



# COVID-19 Prevention and Response Plan

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The purpose of the COVID-19 Prevention and response Plan is to set forth processes and procedures for effective prevention of the spread of respiratory diseases, like coronavirus disease 2019 (COVID-19) by avoiding close contact with people who are sick; covering cough and sneeze; avoiding touching eyes, nose and mouth; and frequently washing your hands with soap and water.

This is a living document to be updated as the situation progresses. The HSE Manager is the keeper of this evergreen document. Please contact Ezequiel Chalbaud for any questions at (907) 562-2142 or [Ezequiel.chalbaud@fairweather.com](mailto:Ezequiel.chalbaud@fairweather.com).

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## 1. COVID-19 INFORMATION

Symptoms	Symptoms may appear 2-14 days after exposure (as of 5/28/2020): <ul style="list-style-type: none"> <li>○ Fever (temperature of 100.4 and above)</li> <li>○ Chills</li> <li>○ Cough</li> <li>○ Shortness of breath or difficulty breathing</li> <li>○ Fatigue</li> <li>○ Muscle or body aches</li> <li>○ Headache</li> <li>○ New loss of taste or smell</li> <li>○ Sore throat</li> <li>○ Congestion or runny nose</li> <li>○ Nausea or vomiting</li> <li>○ Diarrhea</li> </ul>
Contagious Span	COVID-19 remains <b>virulent on surfaces up to 24 to 72 hours</b>



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	<ul style="list-style-type: none"> <li>• On plastic and stainless steel, it can remain 3-days</li> <li>• Up to 3-hour viability in air</li> </ul>
Virus Transmission	<p>Virus is Transmitted:</p> <ul style="list-style-type: none"> <li>• From person to person directly or indirectly</li> <li>• Through respiratory droplets</li> <li>• Aerosol or airborne particles</li> <li>• Coughs</li> <li>• Sneezes</li> <li>• Introduced through mouth or nose / inhaled</li> <li>• Touching contaminated surface and touching mouth, nose, or eyes</li> </ul>
Seek Medical Evaluation	<p>Seek medical evaluation for COVID 19 if ill with:</p> <ul style="list-style-type: none"> <li>• Fever (100.4°F and higher), cough, or difficulty breathing AND have traveled from an affected area in last 14 days</li> <li>• Fever (100.4°F and higher), cough, or difficulty breathing AND have had contact with a person known to have COVID-19 or if there is any reason to suspect a possible COVID-19 case</li> <li>• Trouble breathing</li> <li>• Persistent pain or pressure in the chest</li> <li>• New confusion</li> <li>• Inability to wake or stay awake</li> <li>• Bluish lips or face</li> </ul>

## 2. COVID-19 MEDICAL INFORMATION

Treatment	<p>There is no specific treatment:</p> <ul style="list-style-type: none"> <li>• Patients receive supportive care to relieve symptoms and prevent complications</li> <li>• No specific antiviral therapy</li> <li>• No vaccine</li> </ul>
Underlying Medical Conditions	<p>Underlying medical conditions exist that may increase the risk of COVID-19 of any age, special accommodations will be considered if:</p> <ul style="list-style-type: none"> <li>• Over 60 years of age</li> <li>• Heart disease</li> <li>• Blood disorders (sickle cell disease or on blood thinners)</li> <li>• Hypertension</li> <li>• Chronic liver disease</li> <li>• Compromised immune system</li> <li>• Current or recent pregnancy</li> </ul>

	<ul style="list-style-type: none"> <li>• Endocrine disorders</li> <li>• Metabolic disorders</li> <li>• Lung disease</li> </ul>
Severe Illness Risk Individuals	<p>Severe illness risk individuals should:</p> <ul style="list-style-type: none"> <li>• Consider staying at home</li> <li>• Avoid gatherings or other situations of potential exposures</li> <li>• Avoid travel</li> </ul>

