



Preventative 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.

All employees assigned to this site must complete this form on their first day of work on the site.

Worksite Name: _____

Employer: _____

Orientation Sticker #: _____

1. Do you currently have the following symptoms: fever (over 38°C), dry cough or difficulty breathing, aches/pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell, rash on skin, and discolouration of fingers or toes.

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

Departure Date: _____ Destination: _____

No

Name (Please Print): _____

Signature: _____

Date: _____