

Company Name:		
Name of Contractor Representative:		
Type of Work:		
Location:	Start and End Date:	
Contract Supervisor Name & Contact #:		
Trainer name and position:		
Date of Orientation (to be conducted before work begins):		
Topic	Sign (Trainer)	Sign (Contractor worker)
<p>Ask / review the following questions:</p> <ul style="list-style-type: none"> • Have you recently travelled outside of Manitoba in the last 14 days? • Have you been in contact with anyone who has recently travelled in the last 14 days? • Have you been in close contact with someone who has been tested for COVID-19? • Do you have any symptoms such as coughing, difficulty breathing, fever? <p>If the Contactor answers "yes" to any of the above questions, the Contractor service will be suspended until responses are all "no".</p>		
Review of Working with Contractors (COVID-19) Safe Work Procedure		
Reminder to frequently wash hands and location of handwashing stations and hand sanitizer		
Rules regarding physical distancing with staff		
Reminder to cough / sneeze into sleeve or use tissue		
Use of shop or Technician tools is prohibited		
Use of staff changeroom and break room is prohibited with exception of washroom		
PPE requirements		
Other:		

Contractor Name:	Company Representative:
Signature & Date:	Signature & Date: