

# 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 EMPLOYER

Company name:

Contact name:

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### COVID-19 Planning Questions:

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|--|-----------|
| 1. Have you provided PUC with your company's COVID-19 Pandemic Plan?   | Yes<br>No |
| 2. Are measures put in place to ensure staff are maintaining 2-metre physical distancing?                        | Yes<br>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 [janis.gartshore@ssmpuc.com](mailto:janis.gartshore@ssmpuc.com)

PRINT NAME

AUTHORIZED SIGNATURE

Date:

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

PUC site attending and dates:

### Screening Questions:

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|--|-----------|
| 1. Have you experienced any flu-like symptoms including fever, chills, cough, shortness of breath or difficulty breathing in the last 30 days? | Yes<br>No |
| 2. If you answered 'yes', please list symptoms and the time frame associated with them.  |           |
| 3. Have you returned from international travel (outside of Canada) in the last 14 days?  | Yes<br>No |
| 4. Have you returned from travel outside of Algoma in the last 14 days?  | Yes<br>No |
| 5. Have you or anyone you have been in contact with been diagnosed with COVID-19?  | Yes<br>No |
| 6. Have you been previously instructed by a public health unit to self-isolate?  | Yes<br>No |

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

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PRINT NAME

SIGNATURE

DATE:

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*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.*