



INFECTIOUS DISEASE QUESTIONNAIRE FOR PERSONS COMING TO AMARANTH BUSINESS SOLUTIONS LTD SITES

This form is to be completed and submitted to the Amaranth Business Solutions Ltd (ABSL) HSE/ HR personnel <u>prior</u> to visiting ABSL sites for purposes other than providing delivery services.	
Date: Click or tap to enter a date.	Country:
Company:	Click or tap here to enter text.
Department:	
Name of person completing form in BLOCK LETTERS:	Click or tap here to enter text.

This form should be completed by persons planning to visit ABSL sites or to work with or on behalf of ABSL at ABSL locations.

a. Persons entering Company premises / Contractors working for/on behalf of ABSL:
(please ensure subcontractors are considered when providing responses where applicable)

- Has consideration been given to using a ‘remote or digital’ option instead of a physical visit? YES NO
- If “NO” to question 1, is such an option feasible? YES NO
- Are persons who intend to visit ABSL Locations exhibiting/ experiencing any of the symptoms below:

<input type="checkbox"/> Fever	<input type="checkbox"/> Cough	<input type="checkbox"/> Congestion
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Headache
<input type="checkbox"/> General feeling of being unwell	<input type="checkbox"/> Loss of smell and/or taste	<input type="checkbox"/> Gastrointestinal upset/diarrhoea

Any symptom above which has been identified as present must be reported to ABSL personnel prior to being approved for / executing upon a site visit

- Are Contractors/ sub-contractors who plan to be at ABSL sites prepared to ensure that their personnel adhere to all requirements by ABSL inclusive of behavioural, procedural expectations etc. to reduce the risks of infectious disease exposures. *Note that failure to do so can result in removal from ABSL sites and possible suspension/ cancellation of contracts/jobs.*

YES

NO

CONTROLLED DOCUMENT

LIII-ABSL-HSE-IDCQMTS-000-05/2020

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- 5.** Are all visiting personnel to ABSL Sites prepared to adhere to guidelines such as:
- i. Partaking in temperature screening prior to entering facility where applicable?
 YES NO
 - ii. Maintaining 6 feet distance between personnel at all times as far as practicable?
 YES NO
 - iii. Utilizing hand washing stations/hand sanitizers available at our facility?
 YES NO
 - iv. Ensuring they bring and use Personal Protective Equipment (PPE) specific to infectious disease control (*including but not limited to cloth/surgical masks or gloves in specific instances*)?
 YES NO
 - v. Reporting any suspected exposures of infectious disease (recent air/ boat travel. Interfacing with groups, crowds without proper PPE/social distancing practices etc.?)
 YES NO

For Contractors only

- 6.** Are Contractors/Subcontractors willing to provide and absorb the cost of the following for their employees for the following:
- i. Infectious disease control Personal Protective Equipment? (select all that apply)

<input type="checkbox"/> Appropriate face mask	<input type="checkbox"/> Disposable safety gloves	<input type="checkbox"/> Safety goggles
<input type="checkbox"/> Disposable coveralls	<input type="checkbox"/> Face shield	<input type="checkbox"/> Steel toed rubber boots
 - ii. Personal hand sanitizing/surface sanitizing products (hand sanitizer/disinfectant wipes)
 YES NO

Signature of Person completing the Form **Date**

Submit completed form to ABSL personnel asap. Do NOT enter site unless this form is completed.