

Isolation Plan for Seasonal Workers

Farm Owner
(last name, first name) _____

Phone Number(s) _____

Have seasonal workers already arrived?	Choose an item	Workers complete name(s), Date of Arrival(s), and Country of Origin	FOR OFFICE USE ONLY Isolation End Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address(es) of bunkhouse to be used as isolation facility _____

For Future Arrival(s)	Workers complete name(s), Date of Arrival(s), and Country of Origin	FOR OFFICE USE ONLY Isolation End Date

Address(es) to which worker are going (need # of men per location & BH's per location) _____

Do you transfer seasonal workers to other farms?	Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, provide name(s) _____
As part of isolation plan, is there a backup accommodation you may be using that is not a Bunkhouse?	Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide Name(s) of the location(s), # of rooms rented, # of person(s) in the location _____

How food and water will be provided? _____

Please provide plan for laundry services. _____

Please provide details of your cleaning and Disinfection plan. _____

Please provide details of how you would manage SICK individual(s)? _____

*****Please attach the perimeter plans for each bunkhouse you may be using (include address) *****

To report a sick worker(s) please call your local public health unit.