

Vendor COVID-19 Questionnaire

This form is for use by StFX Supervisors and Project Managers (Authorized Representative) for all on-campus Vendor work during the NS State of Emergency

| A Vendor Information | | | | | |
|--|--|--|------------------------|-----------|-----------|
| Vendor: | | Contact: | | | |
| Purchase Order Number: | | | | | |
| B Project Description | | | | | |
| Location: | Start date: | Finish date: | | | |
| Short description of work: | | | | | |
| C Task Analysis to meet Public Health Directives for COVID-19 | | | | | |
| Describe task(s) to be performed | | Describe steps that will be taken to ensure directives are followed. | Distancing achievable? | | |
| Task | Method of Work | | Yes | No | |
| | | | | | |
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| | | | | | |
| If distancing of two metres is not achievable, <u>is the work necessary</u> , and is there an alternate, acceptable safe method of work? If yes, please describe (or attach): | | | | | |
| Proximity Work (unable to maintain two metre distance) requires Director of Risk Management approval. | | | | | |
| How many workers will be on the worksite? _____ | | | | | |
| The Authorized Representative or designate must email Security <u>daily</u> before starting work (see #3 on next page). | | | | | |
| Copies obtained? | | | Yes | No | |
| 1. | Does Vendor have a COVID-19 Policy? | | | | |
| 2. | Does Vendor have COVID-19 procedures? | | | | |
| 3. | Are enhanced cleaning protocols available? | | | | |
| D Additional Steps that may be Required during COVID-19 State of Emergency | | | | | |
| Complete? | | | Yes | No | NA |
| 1. | Project Hazard Assessment. | | | | |
| 2. | Are any workers coming from out of the "Atlantic Bubble"? * | | | | |
| 3. | Are any workers coming from Potential COVID Exposure Areas of Nova Scotia? * | | | | |
| 4. | Pre-Project Meeting required? Date: _____ | | | | |
| *Yes answer requires consultation with OHS/Risk Management before proceeding | | | | | |
| E Acknowledgement | | | | | |
| All work must follow Public Health Directives and Industry Best Practices for physical distancing and hygiene practices. Send a copy of this form to your Manager/Director, Jacob Burghardt and Laurie Reid. | | | | | |
| StFX Authorized Representative: | | | | Date: | |

When Vendors are working on campus during the Nova Scotia State of Emergency (SOE)

These steps are in addition to other Vendor safety management steps, and shall be followed on an interim basis during the SOE:

1. StFX Authorized Representative will ensure the Vendor is familiar with the [StFX Vendor Safety Webpage](#).
2. StFX Authorized Representative will be familiar with [current Nova Scotia COVID-19 Restrictions in place](#). Consult with Risk Management as required.
3. StFX Authorized Representative or designate will email Security daily to let them know who will be on campus each day, including:
 - a) Time of arrival
 - b) Number of workers
 - c) Location
 - d) Nature of work
 - e) Time of departure
4. Vendor will ensure [daily COVID-19 health screening](#) is performed for all employees working on campus.
5. Vendor project and daily hazard assessments (FLHA, FLRA, PSA) will include COVID-19, and how the Public Health directives and the [COVID-19 Campus Protocols](#) will be followed that day.
6. Vendors are responsible to ensure that all workers, including the sub-Vendors they hire are following all Public Health directives, including those listed above.
7. StFX Authorized Representative will arrange for enhanced cleaning of all affected areas, as required.
8. Vendor workers must remain on their project sites and not visit other areas on campus.