**3. DOCTOR VISIT & 911**

Doctor Visit	<p><b>Call ahead for a doctor visit:</b></p> <ul style="list-style-type: none"> <li>• Tell them you have or may have COVID-19</li> <li>• Give them notice to prepare for your appointment</li> <li>• Wear a mask to the appointment</li> <li>• Alert health officials as you arrive of the possibility of COVID-19</li> <li>• Do as directed by the Provider</li> </ul>
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911 Emergency	<p><b>Call 911 if you have a medical emergency.</b></p> <ul style="list-style-type: none"> <li>• Notify dispatch that you may have COVID-19.</li> <li>• Put on a mask before emergency medical services arrive, if possible.</li> </ul> <div style="border: 2px solid red; padding: 5px; margin-top: 10px;">  <p><b>Call 911 if you have a medical emergency.</b></p> </div> <p>Tell dispatch you may have COVID-19 and put on a mask before medical services arrive.</p>
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Remote-Field Worker Protocol	<p>If you are in a remote field location and you start to develop any symptoms:</p> <ul style="list-style-type: none"> <li>• Inform your Supervisor</li> <li>• Begin isolation practices</li> <li>• Monitor symptoms</li> </ul>
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Testing Locations	<ul style="list-style-type: none"> <li>• In <b>Anchorage</b> off of Dimond Boulevard at 301 Calista Court (or East 83<sup>rd</sup> Avenue in some mapping software), Anchorage, Alaska from 0630 to 1830 AST.</li> <li>• In <b>Wasilla</b> at 3122 East Meridian Park Loop, Wasilla, Alaska from 0800 to 2000 AST Monday through Friday and 1000 to 1800 AST Saturday and Sunday.</li> <li>• In the <b>Ted Stevens International Airport</b>, Inside the secure area, 24 hours a day 7 days a week.</li> </ul>
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- In **Dillingham**, in the Animal Control Facility across from boat harbor, 0600 to 1800 7 days a week.
- In **Kenai**, 10543 Kenai Spur Hwy, Kenai, Alaska from 0900 to 1700 Monday through Friday (special accommodation on weekends available).

## 4. PREVENTION AT WORK

<p>Safety Measures at Work</p>	<p>Safety measures while working in the office include:</p> <ul style="list-style-type: none"> <li>• Isolate any worker who begins to exhibit symptoms until they can either go home or leave to seek medical care;</li> <li>• Establish flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), if feasible;</li> <li>• Stagger breaks and re-arrange seating in common break areas to maintain physical distance between workers;</li> <li>• Move or reposition workstations to create more distance, and install plexiglass partitions; and</li> <li>• Encourage workers to bring any safety and health concerns to the employer's attention</li> <li>• Minimize visitors to essential only and politely ask visitors to wear a mask when in the building</li> </ul>
<p>Pro-Active Measures</p>	<p>Pro-active measures include:</p> <ul style="list-style-type: none"> <li>• Thorough handwashing with soap and water</li> <li>• Hand sanitizer use</li> <li>• Social distancing</li> <li>• Wear a mask in public settings where social distancing measures can't be maintained</li> <li>• Respiratory etiquette (cover nose and mouth when sneezing or coughing)</li> <li>• Avoid touching your eyes, nose and mouth</li> <li>• Disinfect frequently touched surfaces at least daily</li> <li>• Ensure hand hygiene supplies are readily available at convenient locations</li> <li>• If sick, abstain from having contact with other people</li> <li>• Wear a mask if you are caring for a sick individual</li> <li>• Avoid unprotected contact with suspected or confirmed COVID-19 cases</li> </ul>
<p>Social Distancing</p>	<p>Social distancing shall continue, including:</p> <ul style="list-style-type: none"> <li>• Any interaction with others to be a minimum of 6-feet separation.</li> <li>• Briefings will be electronic or by teleconference.</li> </ul>



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Conferences are Telephonic	<p>Conferences will be held:</p> <ul style="list-style-type: none"> <li>• Using tele-conferencing</li> <li>• Essential work-related gatherings allowed if employees can maintain a minimum of 6 feet distance.</li> <li>• Wearing masks is recommended</li> </ul>
Work from Home	<p>Working from home is recommended; if employees can work from home, they should work from home.</p> <ul style="list-style-type: none"> <li>• Laptops are issued to most employees</li> <li>• IT personnel can remote log in to assist with computer issues</li> <li>• VPN remote access must be approved by GM</li> <li>• Accounting uses in-office computers to access software.</li> </ul>
Mitigation at Home	<p>Mitigation practices at home includes:</p> <ul style="list-style-type: none"> <li>• Put a household plan into action</li> <li>• Wash hands frequently and thoroughly</li> <li>• Clean and disinfect routinely</li> <li>• Use hand sanitizer</li> <li>• Watch for signs of COVID-19</li> </ul>

## 5. \*FWX CRITICAL INFRASTRUCTURE TRAVEL – 2 NEG Tests before going to site

**\*Section 5.0 is specific to Fairweather employees not under contract with COPA.**

Review FWX Prevention and Response Plan	<p>Prior to flying to Alaska from another state:</p> <ul style="list-style-type: none"> <li>• Review the Fairweather Prevention and Response Plan</li> <li>• Get familiar with the operating procedures for traveling, testing, and the Protective Period</li> </ul>	
<p><b>First test</b> 72 hours before departure to AK</p>	<p>Get a SARS-CoV2 PCR test completed 72 hours before departure to Alaska:</p> <ul style="list-style-type: none"> <li>• Produce a SARS-CoV2 PCR negative test result (First Negative)</li> </ul>	
	<p><b>First Negative Test Results</b></p>	<p>Upon obtaining your <b>first negative SARS-CoV2 PCR</b> test result:</p> <ol style="list-style-type: none"> <li>1. Electronically submit the test results to the HSE Director <a href="mailto:records@fairweather.com">records@fairweather.com</a></li> </ol> <p><b>AND</b></p> <ol style="list-style-type: none"> <li>2. Bring a hard copy or copy on your phone for verification</li> <li>3. Notify your manager of the negative test result</li> </ol>



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	<p><b>If Positive SARS-CoV2 PCR Test</b></p>	<p>Upon obtaining a <b>Positive SARS-CoV2 PCR</b> test result:</p> <ol style="list-style-type: none"> <li>1. Continue to self-isolate</li> <li>2. Do not fly or travel</li> <li>3. Immediately contact direct supervisor or manager and the HSE Director:             <ul style="list-style-type: none"> <li>➤ Ezequiel Chalbaud at: 907-346-3246 (ext. 2142) work 907-952-0716 cell</li> </ul> </li> <li>4. Electronically submit the test results to the HSE Director <a href="mailto:records@fairweather.com">records@fairweather.com</a></li> </ol> <p>Further instruction shall be provided</p>		
<p>Travel Declaration Form</p>	<p>Complete the NEW State of Alaska Travel Declaration Form online: <a href="https://covid19.alaska.gov/wp-content/uploads/2020/06/06032020-Mandate-10-Travel-declaration-form-Ver-1.2-6-3.pdf">https://covid19.alaska.gov/wp-content/uploads/2020/06/06032020-Mandate-10-Travel-declaration-form-Ver-1.2-6-3.pdf</a></p> <p>Complete line items: #1. Yes, traveling as part of critical infrastructure with a current COVID-19 mitigation plan.</p> <p>Yes, Employer does require testing at arrival to Alaska.</p>			
<p>Arrive in Alaska</p>	<p>Upon arrival in Alaska in the Ted Stevens International Airport</p> <ul style="list-style-type: none"> <li>• Proceed directly to the COVID-19 testing facility (on the TSA secured side of the airport)</li> </ul>			
<p>In Airport take <b>Second Test</b></p>	<p>While in the airport, across take the second SARS-CoV2 PCR test and:</p> <ul style="list-style-type: none"> <li>• Minimize interactions until the second test result is received</li> <li>• Continue to fly to the work destination</li> </ul>			
<p>Fly to Work Site</p>	<p>Continue to minimize interactions and use pro-active measures while traveling to the work site:</p> <ul style="list-style-type: none"> <li>• Upon arrival to the work site:</li> <li>• Begin the 14-day Protective Plan Period (see details below)</li> </ul>			
<p><b>Second Negative SARS-CoV2 PCR Test</b></p>	<p>Upon obtaining the <b>Second Negative SARS-CoV2 PCR</b> Test results:</p> <ol style="list-style-type: none"> <li>1. Electronically submit the test results to the HSE Director at: <a href="mailto:records@fairweather.com">records@fairweather.com</a></li> </ol> <table border="1" data-bbox="381 1711 1443 1890"> <tr> <td data-bbox="381 1711 609 1890"> <p><b>If Positive SARS-CoV2 PCR Test</b></p> </td> <td data-bbox="609 1711 1443 1890"> <p>Upon obtaining a <b>Positive SARS-CoV2 PCR</b> test result:</p> <ol style="list-style-type: none"> <li>1. Immediately self-isolate</li> <li>2. Immediately contact direct supervisor or manager and the HSE Director:</li> </ol> </td> </tr> </table>		<p><b>If Positive SARS-CoV2 PCR Test</b></p>	<p>Upon obtaining a <b>Positive SARS-CoV2 PCR</b> test result:</p> <ol style="list-style-type: none"> <li>1. Immediately self-isolate</li> <li>2. Immediately contact direct supervisor or manager and the HSE Director:</li> </ol>
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		<p>➤ Ezequiel Chalbaud at: 907-346-3246 (ext. 2142) work 907-952-0716 cell</p> <p>3. Electronically submit the test results to the HSE Director <a href="mailto:records@fairweather.com">records@fairweather.com</a></p> <p>Further instruction shall be provided</p>								
	<p>2. If <b>Negative</b> continue procedures of the 14-day Protective Plan Period until completed</p>									
<p>Begin 14-day Protective Plan Period</p>	<p>During the 14-day protective plan period for ensuring no symptoms develop:</p> <ul style="list-style-type: none"> <li>• Maintain social distancing (6' minimum)</li> <li>• Utilize facial coverings appropriately:             <ul style="list-style-type: none"> <li>○ Always in public spaces</li> <li>○ At work maintain social distancing to the greatest extent possible</li> </ul> </li> <li>• Incorporate social distancing into pre-job sequencing</li> <li>• Use heightened disinfecting measures</li> </ul>									
<p>In shared area - PPE – gloves &amp; facial covering</p>	<p>Use PPE of gloves and facial covering in all locations that involve any shared use:</p> <ul style="list-style-type: none"> <li>• Aircraft</li> <li>• Food service areas</li> <li>• Sharing tools or equipment (work gloves are an acceptable alternative when appropriate for the task)</li> </ul>									
<p>During Day Protective Period</p>	<p>During the FWX 14-day protective period (starts at camp):</p> <table border="1" data-bbox="381 1451 1443 1869"> <tr> <td data-bbox="381 1451 657 1514">Record personal health</td> <td data-bbox="657 1451 1443 1514"> <ul style="list-style-type: none"> <li>• Must maintain Daily Health Monitoring Log of body temperature twice daily</li> <li>• Must log any COVID-19 symptoms</li> </ul> </td> </tr> <tr> <td data-bbox="381 1514 657 1608">While in assigned room</td> <td data-bbox="657 1514 1443 1608"> <ul style="list-style-type: none"> <li>• Must eat lunch here</li> <li>• Not required to wear gloves or facial covering</li> </ul> </td> </tr> <tr> <td data-bbox="381 1608 657 1780">Not allowed</td> <td data-bbox="657 1608 1443 1780"> <ul style="list-style-type: none"> <li>• To use common areas (gym, lounge, game room, etc.)</li> <li>• To have anyone enter room (including housekeeping)</li> </ul> </td> </tr> <tr> <td data-bbox="381 1780 657 1869">Arrange with Housekeeping</td> <td data-bbox="657 1780 1443 1869"> <ul style="list-style-type: none"> <li>• A repository for dirty sheets and towels</li> <li>• Fresh towel and bedsheet exchange location</li> </ul> </td> </tr> </table>		Record personal health	<ul style="list-style-type: none"> <li>• Must maintain Daily Health Monitoring Log of body temperature twice daily</li> <li>• Must log any COVID-19 symptoms</li> </ul>	While in assigned room	<ul style="list-style-type: none"> <li>• Must eat lunch here</li> <li>• Not required to wear gloves or facial covering</li> </ul>	Not allowed	<ul style="list-style-type: none"> <li>• To use common areas (gym, lounge, game room, etc.)</li> <li>• To have anyone enter room (including housekeeping)</li> </ul>	Arrange with Housekeeping	<ul style="list-style-type: none"> <li>• A repository for dirty sheets and towels</li> <li>• Fresh towel and bedsheet exchange location</li> </ul>
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	<ul style="list-style-type: none"> <li>Cleaning supplies to clean own room</li> </ul>
Travel Restricted	<ul style="list-style-type: none"> <li>No travel outside of work facility</li> </ul>
Site Specific	<ul style="list-style-type: none"> <li>Follow additional site-specific precautions and camp requirements.</li> </ul>

