



**COVID-19 EXPOSURE PREVENTION  
SERVICE PROVIDER CAMPUS ATTENDANCE FORM**

**Directions**

1. Complete this form for work performed at BCIT over consecutive days – if the service provider provides an ongoing service throughout the year, a copy of the form must be completed and submitted prior to each visit.
2. Attendance where a service provider will only be in any given BCIT building for no more than 15-minutes does not require the completion of this form.
3. Part A should be completed and signed by a representative of the external service provider and returned to their BCIT Contact.
4. Part B must be completed by the BCIT Contact coordinating the visit by the external service providers.
5. When all parts are complete and signed, return to the OHS Division at: [SSEMOHS@bcit.ca](mailto:SSEMOHS@bcit.ca)

**PART A: External Service Provider Visit Information**

<b>Start Date:</b>		<b>Buildings Code(s) and Room Number(s) Accessed</b>	<i>For exterior work – state the building number and EXT – or be as specific as possible to describe exterior location.</i>
<b>End Date</b>			
<b>Service Provider Company Name</b>			<b>Service Provider Representative Name</b>

ITEM	YES/NO	INSTRUCTOINS
I represent a General/Prime Contractor for a project with 1 or more sub-contractor.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes – general/prime contractors are responsible for coordinating health and safety activities of all project workers, including COVID-19 precautions.</i>
I will conduct daily health checks of all employees attending BCIT, and ensure no employee displaying symptoms or reporting a potential exposure attends BCIT	<input type="checkbox"/> YES	<i>You must submit your procedure for conducting daily check ins to your BCIT contact for record keeping purposes.</i>
I will maintain a list of names of all workers attending BCIT on each day of attendance	<input type="checkbox"/> YES	
I have COVID-19 work procedures that all workers attending BCIT will follow.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>BCIT Occupational Health and Safety may request to review COVID-19 documentation from service providers.</i>
I have provided to and reviewed with all site workers the BCIT COVID-19 Information for Service Providers Document	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Workers attending BCIT <b>are not</b> required to work within 2 m of members of the BCIT community.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no – provide your BCIT Contact with safe work procedures for the close proximity activity. BCIT may chose to manage the health and safety requirements for any projects where BCIT employees and service provider employees are required to work in close proximity.</i>
Workers will require the use of a BCIT washroom while attending the campus (including for hand washing).	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Your BCIT Contact will inform you of which washroom service-provider employees may use.</i>
<b>Service Provider Representative Signature</b>		<b>Date Signed</b>



**PART B: BCIT Contact Use Only**

**Directions:**

1. Indicate whether each item has been completed or is not applicable (NA)
2. If not applicable – elaborate in the comment section as specified.
3. After completing Part B, sign and submit to BCIT OHS ([ssemohs@bcit.ca](mailto:ssemohs@bcit.ca)) for final review.

ITEM	YES/NA	INSTRUCTOINS
Contractor has provided their procedure for conducting daily health checks for staff attending BCIT.	<input type="checkbox"/> YES	Submit the procedure to <a href="mailto:ssemohs@bcit.ca">ssemohs@bcit.ca</a> for review and record keeping.
Service provider(s) require use of a BCIT washroom	<input type="checkbox"/> YES <input type="checkbox"/> NA	If yes – state which washroom:
Occupants/Program areas using the washroom have been consulted with and agreed to the use.	<input type="checkbox"/> YES <input type="checkbox"/> NA	Only applicable for some buildings (mainly trades areas; e.g. NW06, NE02, 04, etc.)
Occupants in spaces where the service provider will be working have been notified and coordinated with to ensure potential exposure is limited.	<input type="checkbox"/> YES <input type="checkbox"/> NA	Any occupants impacted by the work must be notified, and coordinated to ensure that they are not impacted by the work of the service provider (e.g. working in close proximity).
Facilities work requests for cleaning areas accessed by service providers prior to use by the BCIT community have been made	<input type="checkbox"/> YES <input type="checkbox"/> NA	If NA, briefly explain; If yes, What are the work request #s:
Service Providers <b>do not</b> need to work in close proximity to any member of the BCIT community.	<input type="checkbox"/> YES <input type="checkbox"/> NO	If No, safe work procedures for the tasks in question must be attached to the submission, and all documentation (including this form) must be reviewed and approved by BCIT OHS prior to work start.
The service provider has been informed of all COVID-19 precautions regarding their work in place (e.g. washrooms handwashing, occupants, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NA	

Name of BCIT Contact		Signature of BCIT Contact		Date signed:
Requires OHS Review?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reason:		

**SUBMIT TO BCIT OHS (SSEMOHS@BCIT.CA) WHEN COMPLETE**

**For BCIT OHS Use Only (Section Left Blank if not Required):**

Name of BCIT OHS Reviewer	Signature	Date signed:
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