

RISK CONTROL CONSULTING

Business Reopening Plan (BRP) Checklist: **Property**

This Business Reopening Plan Checklist is designed to assist in consideration to help preventing spread of COVID-19 and increase the probability of a successful reopening. All businesses should consider how best to decrease the spread of infection and lower the impact in their workplace.

To assist with your reopening planning, the following checklist has been assembled to provide general items to consider. We anticipate that some businesses will have unique operations not addressed in this document. This list is not exhaustive and does not replace local, state or federal requirements or guidance. The objective of the checklist is to help provide thought-provoking items to consider as part of your reopening plan with a focus on:

1. Reducing transmission among employees, guests, and vendors
2. Maintaining a healthy work environment

Disclaimer: *This document is intended as a guidance document and is not considered exhaustive or designed to cover all potential district, local, state or federal requirements. All users retain the responsibility to review local, state, and federal requirements and apply and augment this information appropriately. Alliant Insurance Services does not accept responsibility for the application of information contained within.*

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Business Reopening Plan Checklist: **Property**

Question/Consideration	YES	NO	N/A	Action and/or Comments	By Whom	By When
Air & Water Quality: (See also "Supplies" checklist)						
1. Has adequate water flow in building plumbing been maintained to prevent stagnation issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. If not, has indoor water quality testing been done per EPA safe drinking water test standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Were HVAC systems running and set to prevent mold producing humidity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Vermin:						
1. Has Pest Control been continued during idle period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Signs of mice/rat infestation in pantries, mechanical rooms, crawl spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Signs of ant or termite infestation (geographic region)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Signs of bird or bat infestations in high ceiling areas such as gymnasiums or warehouses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food:						
1. Any food left behind checked for expiration dates or spoilage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Tainted or expired food products disposed of immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Unsanitary conditions exist (kitchen, breakroom, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Security:						
1. Signs of vagrant occupation or attempts at entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. If yes, repair/cleanup needed, and what level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Security alarm systems undamaged & operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Physical security (doors, fences, roof hatches, etc.) uncompromised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. CCTV cameras & system operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Question/Consideration	YES	NO	N/A	Action and/or Comments	By Whom	By When
6. Trees, bushes trimmed to facilitate visibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Security lighting still operational and illuminating adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. IT Security Department run a breach test before IT systems brought back on line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Housekeeping and Storage:						
1. No combustibles stored near furnaces, hot water heaters, electrical panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Waste/trash receptacles emptied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Paths of travel free of storage items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Exterior path of travel and egress unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Exterior is free of waste or trash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Flammable liquids stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Protection:						
1. Sprinkler water pressure still adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Sprinkler valves secured in open position and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. No visual signs of leaking or damage to any components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Extinguishers are accessible, charged, and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Required annual sprinkler maintenance has not lapsed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Fire Pump is in automatic mode, churn test conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Fire Pump has adequate fuel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Alarms (waterflow, valve tamper, smoke/fire) undamaged and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. Suction tank have adequate water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Question/Consideration	YES	NO	N/A	Action and/or Comments	By Whom	By When
10. Fire Doors unobstructed and inspections up to date?		<input type="checkbox"/>	<input type="checkbox"/>			
11. Brush cleared away from buildings?		<input type="checkbox"/>	<input type="checkbox"/>			
Life Safety & Emergency						
1. All paths of egress and walkways unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. All emergency lighting tested and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. All exits identified and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Emergency generator tested and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Generator fuel supply adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Emergency eyewash stations flushed and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Emergency showers flushed and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Building Maintenance:						
1. Roof drainage system free of obstructions and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Roof condition undamaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Water drainage discharge directs water away from building and foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Any interior signs of water intrusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. HVAC systems are tuned up, filters clean, and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Boiler certification is up to date (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Plumbing fixtures show no sign of leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Flush potable water lines at fixtures to replace stagnant water? Guidance for Building Water Systems (after prolonged shutdown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. Flush all floor drains with water to flush any septic gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Exercise and test operational mechanical equipment, e.g. stoves, ovens, mixers, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11. All interior lighting functional, especially stairwells and interior hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			