



## QPS Evaluation Services Inc.

Testing, Certification and Field Evaluation Body  
Accredited in Canada, the USA, and Internationally

# COVID19 Visitor Self-Declaration Checklist

To Our Valued Customers/Contractors and other Visitors,

The Health and Safety of our employees and customers/contractors/visitors is always a top priority and particularly at this difficult time. In order to protect our employees, we have developed this brief questionnaire in accordance with our COVID 19 Policy to help keep them safe and to attempt to help reduce the chance of spreading the COVID-19 Virus.

Please complete the questionnaire and return it by email to your QPS representative at least one day before your planned arrival to QPS. If you have any doubt or concerns regarding the questions, please contact your QPS representative. Please note that you will also be required to wear a mask and have a temperature scan taken upon your arrival. If your visit is approved, you will receive confirmation and further instructions.

Company Name: (Customers/Contractors)	
Address: (Customers/Contractors)	
Contact Number: (Customers/Contractors)	
Representative: (visiting QPS)	
Signature:	
Date/Time: (specify date of visit)	From: _____ To: _____
Comments (if applicable):	

Items:	Questions:	YES	NO
1	Has your company implemented a COVID 19 Policy aimed at reducing the spread of the virus in your work place?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been in close contact with any other person within the past 14 days who you were informed has been diagnosed to have contracted COVID 19?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you or anyone in your immediate family living at your home have flu like symptoms? (Dry cough, fever, shortness of breath or difficulty breathing)	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you traveled outside of Canada in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you been in close contact with anyone who you are aware has returned from outside of Canada in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the last 4 questions are answered YES, please contact your QPS representative with further details and to obtain further instruction otherwise you will not be authorized to enter the QPS FACILITY.

Name: (QPS Employee)	
Signature: (QPS Employee)	
Date:	

### YOUR FULL SERVICE PARTNER IN GLOBAL CONFORMITY ASSESSMENT

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