DAILY SITE LOG – ON SITE PERSONNEL IWCD & SUBTRADES

DATE: _____

1. I am not feeling any symptoms of sickness

   COVID-19 symptoms include:

   - fever
   - cough
   - difficulty breathing
   - sneezing
   - sore throat

2. I have read and understand IWCD's COVID-19 Site Policy
3. I will support IWCD with the implementation of this policy
4. I am comfortable working under the site conditions described in this policy

Company	Name	Acknowledged 1 though 4 above

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DATE: _____