



COVID-19 Pre-Screening for Service Calls

MASTER RADON	Date:
Worker(s) Name:	Work Site Address:
Task Description: Radon Mitigation	Property Occupant(s):

Pre-Screening Questions for Service Calls

To ensure the safety of staff, subcontractors and clients **Master Radon** is asking a few simple questions for the occupants, of the above listed address, before any work proceeds:

- Are you or anyone else on the property experiencing any of the following symptoms?
 No Yes Fever
 No Yes Cough
 No Yes Sore throat
 No Yes Shortness of breath or difficulty breathing
- Have you travelled to any countries outside Canada (including the United States) within the last 14 days?
 No Yes
- Did you or anyone on the property provide care or have close contact with a person with COVID-19 (probable or confirmed) within the last 14 days? No Yes
- Have you or anyone in your home had close contact with a person who has travelled outside of Canada in the last 14 days and who has become ill? No Yes
- Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19? No Yes

6. Other symptoms: *Na*
 Property Occupant: *[Signature]*
 (Signature)

If the answer is YES to ANY of the above questions, STOP work! Report to your supervisor.

Verified by employee: _____

Supervisor: _____ Date: _____ Time: _____