




TRANSMOUNTAIN

Trans Mountain COVID-19 Self-Declaration and Guidance

Rev No.	Prepared by/ Date	Reviewed by/ Date	Approved by/ Date	Pages Revised	Remarks
9	L. Jensen 2021-07-06	R. English and L. Jensen 2021-07-06	J. Kereliuk and N. Dunning 2021-07-07	All	Clarification provided on persons who may review self-declarations Removed Mass Gathering criteria Vaccination status disclosure consent added

	Trans Mountain COVID-19 Self-Declaration Questionnaire	Date:	2021-07-07
		Revision No.:	9
		Page	2 of 4

Trans Mountain COVID-19 Self-Declaration Questionnaire

Due to the ongoing and rapidly changing situation with SARS-CoV-2 (COVID-19), and to ensure fitness for duty, Trans Mountain is requiring **all employees, contractors, and visitors** (“individuals”) to complete a self-assessment/declaration questionnaire prior to accessing the company offices, facilities or right-of-way (ROW) project sites.

SARS-CoV-2, the virus that causes COVID-19, spreads from an infected person to others through respiratory droplets and aerosols when an infected person coughs, sneezes, sings, shouts, or talks. The droplets vary in size, from large droplets that fall to the ground rapidly (within seconds or minutes) near the infected person, to smaller droplets, sometimes called aerosols, which linger in the air under some circumstances.

Completing the Questionnaire

All Individuals must complete the attached self-declaration before being granted access to a Trans Mountain office, facility or right-of-way. Individuals may retain the same copy of the form. A new form will be required to be completed if an individual's condition (i.e., symptoms develop) changes or a new version of this form has been issued by Trans Mountain. The information collected will be for the sole purpose of determining fitness for duty.

Any individual who does not complete this declaration will be refused access to Trans Mountain property and worksites.

Completing this questionnaire does not preclude COVID-19 physical distancing practices or exercising mitigation protocols (i.e., sanitation practices, proper hygiene, PPE, etc.) while working at a Trans Mountain worksite.

If an individual answers yes to any of the questions below, they must immediately notify their supervisor and/or their Trans Mountain site representative. At this time, the individual may be denied access or be required to leave the worksite.

At all Trans Mountain worksites (terminals, pump stations, right-of-way dig sites, offices, etc.)

- Individuals reporting for work at a Trans Mountain worksite must complete the attached self-declaration questionnaire prior to accessing the worksite. Individuals must evaluate their health condition daily for any changes in health status.
- This document must be shown and be evaluated by Trans Mountain site security, a Trans Mountain Representative, a First Aid attendant and/or the designated screener appointed for the purpose of evaluating these forms to ensure fitness for duty and gain clearance to work. When requested, show the completed form to the requestor but **do not hand the form over as this is a potential virus transmission pathway.**
- This form must be kept on the individual at all times and be available for display upon request.
- At any time if your condition changes, a new form must be completed and reviewed by a Trans Mountain representative.

If contractors have implemented a similar questionnaire, they may use their own form provided it meets the intent and requirements of the Trans Mountain COVID-19 Self Declaration Questionnaire. Contractor documents are subject to review by Trans Mountain personnel.

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TRANS MOUNTAIN COVID – 19 SELF DECLARATION QUESTIONNAIRE

Worker Name:	Company:
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IMPORTANT: Please note that the completion of this questionnaire, prior to mobilization to site, is required by Trans Mountain in order to assess your fitness for work. A daily self-check of health status utilizing the below questions must occur prior to starting work:

<u>In the last 14 days, have you:</u>	YES	NO
Previously tested positive for COVID-19 or been recommended to self-isolate by a health professional?		

<u>In the last 14 days, have you or are you currently displaying any of the primary COVID-19 symptoms, without testing negative and having symptom resolution, such as:</u>					
	YES	NO		YES	NO
Fever (body temperature above 100.4°F or 38°C)			New or worsening shortness of breath or difficulty breathing		
New onset of cough or worsening chronic cough			Runny nose		
Sore Throat					

<u>In the last 48 hours, have you or are you currently displaying any of the secondary COVID-19 symptoms, without testing negative and having symptom resolution, such as:</u>					
	YES	NO		YES	NO
Chills			Fatigue and / or severe exhaustion		
Painful swallowing			Nausea / vomiting / diarrhea		
Stuffy nose			Unexplained loss of appetite		
Headache			Loss of sense of smell or taste		
Muscle/joint ache			Conjunctivitis (pink eye)		
General feeling of unwell					

If you are experiencing or have experienced any of the above listed symptoms, you must self-isolate for 10 days following the start of these symptoms and until you are feeling better (whichever is longer). You may return to work if you are determined by a health care provider to not have COVID-19 (negative test result, your isolation period has ended as per communication from the Jurisdictional Health Authority, or you have previously tested positive in the past 3 months with clearance to return-to-work), if you have had no fever for 24 hours and your symptoms have improved.

<u>In the last 14 days, have you:</u>	YES	NO
Travelled outside of your country of residence/work (Canada or US)?		
Been in close contact ¹ with a person who returned from international travel in the last 14 days?		
Been in close contact ¹ with a person who became ill after returning from any international travel?		
Been in close contact ¹ with a person who is suspected to have presumptive COVID-19 symptoms or has been diagnosed with COVID-19?		
Or anyone you live with, been in close contact ¹ with any person who has an undiagnosed respiratory illness or is being tested for COVID-19?		
Visited a home and/or health care facility where you have been notified of potential exposure to positive cases of COVID-19?		
Have you been in close contact ¹ with a household member who is ill and has presented flu-like symptoms (cough, sore throat, fever)?		

¹ Close Contact: being within approximately face-to-face (less than 6ft or 2 metres) with suspected/confirmed COVID-19 for greater than 15 minutes in any setting; or sharing of a closed space (approximately 6 feet or 2 meters) with a person with suspected/confirmed COVID-19 for a prolonged time (e.g. more than 2 hours); or having direct contact with infectious secretions of a person with suspected/confirmed COVID-19 (e.g. being coughed or sneezed on)

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Disclosures

1. The information that I have provided above is true and correct. I will advise Trans Mountain immediately of any changes to this information. I understand that intentionally providing false or misleading information, or my failure to immediately update any changes to the information provided, may lead to disciplinary action against me (employees and contractors only).
2. I agree that I will comply with all Trans Mountain COVID-19 procedures.
3. I agree that as a condition of my attendance at Trans Mountain offices and/or worksites, I will comply with all Trans Mountain COVID-19 procedures in addition to all relevant government and health authority directives when onsite or offsite Trans Mountain facilities. I agree to provide all required information on close contacts that could be affected while at Trans Mountain facilities or externally when I am engaged in activities for Trans Mountain in the case of my positive or suspected COVID-19 diagnosis.
4. I agree that if my health status is changed relating to COVID-19, I will inform my employer, Trans Mountain and Health Authorities.
5. I agree that any information provided related to my vaccination status is true and correct. I understand that Trans Mountain will not track or actively monitor my vaccination status and the information provided related to vaccination status will only be voluntarily disclosed in the event of travel or close contact to a symptomatic or Positive COVID-19 individual. I understand that making a false declaration or taking actions based on misleading information in relation to vaccine status or exposure may result in disciplinary action against me up to and including termination (employees and contractors only).

Worker Signature

Date

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