

# WrightHaven

Hello Everyone,

To help minimize the spread of COVIC-19 we have decided to take some extra precautions by eliminating the exchange of paper.

So, I have attached a 'fillable' questionnaire that can be filled in on-line and emailed to me directly before coming on site each day. If you are unable to do this on-line, please bring the form with you and put it in the lock box provided located at the construction trailer. Please don't hand it to someone!

Please see the site supervisor every time you enter the site... **You must sign-in!** The MOL has made it mandatory to record everyone's name, company name, and lot you are working on. So, please say "hi" to the guys and let them know you are there.

I cannot thank you enough and appreciate all your cooperation during this crazy time.

*Thanks,  
Lisa Daniel  
Service/Safety Coordinator  
WrightHaven Homes Limited  
P: 519-787-6699 ext. 223  
M: 519-835-3266 (after hours/Emergency)  
My hours: Monday - Friday 9 am - 4 pm*



### Protecting yourself and your co-workers from COVID-19...

**MUST BE completed and submitted by each person before entering our jobsites.**

YES NO

I DO NOT have a cough, fever, short of breath and/or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
I HAVE NOT left the country in the last 14 days or been in contact with someone who has COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
I will sneeze and cough into my sleeve	<input type="checkbox"/>	<input type="checkbox"/>
If I am ill, I will notify the site supervisor immediately, complete the self-assessment link <a href="http://covid-19.ontario.ca/self-assessment/#q0">http://covid-19.ontario.ca/self-assessment/#q0</a>	<input type="checkbox"/>	<input type="checkbox"/>
I will not share/borrow hand tools and power tools. If necessary, all tools will be disinfected and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
If you are not feeling well and want to leave the jobsite, Public Health requires that you notify your employer	<input type="checkbox"/>	<input type="checkbox"/>
I will not carpool with another co-worker	<input type="checkbox"/>	<input type="checkbox"/>
I will avoid gatherings of more than 5 people and pay the fine (Violation of the State of Emergency)	<input type="checkbox"/>	<input type="checkbox"/>

**This list was put together to help keep all of us safe! By signing this form, you promise to follow the above site requirements for the duration of this pandemic and/or until the MOL / Health Canada announces anything different.**

PRINT name of Trade: \_\_\_\_\_

PRINT Company Name: \_\_\_\_\_

Signature of person on site: \_\_\_\_\_

DATE

**Due to the latency period of COVID-19, it is important to track where employees have worked. If an employee tests positive for COVID-19, the local public health unit will ask employers to provide information on where the employee worked as well as the contact information of any other employee who may have been exposed. Employers will track information and Public Health Units will respond.**



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