

**Appendix B - 3
VOLUNTEER & EMPLOYEE PERSONAL PROTECTIVE EQUIPMENT CHECKLIST**

Name _____ Parish/School/Archdiocese of Employment & City _____

Date of Hire/Volunteering _____ Position or Volunteer Title _____

I acknowledge receiving the following and reviewing the Employee & Volunteer Training Presentation: _____
Signature _____ Date _____

Covid-19 Supervisor _____ Date _____

Note: This form is to be filed in the Employee's personnel or Volunteer file

Check if not applicable	Job Task	Isolation Mask (Fabric or Purchased)					Safety Glasses Or Personal Glasses					Cotton/Synthetic Gloves or Nitrile/Vinyl/Latex Gloves or 6' Social Distancing							
		1	2	2	2	X	1	2	2	2	X	1	2	2	2	X			
	Work Inside My Office or Work Station	2	2	2	2	X													
	My Office or Work Station Has 6' Social Distance Markings	Yes																	
	Walking Around and Elevator Use	1	2	2	2	X													
	Opening Mail/Packages/Delivered Items in Mail Room	1	1	1	1	X													
	Interacting with Others - Proximity 6' or Less	Not Allowed																	
	Meetings & Gatherings	On Line																	
	Note: X - Must maintain																		
	Note: 1 - PPE must be used.																		
	Note: 2 - PPE Personal Choice																		