

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:

COVID-19 Planning Questions:

- | | | |
|---|-----|----|
| 1. Have you provided PUC with your company's COVID-19 Pandemic Plan? | Yes | No |
| 2. Is your company aware of PUC's COVID-19 vaccination requirements that all people entering our facility must be double vaccinated? | Yes | No |
| 3. At all PUC locations, all people must properly wear a mask at all times while indoors. Have you ensured your staff are aware of and are following this policy? | Yes | No |
| 4. Are measures put in place to ensure your staff are maintaining 2-metre physical distancing? | Yes | No |
| 5. If tasks require staff to be closer than 2-metres, what measures is your company taking (ex. cohorting pods)? | | |
| 6. What Personal Protective Equipment (PPE) is being provided to staff 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

PRINT NAME

AUTHORIZED SIGNATURE

DATE

SECTION 2 - COMPLETED BY STAFF WHO ARE ATTENDING PUC SITE

PUC site attending and dates:

Company Name

- | | | |
|--|-----|----|
| 1. Are you double vaccinated? | Yes | No |
| 2. Will you properly wear a mask covering your nose and mouth at all times while at the job site? | Yes | No |
| 3. Have you experienced any flu-like symptoms including fever, chills, cough, shortness of breath or difficulty breathing in the last 10 days? | Yes | No |
| 4. If you answered 'yes', please list symptoms and the time frame associated with them. | | |
| 5. Have you returned from international travel (outside of Canada) in the last 14 days? | Yes | No |
| 6. In the last 10 days, have you or anyone in your household tested positive for COVID-19? | Yes | No |
| 7. In the last 10 days, have you been identified as a close contact to someone who has tested positive for COVID-19? | Yes | No |
| 8. In the last 10 days, has someone you lived with been sick with COVID-19 symptoms? | Yes | No |

If you answered 'no' to questions 1 or 2 or 'yes' to questions 3-8, please contact the PUC manager of the job site prior to arriving at the job site.

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.