Covid-19 Daily Worker Assessment Form



Project:	Gold Park P	inevalley Inc			OMES				
Company:	Gold Park Homes		Date:						
Supervisor:	Michael Pilato		Number of Workers:						
This questionnaire must be completed by each supervisor/foreman for all their workers on site each day, and submitted electronically to site management each day.									
Worker Name	Have you been in contact with a confirmed or suspected case of	Have you exhibited signs of a fever, cough, shorness of breath or any flu like symptoms		Have you received and reviewed your company's COVID- 19 H&S policy?	Does worker currently have any flu like symptoms?	Does worker currently have any flu like symptoms?			