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# Preventive Measures SITE ACCESS QUESTIONNAIRE

## Daily Check-In

*In an effort to reduce the transmission of COVID-19, the following questionnaire is to be completed at work site reception by all employees as well as employees of any subcontractor engaged in activity on this site.*

Please complete this short questionnaire to ensure your presence does not pose a risk to the project and return the completed form to the Health and Safety Manager, or to the Superintendent if no H&S Manager is assigned to the site.

Worksite Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Orientation Sticker #: \_\_\_\_\_

- Do you currently have the following symptoms: fever (over 38°C), coughing and difficulty breathing?  
 Yes  
 No
- Have you been exposed to a person who has a confirmed or probable case of the COVID-19 infection?  
 Yes  
 No
- Do you intend to travel outside the province in the coming weeks?  
 Yes      Scheduled Departure Date: \_\_\_\_\_ Destination: \_\_\_\_\_  
 No

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

