



## Hazard Assessment for Accessing Customer Homes/Business for Sewer Back Up

The following checklist is to be completed in addition to the Field Level Hazard Assessment (FLHA). Please refer to Standard Operating Guideline (SOG-003) for further advice and detail. This form is to be completed prior to each service call where entering a business or customer home is required. Provide completed assessment to direct supervisor.

### All employees must ensure:

- Wash hands with soap and water frequently, especially after eating, drinking, using the washroom and **after all customer appointments**. If water and soap are not available use hand sanitizer.
- Before eating remove soiled work clothes and eat away from your work vehicle. Clean surfaces prior to eating.
- Avoid touching your face, mouth, eyes, nose.
- Maintain a safe distance of 2 meters from all customers and the general public.
- Wash work clothes daily with a bleach solution OR use a disposable single-use coverall (e.g. Tyvek).

### Assessment:

Ask the home or business owner the following questions: (these questions will be asked by 3-1-1, the Foreman and the crews)

- Is the person, or anyone in the home sick  Yes  No
- Is anyone in the home under self-isolation  Yes  No
- Does anyone in the home have suppressed immune system  Yes  No
- Has anyone in the home returned from international travel in the previous 14 days.  Yes  No

If **yes** is answered above then you must check with your foreman/supervisor and the safety advisor (403- 880-3606) before commencing work.

**If you are going to do the work, PPE is required: Please check the PPE that you are using prior to completing the work.**

- Googles or safety glasses
- Coveralls or Single Use Coverall
- Waterproof gloves
- P100 respirator protective face mask (if occupant has presumptive or confirmed COVID-19)
- Splash proof face shield
- Rubber boots (free from cuts or damage)

**Only essential services wearing the appropriate PPE may enter dwellings. During this event, we do not need to get a physical signature from the customer on the Service Request (SR)**

SR #: \_\_\_\_\_

Name of employee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_