## **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 attestation@ssmpuc.com				
PRINT NAME	AUTHORIZED SIGNATURE			
Date:				

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

<b>PUC</b>	site	attending	and	dates:
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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 unable to follow PUBLIC HEALTH guidelines for the prevention of COVID-19?			
3. In the past 14 days, have you travelled within Ontario to a GREY, RED, ORANGE or YELLOW Zone?			
4. In the past 14 days, have you travelled outside of Ontario or had someone in your home from outside of Ontario?			
5. In the past 14 days, have you been in close contact with someone experiencing COVID-19 symptoms or who has been diagnosed with COVID-19?			
*Link to Ontario's Zones: https://covid-19.ontario.ca/			
If you answered 'yes' to any of these questions, plea prior to arriving on site.	se contact PUC to determine a plan of action		
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.