

Working Safely during COVID-19

By providing your name below and taking the quiz, you agree that the following statement is true "I have read, understand, and agree to abide by the policies in the "COVID-19 Exposure Prevention, Preparedness, & Response Plan" in order to provide a safe working environment for myself, as well as my coworkers."

1. Name
2. What's the minimum alcohol content hand sanitizer must contain to be effective?
50%60%70%80%
3. Which of the following are common symptoms of COVID-19? (Check all that apply)
□ Shortness of breath □ Rash □ Chest palpitations □ Coughing □ Fever
4. When does a COVID-19 health assessment questionnaire need to be taken?
 Every day before work begins Every week before work begins Once a day, sometime during the day Once a week, sometime during that week
5. When can a team member exhibiting COVID-19 symptoms return to work?
 They can stay at work, as long as they maintain social distancing They must stay home for 3 days (72 hours) total They must stay home until they are symptom free for 3 days (72 hours) They must stay home until vaccinated
6. (<i>True or False</i>) Safety meetings should only be held in job trailers, where social distancing is not necessary.
TrueFalse

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•	e or False) Sharing tools does not require cleaning or sanitizing, as long as team members ain social distancing.
	True False
-	ou develop COVID-19 symptoms, which of the following are appropriate actions? (<i>Check apply</i>)
	Go to work, but main social distancing Take symptom alleviating medications and go to work Stay home from work until you have been symptom-free for 72 hours Contact Lisa Bozung and let her know that you have developed symptoms Contact your healthcare provider
9. Wha	at length is the minimum for proper social distancing?
0	3 ft
0	6 ft
0	9 ft
0	12 ft
10. (<i>Tr</i>	rue or False) Ride sharing should be avoided or kept to an absolute minimum.
0	True
0	False