If Symptoms Develop	<p>If symptoms develop during the Protective Period or any time during your hitch:</p> <ul style="list-style-type: none"> <li>Stop work and immediately self-isolate</li> <li>Contact the onsite clinic</li> <li>Notify your supervisor and or manager</li> <li>Notify HSE Director</li> </ul>
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Next Hitch Rotation	<p>For the next hitch rotation:</p> <ul style="list-style-type: none"> <li>Personnel travelling outside Alaska and back for work will be subjected each hitch to these procedures</li> <li>Personnel shall take the two negative SARS-CoV2 PCR tests under the requirements as stated in these procedures.</li> </ul>
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If a COVID Test Cannot Be Obtained Prior to traveling to Alaska	<ul style="list-style-type: none"> <li>An initial test will be required on arrival in AK at the airport,</li> <li>Employee will have to self-quarantine</li> <li>72 hours later take a second COVID test</li> <li>Mobilize to site after taking second COVID test</li> <li>initiate 14 Day Protective Period Plan on site</li> </ul>
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## 6. \*\*COPA TRAVEL TO ALASKA THEN TO THE NORTH SLOPE (COPA PROTECTIVE PERIOD PLAN)

\*\*These procedures are specific to Conoco Phillips Alaska (COPA) Contracted Fairweather, LLC Employees

Travel Declaration Form	<p>Complete the NEW State of Alaska Travel Declaration Form online:  <a href="https://covid19.alaska.gov/wp-content/uploads/2020/06/06032020-Mandate-10-Travel-declaration-form-Ver-1.2-6-3.pdf">https://covid19.alaska.gov/wp-content/uploads/2020/06/06032020-Mandate-10-Travel-declaration-form-Ver-1.2-6-3.pdf</a></p> <p>Complete line items:          #1. Yes, traveling as part of critical infrastructure with a current COVID-19 mitigation plan.</p> <ul style="list-style-type: none"> <li>Yes, Employer does require testing at arrival to Alaska.</li> </ul>
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Arrive in Alaska	<p>Upon arrival in Alaska</p> <ul style="list-style-type: none"> <li>Move directly to your destination (next flight or hotel)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Use social distancing and facial covering</li> </ul>								
If Overnight in Anchorage	<p>If necessary, to stay overnight in Anchorage:</p> <ul style="list-style-type: none"> <li>• Travel directly from the airport to the hotel with no stops</li> <li>• Travel directly back to the airport from the hotel the next day with no stops</li> <li>• Restrict interaction</li> <li>• Food must be by delivery service</li> </ul>								
HRE	<p>High Risk Employee management:</p> <ul style="list-style-type: none"> <li>• Continues for those who have underlying medical issues.</li> </ul>								
14-day Protective Period	<p>During the 14-day protective plan period at Alpine or Kuparuk:</p> <ul style="list-style-type: none"> <li>• Maintain social distancing (6' minimum)</li> <li>• Utilize facial coverings appropriately: <ul style="list-style-type: none"> <li>○ Always in public spaces</li> <li>○ At work maintain social distancing to the greatest extent possible</li> </ul> </li> <li>• Incorporate social distancing into pre-job sequencing</li> <li>• Use heightened disinfecting measures</li> </ul> <p>(This Plan eliminates the need for a 14-day quarantine)</p>								
In shared area - PPE – gloves & facial covering	<p>Use PPE of gloves and facial covering in all locations that involve any shared use:</p> <ul style="list-style-type: none"> <li>• Aircraft</li> <li>• Food service areas</li> <li>• Sharing tools or equipment (work gloves are an acceptable alternative when appropriate for the task)</li> </ul>								
During COPA 14-Day Protective Period	<p>During the COPA 14-day protective period at camp:</p>								
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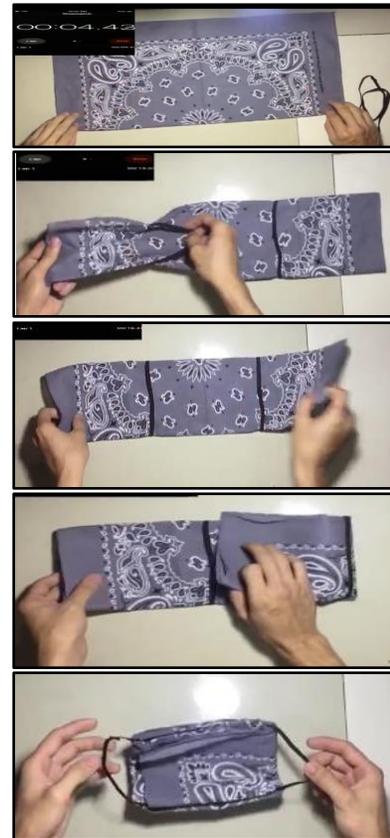
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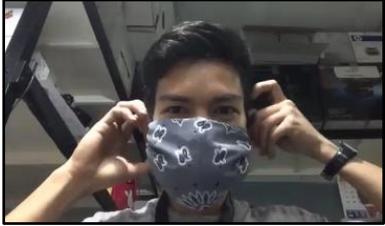
	<p>Travel Restricted</p> <ul style="list-style-type: none"> <li>No travel outside of COPA facilities</li> </ul>
	<p>Site Specific</p> <ul style="list-style-type: none"> <li>Follow additional site-specific precautions and camp requirements.</li> </ul>
14- Day Self-Quarantine Log	<p>Complete entries in the Self-Quarantine Log:</p> <ul style="list-style-type: none"> <li>Twice daily</li> <li>Record: <ul style="list-style-type: none"> <li>Any social interaction</li> <li>Symptoms &amp; temperature</li> <li>Concerns</li> </ul> </li> </ul>
If Symptoms Develop during 14- Day Period	<p>If symptoms develop during the 14-day protective period, or at any time:</p> <ul style="list-style-type: none"> <li>Stop work</li> <li>Contact the clinic</li> <li>Notify your Supervisor</li> </ul>
Next Hitch Rotation	<p>For the next hitch rotation:</p> <ul style="list-style-type: none"> <li>Personnel travelling outside Alaska and back for work will be subjected each hitch to the 14-day Protection Period Plan at Alpine or Kuparuk</li> </ul>

