DAILY SITE LOG – ON SITE PERSONNEL IWCE & 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 IWCE's COVID-19 Site Policy
3. I will support IWCE with the implementation of this policy
4. I am comfortable working under the site conditions described in this policy

Company	Name	Acknowledged 1 through 4 above

DAILY SITE LOG – ON SITE PERSONNEL IWCE & SUBTRADES

DATE: _____