

MOUNT WACHUSETT COMMUNITY COLLEGE COVID 19 CONTRACTOR CERTIFICATION

Contractor/Company Name: _____

Vendor ID Number (EIN): _____

Primary Site Contact:

Name: _____

Phone Number: _____

Email: _____

COVID 19 Officer:

Name: _____

Phone Number: _____

Email: _____

In accordance with the provisions of the Massachusetts Mandatory Safety Standards for Construction under COVID 19, the COVID 19 Officer shall submit a written daily report to the College.

A **template for daily reporting** is included as **Appendix A** of this document. The COVID 19 Officer may use this template or any other company report containing the same information. The report is to be submitted to Mount Wachusett Community College Campus police by emailing to Campus-Police@mwcc.mass.edu

Certifying Officer: _____

Name:

Title:

By signing this form, the above named contractor certifies that all operations on the campuses of Mount Wachusett Community College will be conducted in accordance with all of the provisions of the **Massachusetts Mandatory Safety Standards for Construction Under COVID 19** as listed in **Appendix B** of this document and to follow any other guidance issued by the Commonwealth subsequent to execution of this document. Per College policy, no work may be performed by any contractor nor payment made to any contractor prior to the completion of this document.

Today's Date: _____

PLEASE COMPLETE THIS FORM AND EMAIL A SIGNED COPY OF THIS PAGE TO: s_bolden@mwcc.mass.edu

COVID – 19 – Daily Report

Project Name: _____

Contractor Name: _____

Designated COVID-19 Officer: _____

In accordance with Commonwealth of Massachusetts guidelines dated 5/18/20, this document is to be utilized to confirm and document that the employees have been self-certified. Please read the guidelines below and to the best of your knowledge certify that your crew:

- Prior to starting a shift each employee must self-certify to their supervisor that they currently do not measure a temperature above 100.3 degrees.
- They must also be able to answer “NO” to all below questions that pertain to the past 14-day period:
 - Have you had signs of a fever or a measured temperature above 100.3 degrees or greater, a cough, or trouble breathing within the past 24 hours?
 - Have you had “close contact” with an individual diagnosed with COVID-19? “Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID -19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19 while that person was symptomatic?
 - Have you been asked to self-isolate or quarantine by your doctor or a local public health official?

If an employee confirms (answers “YES”) to any of the above questions, they are to leave the project immediately and seek medical advice. There is zero tolerance for sick employees reporting to work.

Number of employees reporting to work: _____

Number of employees sent home: _____

Print Name: _____

Signature: _____

REMIT THIS FORM DAILY TO: Campus-Police@mwcc.mass.edu