

NCIA/VTC ACKNOWLEDGMENT OF COVID-19 SAFETY PROTOCOLS

Initial each

_____ I agree that for the safety of those I am with in the workplace/educational areas and myself I am personally responsible for following all public health safety protocols as proscribed by NCIA, the Herbert J. Hoelter Vocational Training Center (VTC), the Centers for Disease Control (CDC), as well as all federal and state officials.

_____ I agree that if I begin to experience any Coronavirus/COVID-19 symptoms either before or during my time in any NCIA/VTC managed location I will report this immediately and seek medical attention for myself.

_____ I agree that if I have any COVID-19 symptoms or have been formally diagnosed- I cannot physically interact in a NCIA/VTC managed location even if wearing Personal Protective Equipment (PPE) until I am cleared by my State Department of Health or designated authority in conjunction of my primary physician's orders. Both must agree I am clear to return.

_____ I agree that I will use assigned Personal Protective Equipment (PPE) solely for my use, always while at any NCIA/VTC managed location and I will immediately report if it is missing or damaged to appropriate NCIA staff.

_____ I agree that I will clean and store my Personal Protective Equipment (PPE) as directed by NCIA/VTC and that I will never use another individual's PPE at any time, for any reason.

_____ I agree that I will maintain all social distancing, hand hygiene, cough/sneeze hygiene and any other safety measure in every possible circumstance and to the best of my ability.

_____ I agree that if I have any questions at any time about this form or the procedures I am able to personally contact NCIA's Director of Quality & Compliance, Sophia Lawson at either (443) 894-0907 or sophia.lawson@ncianet.org or any member of the VTC leadership.

Date Form Completed

Person Completing Form (Printed Name)

Person Completing Form (Signature)

NCIA Staff Signature Witnessing

Job Title of NCIA Staff