

PVC Safety & Project Operations Plan

COVID-19 Project Safety & Operations - Subcontractor - Jobsite Access

* Required

1. Email address *

2. Project Name: *

3. Project Address: *

4. Company Name: *

5. Employee Name: *

6. Employee Home Address: *

7. Employee Phone Number: *

8. Employee Email Address if Applicable *

History

9. Have you experienced any symptoms of illness such as coughing, fever, or shortness of breath in the past 14 Days? *

Mark only one oval.

Yes

No

10. Has anyone in your household experienced any symptoms of illness such as coughing, fever, or shortness of breath in the past 14 days? *

Mark only one oval.

Yes

No

11. Have you been in close contact (within 6 feet) with anyone who has been diagnosed with COVID-19? *

Mark only one oval.

- Yes
 No

12. Have you traveled internationally in the past 14 days? *

Mark only one oval.

- Yes
 No

Current

13. Has your body temperature been taken today prior to accessing the site? *

Mark only one oval.

- Yes
 No

14. Is your body temperature lower than 100.4 degrees F? *

Mark only one oval.

- Yes
 No

15. Do you have all the proper PPE to access this site (face mask, eye shield, gloves)? *

Mark only one oval.

Yes

No

16. Have you read & understood the PVC COVID-19 Policy? <https://bit.ly/2AeorEy> *

Mark only one oval.

Yes

No

17. Signed By: *

18. Date: *

Example: January 7, 2019

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