

COVID-19 WORKER CHECKLIST

Questionnaire to be completed DAILY by all personnel entering the site

BelVan Construction wishes to take preventative measures to ensure the health and safety of all its Employees, Subcontractors, Visitors and the General Public.

Please complete this short questionnaire to ensure your presence does not pose a risk to the project and to return the completed form to the Site Superintendent.

Personal Information

First and last name: _____

Email: _____

Cell Phone: _____

Employer: _____

Questionnaire (Anyone who answers “yes” to any of these questions will NOT be permitted access to the worksite)

Are you experiencing any of the following conditions? Yes ____ No _____

- Fever
- Persistent Dry Cough
- Shortness of breath
- Severe Fatigue
- Difficulty Breathing

Have you, or anyone to your knowledge that you’ve been around, travelled outside Canada (incl. the USA) since March 1st? Yes ____ No _____

If Yes - Date of Return? _____ (must be 14 days min to stay on site)

Have you been exposed to a person who has a confirmed or probable case of the COVID-19? Yes ____ No _____

Declaration:

I hereby confirm that the information provided herein is accurate and complete and that the responses submitted within this form are genuine.

Signature

Signature Date