The health and well-being of employees, contractors and the public is the Town of Tobay’s highest priority. As a result of the Coronavirus outbreak, we are applying precautionary screening processes, social distancing and hygiene measures to safeguard employees when work is being at our facilities.

Prior to preforming any work or repairs in our facilities. The following question must be answered along with a brief summary explaining what precautionary measures your company is taken to ensure the health and wellbeing of customers and employees that you visit.

Please complete and return the questionnaire to: Brian Winter **Email:** **bwinter@torbay.ca**

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| **Questions** | **Yes** | **NO** |
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| Has anyone at your location been in contact with anyone who has tested positive for Civid-19? |  |  |
| Has any of your employees travelled outside of Canada in the last 14 days? |  |  |
| Is anyone at your location currently experiencing any symptoms of illness such as (i.e., fever, cough, headaches, difficulty breathing? |  |  |
| Has your company implemented social distancing guidelines (2 meters or 6 feet physical distance between workers)? |  |  |
| If social distancing cannot be maintained. What alternative measures have been implemented to protect workers? Please explain in the notes section below. |  |  |
| Has PPE been supplied to your employees to reduce the risk of transmission? |  |  |
| Will your workers be equipped with adequate supply of hygiene products such as hand sanitizer and paper towels to disinfect after work task has been completed? |  |  |
| Will our employees be exposed to your technicians when preforming their job task? |  |  |
| Will you require support from our employees to perform the required job task? |  |  |

Addition Notes:

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| What other precautionary measures is your company taking to ensure the health and safety of workers and to reduce as low as possible, the risk of transmission? |

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Authorized Signature:** |