



Krawford Construction

COVID-19 Job Site Management Plan – Notification of Sick/Absent Worker

March 17, 2020

Project Information	
Project Number/Name:	
Superintendent/Supervisor:	
Report Date:	
Worker Information	
Worker Name:	
Company:	
How was Krawford Informed?	<input type="checkbox"/> Determined on site (Date: _____) <input type="checkbox"/> Called in from home (Date: _____) <input type="checkbox"/> Notified by their supervisor/employer (Date: _____)
Symptoms Reported:	<input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Chest Pain <input type="checkbox"/> Mental Confusion/Dizziness/Nausea <i>** If any of the above symptoms are severe, call 911 - if mild, worker to call 811</i> <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Sore Throat <input type="checkbox"/> Other: _____
Notice:	Has worker and/or company been advised to notify Krawford if worker tests positive for COVID-19? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other items:	Has worker been near others showing any above noted symptoms? <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, provide further information in Comments) Has worker been exposed to or in direct contact with others on site? <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, provide further information in Comments) Has the worker travelled recently? <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, provide further information in Comments)
Comments:	

Please send form to: Rose Lloyd (rlloyd@krawford.com), Colleen Kerfoot (ckerfoot@krawford.com)
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