## 7. PPE

PPE with positive COVID-19	<p>Working with <b>COVID-19 specific</b> PPE must be worn:</p> <ul style="list-style-type: none"> <li>NIOSH-N95 filtering facepiece respirator if available</li> <li>Per CDC 3/10/20 amendment a surgical mask can be work if N95 or higher protection not available.</li> <li>If working with confirmed or highly likely case consider upgrading to half face respirator with P100 filters if available</li> <li>Nitrile or Latex gloves</li> <li>Safety glasses or goggles</li> </ul> <p>Additional PPE:</p> <ul style="list-style-type: none"> <li>Disposable face shield that covers the front and sides of the face</li> <li>Gown</li> <li>Rubber boots or disposable shoe covers</li> </ul>
PPE mitigation measures for COVID-19	<p>Mitigating the spread or contraction of COVID-19, in addition to social distancing</p> <ul style="list-style-type: none"> <li>Per CDC recommendation, wear a facial covering where a minimum of 6 feet cannot be maintained in the work place.</li> <li>Encourage any visitors to wear a PPE in order to protect site personnel</li> <li>Wear gloves if handling common equipment</li> </ul>

<p>DIY Cloth Mask</p>	<p>Wear a Do-It-Yourself homemade mask:</p> <ul style="list-style-type: none"> <li>• Saves surgical masks or N-95 supplies for medical responders</li> <li>• In public settings where social distancing measures can't be maintained</li> <li>• In areas of significant community-based transmission</li> <li>• To slow the spread of the virus             <ul style="list-style-type: none"> <li>○ To people who don't have it</li> <li>○ From people who don't know they have it</li> </ul> </li> </ul>	
<p>Make a Cloth Mask</p>	<p>Make a mask with a T-shirt or bandana:</p> <p>Materials:</p> <ul style="list-style-type: none"> <li>• Bandana or cotton t-shirt</li> <li>• 2 rubber bands</li> <li>• Coffee filter, cut in half (if available) or paper towel</li> </ul>	
	<p>Making the Mask</p>	<p>Take the full bandana or t-shirt at appx 14"x14"</p> <ol style="list-style-type: none"> <li>1. Lay it out flat</li> <li>2. Fold in half</li> <li>3. Fold in half again lengthwise</li> <li>4. Place a rubber band 4" from each end</li> <li>5. Fold ends to middle, overlapping each rubber band</li> <li>6. Place half of a coffee filter in the breathing area (not shown)</li> <li>7. Don over the nose and mouth, placing rubber bands over each ear.</li> </ol>



