit: (TYPE Name)

Name of Administrative Worksite: (TYPE Building and room)

Name of Operation Worksite: (TYPE Building and room)

**Elimination** – List team members working from home.

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**Engineering Controls** – List engineering measures required to reduce risk.

**Administrative Controls** – List administrative measures necessary to reduce the hazard.

**PPE** – List of personal protection equipment and measures available.

**Contact** – List of COVID Leads including phone numbers and email.

**Sketches / Maps** – Include any visuals that illustrate necessary safety measures.

Once complete, please submit your plan to the Occupational Health and Safety Office (OHS@acadiau.ca).

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| **AUDIT SECTION­. For Administration Only.**  |
| Elimination: 🗌 Work Remotely |
| Substitution: 🗌 TBD |
| Engineering Controls: 🗌 Min personnel 🗌 Shift Schedule/Hours 🗌 2m distance staff 🗌 2m distance clients 🗌 doors/halls distance 🗌 Lounge/Break Room 🗌 Barrier |
| Administration: 🗌 Safe Work Policies 🗌 Hand washing 🗌 Site cleaning 🗌 Sick policy |
| PPE: 🗌 N95 Mask 🗌 Gloves 🗌 Face shield/glasses |
| Additional Supports: 🗌 Access tool complete 🗌 Building Access 🗌 Distancing support 🗌 Deliveries 🗌 Contact tracing |
| Attached: 🗌 Assessment Results 🗌 Access Plans |
| Date: Initials:  |