TRANSPORTATION



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Hold meetings with transportation provider(s) to review protocols and implement disinfection protocol for buses

| Transportation Sanitation Checklist | | | | | | | | | |
|-------------------------------------|------|----|-----------------------------|------|-------------|--|--|--|--|
| Division | | | | | | | | | |
| Plant | | | | | | | | | |
| Date | | | | | | | | | |
| | | | | | | | | | |
| Supplier Name | Task | | Action (in case it applies) | Date | Responsible | | | | |
| Before Starting Pick Up | Yes | No | | | | | | | |
| Is there antibacterial gel? | | | | | | | | | |
| Clean / Sanitize - Aisle | | | | | | | | | |
| Clean / Sanitize - Stairs | | | | | | | | | |
| Clean / Sanitize - Upper Rail | | | | | | | | | |
| Clean / Sanitize - Seats & Armrests | | | | | | | | | |
| After Employees Arrive to Plant | | | | | | | | | |
| Is there antibacterial gel? | | | | | | | | | |
| Clean / Sanitize - Aisle | | | | | | | | | |
| Clean / Sanitize - Stairs | | | | | | | | | |
| Clean / Sanitize - Upper Rail | | | | | | | | | |
| Clean / Sanitize - Seats & Armrests | | | | | | | | | |
| After Final Employee Drop-off | | | | | | | | | |
| Is there antibacterial gel? | | | | | | | | | |
| Clean / Sanitize - Aisle | | | | | | | | | |
| Clean / Sanitize - Stairs | | | | | | | | | |
| Clean / Sanitize - Upper Rail | | | | | | | | | |
| Clean / Sanitize - Seats & Armrests | | | | | | | | | |
| Auditor Name / Signature | | | Driver Responsible | | | | | | |
| Name | | | Name | | | | | | |
| Signature | | | Signature | | | | | | |