



Plant Visitors Questionnaire

To ensure the health and safety of all employees, suppliers and visitors, we respectfully require all visitors to complete the following questionnaire prior to being granted access to the facility.

First Name

Last Name

Company

Contact Number

Reason for Visit

Please answer the following questions truthfully:

1. Are you presently experiencing any symptoms such as fever, cough, or shortness of breath? Yes No
2. Have you or any members of your household experienced any symptoms, in the last 14 days, such as fever, cough, or shortness of breath? Yes No
3. In the last 14 days, have you or any members of your household travelled outside of Canada or have you come into contact with anyone that has travelled outside of Canada? Yes No
4. Have you been in close contact with a confirmed or probable case of COVID-19? Yes No

Date (MM/DD/YYYY)

Signature

If you answered **YES** to any of these questions, you will be **denied access** to the facility.