



**COVID-19 Daily Disease / Health Assessment** Name of Company: Mer Lin Contracting Name of Jobsite: VER ment (Summit Jobsite Location: 11469 Full Legal Name: Employees must complete this disease / health assessment every day before beginning work. This evaluation is vital for guarantee the health and well-being of each employee and our company. The Site Superintendent / Foreman will complete this form asking each of their employees the following questions: An employee who answers YES to any question cannot stay in the work and should immediately return home. 1. Do you have any symptoms like fever, cough, shortness of breath or respiratory diseases? 2. Have you been in close contact \*\* with someone who has been diagnosed with COVID - 19? 3. Have you been in close contact with someone who may have COVID - 19, but have not yet been confirmed? 4. Are you currently in close contact with someone, such as a family member who is experiencing symptoms or has been confirmed as positive for COVID19? 5. Have you recently traveled to / from any of the CDC-issued Level 2 or 3 risk areas? I Any Yes Answers / List The Question Number or Comment I Initials Date I Employee Name

## SAFETY IS EVERYONE'S RESPONSIBILITY!

RGR 3<sup>rd</sup> Party Inspection / RGR Training Center Website: wwww.rgrtrainingcenter.com Email: rgr3rdpartyinspection@yahoo.com Question Call Roberto Gomez-Rubio Safety Director Coordinator-Advisor OSHA Authorized Outreach Provider 70-628-2394

<sup>\*\*</sup> CLOSE CONTACT is defined as: Being within approximately 6 feet of a COVID-19 for an extended period of time.

Wash your hands often with minimum 20 seconds by CDC to prevent COVID-19