

## AICP SCREENING PROCESS (REQUIRED)

By rule and recommendation, AICP strongly suggests the following GOLD STANDARD of procedures that have been suggested /mandated by various government entities.

- Each day, prior to the day of work, employees or others planning to be present at the workplace (all personnel) must fill out a required self-screening form.
- Pending the employee or potential employee's responses to the questions, work may not be permitted relative to best practices and OSHA guidelines. Additional questions may be posed by a designated individual. Responses to all questions will remain private.
- If the individual is deemed to pose a potential health hazard to the workplace, they must not be permitted to report to work (AICP Guidelines and considerations regarding "Development of Symptoms should be followed").
- All Personnel should understand the fundamentals of required hygiene and PPE use and maintenance. To this end, information, including readily available instructional videos should be made available.
- When arriving at the workplace a designated Compliance Assistant should check the individual in and confirm that the personnel's condition is unchanged, by way of verbal affirmation. If the screening answers have changed, a further investigation conducted by a trained individual may be required.
- In addition, all personnel should be furnished with the company's Guidelines or Protocols prior to the workday and acknowledge that they have received and reviewed them.
- The information in the questionnaire(s) or any report generated from information contained in the questionnaire(s) is the sole property of the Employer. Any designated person that would need to be furnished with this information to carry out their duties must return the information to the Employer and may not retain the information.

It is also recommended for ease of distribution and administration that companies develop an electronic system for conducting the AICP SCREENING PROCESS. As an example, here is a Google form version of how this can be structured. Of course, there are many other platforms that may be utilized by individual companies and work more seamlessly with the company's operations. Regardless, the basic contents of this following example are highly recommended:

Link to Google Form [here](#).

## COVID-19 Symptom Screening

Your safety is our top priority. To that end, we are asking the following health screening questions to ensure a safe work environment. Everyone must answer these questions before they arrive to work.

Remember, if you are sick or exhibiting symptoms of COVID-19 (fever of 100.4° or greater, chills, cough, fever, difficulty breathing, muscle aches, sore throat, diarrhea, recent loss of taste or smell), or if someone you live with has been lab-confirmed diagnosed with COVID-19 within the last 14 days, you must not report to work.

### AICP Screening Questionnaire

Date: \_\_\_\_\_

- **Question 1:** What is your first name?  
○ \_\_\_\_\_
- **Question 2:** What is your last name?  
○ \_\_\_\_\_
- **Question 3:** What project are you working on?  
○ \_\_\_\_\_
- **Question 4:** Do you live in the same household with, or have you had close contact with someone who in the past 14 days was diagnosed with COVID-19 or had a test confirming they have the virus?  
*Check One:*
  - Yes
  - No
- **Question 5:** Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?  
*Check One:*
  - Yes
  - No
- **Question 6:** Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by a pre-existing condition?  
• Fever of 100.4° or greater, Chills, or Repeated Shaking/Shivering • Cough • Sore Throat • Shortness of Breath, Difficulty Breathing • Feeling Unusually Weak or Fatigued • Loss of Taste or Smell • Muscle Pain • Headache • Runny or Congested Nose • Diarrhea •  
*Check One:*
  - Yes
  - No
- **Question 7:** Have you traveled internationally or outside the state you reside within the past 14 days (please answer 'Yes' or 'No')? If yes, please list where.  
○ \_\_\_\_\_
- **Question 8:** By checking 'Yes' below I attest that my answers above are accurate to the best of my knowledge.
  - Yes
- **Question 9:** By checking 'Yes' below I affirm I will notify COMPANY if there are any changes to my answers that occur after I complete this form, and before I arrive to the work location.
  - Yes

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