			
	T-shirt mask	<p>T-shirt mask can be made by:</p> <ul style="list-style-type: none"> <li>• Laying a T-shirt flat</li> <li>• Folding 6" sections starting at the bottom</li> <li>• Finish folding at the sleeves</li> <li>• Place t-shirt over the nose and mouth and tie sleeves behind the head.</li> <li>• Adjust to ensure mouth and nose are covered and tie is secure</li> </ul>	
Cloth Mask Donning	<p>Cloth mask donning:</p> <ul style="list-style-type: none"> <li>• Wash hands before donning</li> <li>• Place on the face</li> <li>• Run loops over each ear</li> <li>• Adjust material to fit snugly against the side of the face and over the nose</li> <li>• Secure with ties or ear loops</li> <li>• Allow for breathing without restriction</li> <li>• Be routinely laundered and machine dried</li> </ul>		
Cloth Mask Doffing	<p>When doffing the mask</p> <ul style="list-style-type: none"> <li>• Do not touch the front or any other surface of the mask</li> <li>• Remove using only the strings</li> <li>• After removal, immediately clean your hands with soap and water for 40 seconds or with 70% alcohol-based hand sanitizer</li> <li>• Drop mask directly into a soap solution and clean it thoroughly with soap and water, wash hands again</li> <li>• Mask can be washed with a load of laundry</li> <li>• Wash hands immediately after doffing</li> </ul>		
Cloth Mask Disinfecting	<p>To disinfect the cloth mask:</p> <ul style="list-style-type: none"> <li>• Thoroughly wash and clean the mask before wearing it</li> <li>• Wash your hands thoroughly before wearing the mask</li> <li>• As soon as the mask becomes damp or humid, switch to another mask and clean the used mask</li> <li>• Never reuse a mask after single use without cleaning it</li> </ul>		



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	<ul style="list-style-type: none"><li>• Routinely launder with laundry detergent</li><li>• Machine dry</li></ul>
Other mask tutorials	Other t-shirt, bandana, material and methods are available at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html</a>

## 8. DISINFECTING

Disinfecting Work Areas	Disinfect to kill germs and reduce COVID-19 spread <ul style="list-style-type: none"><li>• COVID-19 may remain viable for hours 24 hours or longer</li><li>• Wear disposable gloves and discard after each cleaning</li><li>• Clean hands immediately after gloves are removed</li><li>• Wash surfaces if possible and disinfect with approved disinfectant</li><li>• Use Household cleaners - EPA registered disinfectant correct surface type<ul style="list-style-type: none"><li>✓ Tables</li><li>✓ Doorknobs</li><li>✓ Remotes</li><li>✓ Light switches</li><li>✓ Handles</li><li>✓ Desks</li><li>✓ Toilets</li><li>✓ Faucets</li><li>✓ Sinks</li></ul></li></ul>
Disinfectant Solution	Disinfectants for use against COVID-19  See list under EPA: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a>  Bleach disinfecting solution: 1/2 cup bleach per gallon of water

