

External Contractor and Supplier Building Access Protocol During COVID-19 – Contractor/Supplier Questionnaire:



The following questionnaire must be completed by all individuals, representing a contractor or supplier, performing a service or delivery within an LKDSB building. Before entering any LKDSB site, all individuals entering on behalf of the contractor or supplier must complete this form. This information is collected for the purposes of a prescreening and creating a database of individuals accessing this building. Please complete the information below as part of the LKDSB External Contractor and Supplier Building Access Protocol.

LKDSB External Contractor and Supplier Building Access Requirements:

- ASTM face masks are mandatory. If you do not have one, the office will provide one for you.
- Hand sanitizer must be used upon entry to the building.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- When coughing or sneezing: cough or sneeze into a tissue or the bend of your arm, not your hand and dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards.
- Avoid handshakes.
- All external contractors and suppliers are to exit the building promptly after completing the assigned work and/or delivery.

LKDSB LOCATION: _____

DATE: _____

PERSONAL INFORMATION: (please print)

Contractor/Supplier Company Name: _____

Individual's First and Last Name: _____

Email: _____

Phone: _____

1. Have you travelled outside Canada recently? Yes _____ No _____
If Yes, what was your Date of Return? _____ (must be 14 days minimum to enter this site)
2. Do you currently have any of the following new or worsening symptoms? Yes _____ No _____
(please circle): Fever and/or chills, coughing, shortness of breath, decrease or loss of smell or taste, sore throat, stuffy and/or runny nose, headache, nausea/vomiting and/or diarrhea, general feeling of being unwell
3. Have you been exposed to or in close contact with a person who has a confirmed or probable case of the COVID-19 infection? Yes _____ No _____

Declaration:

I hereby confirm that the information provided herein is accurate, correct and complete and that the responses submitted within this form are genuine.

Signature _____