

HERITAGE REFORESTATION INC.

Witness Phone Number:

www.heritageinc.ca 1-877-324-4448

HEALTH LOG AND AGREEMENT TO ADHERE TO HRI COVID-19 POLICIES & PROCEDURES

HRI is requiring all Employees to fill out this Health Log, starting 14 days before you arrive at one of our pickup locations.

You are required to submit this document to your Crew Boss, by email, 24 hours before you arrive at the pickup location.

The information you input in this Health Log will need	to be witnessed by a person in your household.
Employee Name (Clearly Print):	
I have read through HRI's COVID-19 Policies and Proc HRI I am required to follow these procedures and polici result in my immediate termination of Employment with for recording accurate information in this Health Log an me.	es. I acknowledge that my failure to do so will HRI. I further acknowledge that I am responsible
Signature:	
Date:	
Witness Name:	
Witness Signature:	

To properly fill out this Health Log, you will need to use a thermometer to take your daily temperature.

Date	Current Location Address	Temperature Reading	Cough?	Fever?	Trouble Breathing?	Did you self-isolate today?	Witness initials

At day 13, please submit to your Crew Boss my email.