

COVID-19 CREW SCREENING QUESTIONNAIRE

Ross Group is concerned for the health and safety of our employees, customers, and subcontractor personnel. In the interest of ensuring a safe and healthy work environment, we ask that the Supervisor for each Subcontractor ask each crew member the 4 questions below prior to accessing the job site. Be sure to write each crew member's name legibly, including yourself. Completed questionnaires must be electronically submitted to the Ross Group Project Superintendent prior to entering the jobsite daily.

Company: _____ Project: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Answer the questions below		YES	NO	Directions
1	Are you currently experiencing any of the following symptoms? a. Fever b. Cough C. Sore Throat D. Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	If yes, leave and do not enter the jobsite. Inform supervisor immediately. Supervisor will notify appropriate Ross Group personnel. Self-quarantine for fourteen (14) days or until medical clearance is given to return to work.
2	Have you travelled internationally in the last fourteen (14) Days?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, leave and do not enter the jobsite. Inform supervisor immediately. Supervisor will notify appropriate Ross Group personnel. Self-quarantine for fourteen (14) days or until medical clearance is given to return to work.
3	Have you travelled domestically (U.S.) outside of your local area (60 Miles) in the past fourteen (14) days?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, inform supervisor immediately before entering jobsite. Supervisor will notify appropriate Ross Group personnel.
4	Have you had close personal contact with anyone who has testing positive for COVID-19 in the past fourteen (14) days? <u>Close personal contact</u> is defined as within six (6) feet for prolonged period or having been exposed to individual coughing or sneezing.	<input type="checkbox"/>	<input type="checkbox"/>	If yes, leave and do not enter the jobsite. Inform supervisor immediately. Supervisor will notify appropriate Ross Group personnel. Self-quarantine for fourteen (14) days or until medical clearance is given to return to work.

NAME:	YES	NO	NAME:	YES	NO	NAME:	YES	NO
1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>	1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>	1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>
2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>	2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>	2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>
3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>	3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>	3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>
4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>	4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>	4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>
5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>	5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>	5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>
6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>	6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>	6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>

NAME:	YES	NO	NAME:	YES	NO	NAME:	YES	NO
1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>	1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>	1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>
2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>	2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>	2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>
3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>	3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>	3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>
4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>	4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>	4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>
5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>	5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>	5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>
6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>	6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>	6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>

NAME:	YES	NO	NAME:	YES	NO	NAME:	YES	NO
1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>	1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>	1 Question 1 Above	<input type="checkbox"/>	<input type="checkbox"/>
2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>	2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>	2 Question 2 Above	<input type="checkbox"/>	<input type="checkbox"/>
3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>	3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>	3 Question 3 Above	<input type="checkbox"/>	<input type="checkbox"/>
4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>	4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>	4 Question 4 Above	<input type="checkbox"/>	<input type="checkbox"/>
5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>	5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>	5 Question 5 Above	<input type="checkbox"/>	<input type="checkbox"/>
6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>	6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>	6 Question 6 Above	<input type="checkbox"/>	<input type="checkbox"/>