



COVID-19 WORKER ORIENTATION

Please acknowledge the following requirements related to recent COVID-19 pandemic and Trillium’s updated Safety Procedures:

I am aware of and agree to the following:

Initial

- _____ I will sign into the worksite upon arriving EVERY day before entering the site.
- _____ I will maintain a minimum of 2 meters between myself and other workers wherever feasible and safe.
- _____ I am aware of the location of the provided warm water wash station(s) on site.
- _____ I will wash my hands thoroughly when entering or exiting the site, before/after meal breaks and on a regular basis throughout the day.
- _____ I understand that I should avoid touching my face, eyes, nose or mouth.
- _____ I understand that I should not share food or drinks with others.
- _____ I will avoid sharing or using other people’s tools at a Trillium workplace.
- _____ If I become ill with COVID-19 symptoms (such as a fever, cough or difficulty breathing) while at a Trillium workplace, I will immediately leave the site, notify the Site Superintendent by phone or email, and follow Health Canada instructions.
- _____ I will follow the most recent guidelines as provided by HealthLink BC at www.healthlink.ca and the provincial health officers orders at www.gov.bc.ca/covid19

I am aware COVID-19 can be spread and transmitted by:

Initial

- _____ Breathing in droplets in the air that are generated when people cough or sneeze or when in close contact with other people (e.g. shaking hands or hugging).
- _____ Touching contaminated surfaces and then touching the face, mouth, or food.
- _____ Touching a contaminated surface and then touching another surface which may cause the virus to transfer from one surface to another.

Workers are NOT permitted at Trillium workplaces:

Initial

- _____ If they are ill, whether or not the illness has been confirmed as COVID-19.
- _____ Until they have completed a 14 day self-isolation period after travelling internationally.
- _____ Until they have completed a 14 day self-isolation period if they have come into contact with a person who has been exposed to COVID-19 or have any symptoms of COVID-19.

Company: _____ Supervisors Name: _____

Signature: _____ Print Name: _____

Phone Number: _____ Date: _____