

ATTACHMENT 4

COVID-19 PRE-WORK CONTRACTOR ORIENTATION CHECKLIST



HEALTH AND SAFETY

Enhanced Screening Questions Acknowledgement

The contractor must answer the following questions

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Have you been advised by the public health authority or your family physician to self-monitor or self-isolate?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any of the following symptoms: Fever Cough Sore throat Difficulty breathing Pneumonia
<input type="checkbox"/>	<input type="checkbox"/>	Have you just returned from outside of Canada within the last 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	Were you on a cruise ship within the last 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been in close contact with a person who has been confirmed with coronavirus (COVID-19) (family or friend that you live with)?

In the event that a contractor/worker becomes ill onsite, the contractor/worker must immediately leave the City of Surrey building and notify the Site Supervisor (Phone Number: _____)

I hereby acknowledge receipt of information on requirement for the Safety and Health at City of Surrey and will adhere to the terms set herein and cooperate with all policies and procedures.

Printed Name: _____

Contractor Company Name: _____

Facility /Location: _____

Employee/Contractor Signature _____ **Date:** _____

A healthy and safe workplace is everyone's responsibility. Your active participation and support are vitally important to maintaining and improving health and safety in our workplace.