



Covid-19 Checklist

Contact Name and Number of Contractor or Owner:		
Questions	Yes	No
Have you, your employees or any subcontractors traveled outside of the Atlantic Bubble in the past 14 days?		
Have you, your employees or any subcontractors been in close contact with a confirmed or probable case of Covid-19?		
<p>Have you, your employees or any subcontractors shown signs of ONE of the following:</p> <ul style="list-style-type: none"> • Fever, including chills and sweats; • New or worsening cough; or • Small red or purple spots on hands and/or feet. <p>Have you, your employees or any subcontractors shown signs of TWO of the following:</p> <ul style="list-style-type: none"> • Shortness of breath or difficulty breathing; • Runny, stuffy or congested nose (not related to seasonal allergies or other known causes/conditions); • Sore throat or difficulty swallowing; • Headache; • Acute loss of sense of smell or taste; • Unusual fatigue, lack of energy; • New onset of muscle aches; • Loss of appetite; and • Vomiting or diarrhea for more than 24 hours. 		
Will you, your employees and subcontractors be off site or away from our employees during the course of the work?		
Will you have the necessary equipment and safe guards in place prior to the work?		
Is there any additional information required to know prior to the inspection?		
Comments:		

Date: _____

Employee Signature: _____