

# PUC Services Inc. COVID-19 Screening Check List

The health and safety of our employees and the general public is our top priority. In order to help limit the risk of exposure to COVID-19, PUC is asking all external contractors and suppliers to fill out this form prior to entering any of our facilities.

## SECTION 1 - COMPLETED BY THE EMPLOYER

Company Name:

Contact Name:

---

### COVID-19 Planning Questions:

1. Have you provided PUC with your company's COVID-19 Pandemic Plan?      Yes  
No

2. Are measures put in place to ensure staff are maintaining 2-metre physical distancing?      Yes  
No

3. If tasks require staff to be closer than 2 metres, what measures is your company taking(ex. cohorting pods)?

4. What Personal Protective Equipment (PPE) is being provided to employees at your company?

If you answered 'no' to any of these questions, please contact PUC to determine a plan of action prior to arriving on site.

Please acknowledge your agreement and acceptance of these terms by signing below. If signing this form electronically, please e-mail to the applicable department manager.

PRINT NAME

AUTHORIZED SIGNATURE

Date:

---

**SECTION 2 - COMPLETED BY STAFF WHO ARE ATTENDING PUC SITE**

PUC site attending and dates:

**Screening Questions:**

*Please select ONE response (Y/N) to the questions below:*

1. Are you experiencing COVID-19 symptoms? Yes

No

2. In the past 14 days have you been in close contact Yes

with someone experiencing COVID-19 symptoms or No  
who has been diagnosed with COVID-19?

3. In the past 14 days has a member of your Yes

household been advised that they are a close contact No  
to a confirmed or possible case that you have not yet  
disclosed to your manager?

4. In the past 14 days have you been unable to follow Yes

Public Health Guidelines for the prevention of COVID-19 No  
at work or outside of work?

5. In the past 14 days have you travelled outside of Yes

Algoma or have you had visitors in your home from outside No  
Algoma?

\*Link to Ontario's Zones:  
<https://covid-19.ontario.ca/>

If you answered 'yes' to any of these questions, please contact PUC to determine a plan of action prior to arriving on site.

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

DATE:

*Thank you for your understanding during our ongoing efforts to protect the public and our workers from the potential transmission of the COVID-19 virus.*