



Pandemic Response Plan Jobsite Protocol Worker Evaluation Checklist

Name: _____ Company: _____ Date: _____

Workers onsite will be evaluated, through visual observations by either XL Safety Personnel or a designated XL representative. This includes both field and field office workers and must be done prior to workers enter the site.

Evaluations are to include all workers onsite and by checking the boxes the evaluation has been completed and logged below:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Have you been exposed to, or have you been in contact with, anyone who has tested?
positive for COVID-19 in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you had any of these symptoms in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Temperature exceeding 100.4? (Non-Contact/ Temporal Only) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Persistent cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Shortness of breath or difficulty breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any chills or sweating? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Obvious nasal congestion? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| • Worker to proceed to jobsite: | <input type="checkbox"/> | <input type="checkbox"/> |
| • Worker needs to seek medical attention: | <input type="checkbox"/> | <input type="checkbox"/> |

XL Construction Representative : _____
Date: _____

or

XL Designated Safety Representative: _____
Date: _____