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Preventive Measures SITE ACCESS QUESTIONNAIRE

Daily Check-In

In an effort to reduce the transmission of COVID-19, the following questionnaire is to be completed at work site reception by all employees as well as employees of any subcontractor engaged in activity on this site.

Please complete this short questionnaire to ensure your presence does not pose a risk to the project and return the completed form to the Health and Safety Manager, or to the Superintendent if no H&S Manager is assigned to the site.

Worksite Name: _____

Employer: _____

Orientation Sticker #: _____

1. Do you currently have the following symptoms: fever (over 38°C), coughing and difficulty breathing?
 Yes
 No
2. Have you been exposed to a person who has a confirmed or probable case of the COVID-19 infection?
 Yes
 No
3. Do you intend to travel outside the province in the coming weeks?
 Yes Scheduled Departure Date: _____ Destination: _____
 No

Name (Please Print): _____

Signature: _____

Date: _____