## 9. LOCKDOWN



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<p><b>If Lockdown is Activated - Employees</b></p>	<p><u>Employees responsibility if Lockdown is activated:</u></p> <ul style="list-style-type: none"> <li>● Front doors will be locked</li> <li>● Authorized by Manager, Employee access is allowed using electronic key-fob</li> <li>● Employee's shall route business phone to cell phone</li> </ul> <p><b>Instructions for Initiating call forwarding:</b></p> <ul style="list-style-type: none"> <li>● Do not pickup handheld piece</li> <li>● On the work phone face, press the grey button below the "CFWD" letters</li> <li>● Enter the phone number where calls shall forward to "907-XXX-XXXX"</li> <li>● The phone face will show acceptance with "Calls Forwarded"</li> </ul> <p><b>Instructions for Ending call forwarding:</b></p> <ul style="list-style-type: none"> <li>● Do not pick up handheld piece</li> <li>● Press the "-Cfwd" button</li> </ul> <ul style="list-style-type: none"> <li>● Pre-approval to mobilize and work in office</li> </ul>
<p><b>If Lockdown is Activated - Visitors</b></p>	<p><u>Employees responsibility for Visitors if Lockdown is activated:</u></p> <ul style="list-style-type: none"> <li>● Pre-approval from Manager must be issued to allow visitor in building</li> <li>● Visitor shall call employee upon arrival</li> <li>● Deliveries will be managed through warehouse</li> <li>● Employee must open the locked front door and escort visitor inside</li> <li>● Visitor must sanitize hands thoroughly</li> <li>● Visitor must sign in and out at the front desk</li> </ul>
<p><b>Meeting Approval</b></p>	<p>CEO must pre-approve multi-person face to face meetings</p> <ul style="list-style-type: none"> <li>● Use tele-conferencing whenever possible</li> </ul>
<p><b>Computers Plan</b></p>	<ul style="list-style-type: none"> <li>● <b>Hardware:</b> All employees should make sure they have a charger for their laptop.</li> <li>● <b>Specialized Software:</b> For employees that need and use VMWare Horizon to access Soloman and Dynamics, a VPN will need to be configured to their computers and access will need to be approved.</li> <li>● <b>VPN:</b> Access to VPN and Network systems will work remotely. If you need access to FW Network Shares, IT will add VPN to your computer and access will be requested.</li> <li>● Request access from IT support, Jamie Cunningham (<a href="mailto:jamie.cunningham@fairweather.com">jamie.cunningham@fairweather.com</a>)</li> <li>● Will require GM approval</li> <li>● <b>Prioritize VPN Access:</b> For employees that need to use Soloman and Dynamics for work, we need to give them the highest priority to use the VPN. The more employees using the VPN at the same time, the slower the connection for all users will be. If you need documents from FWVault, FWSVault or Vault, I recommend:             <ul style="list-style-type: none"> <li>○ Turning on the VPN</li> <li>○ Copying the document to your local desktop</li> <li>○ Disconnect the VPN</li> <li>○ Edit document</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"> <li>○ Turn back on VPN</li> <li>○ Upload the new version</li> <li>○ Disconnect VPN till needed again.</li> <li>● <b>Email:</b> All employees can access their email from any computer by going to <a href="http://www.google.com">www.google.com</a> and Signing In. If on a public computer, please use a guest browser and never save passwords.</li> </ul>
Desk Phone Plan	<ul style="list-style-type: none"> <li>● Call Forwarding: All employees can access their desk phone settings from <a href="https://oneplace.alaskacomunications.com/">https://oneplace.alaskacomunications.com/</a>. Use your desk phone number and voicemail password. If you need it reset, please email me (<a href="mailto:jamie.cunningham@fairweather.com">jamie.cunningham@fairweather.com</a>).</li> <li>● Mobile App: In your phone's app store, search for Alaska Voice. The login is your phone number and password are your voicemail password.</li> <li>● Physical Desk Phones: You may take home your physical desk phone if you have these two things:             <ul style="list-style-type: none"> <li>○ A switch or router that allows you to plug in the ethernet cable</li> <li>○ That switch or router needs to have Power over Ethernet (PoE) abilities. I have one PoE switch and two PoE injectors that may work.</li> </ul> </li> </ul>

## 10. COVID-19 LEAVE FROM WORK

COVID-19 Leave	<p>Employees may be eligible for paid sick leave or expanded family medical leave assistance for specified reasons related to COVID-19</p> <ul style="list-style-type: none"> <li>● These provisions will apply from April 1, 2020, through December 31, 2020.</li> </ul>
Eligibility	<p><b>An employee is eligible and entitled to take leave related to COVID-19</b></p> <ul style="list-style-type: none"> <li>● if the employee is unable to work, including unable to <i>telework</i>, because the employee:             <ol style="list-style-type: none"> <li>1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li> <li>2. Has been advised by a health care provider to self-quarantine related to COVID-19;</li> <li>3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li> <li>4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li> <li>5. Is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li> <li>6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li> </ol> </li> </ul>



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Form Submittal	<p>To request "Paid Sick Leave" or "Expanded Family Medical Leave" under the Families First Coronavirus Response Act (FFCRA or Act)</p> <ul style="list-style-type: none"> <li>• Inform your manager/supervisor of need for leave</li> <li>• Complete the form in Figure 5, Paid Sick Leave/FMLA Expansion Recording Form.</li> <li>• Send the completed form <a href="mailto:benefits@chouest.com">benefits@chouest.com</a></li> <li>• The ECO Benefits Department will be in contact with them to supply the necessary forms for processing.</li> <li>• Employee will receive a notice either approving or denying eligibility once the submitted documentation has been reviewed.</li> </ul>
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ECO Benefit Questions	<p>Any questions or concerns can be directed to ECO Benefits Department:</p> <ul style="list-style-type: none"> <li>• <a href="mailto:benefits@chouest.com">benefits@chouest.com</a></li> <li>• Work Phone: (985) 601-4203</li> </ul>
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## 11. FWX CONTINUED EFFORTS

FWX Continued Efforts	<p>Fairweather Management will:</p> <ul style="list-style-type: none"> <li>• Continue to monitor national, state, and local health alerts and mandates</li> <li>• Inform employees through Fairweather COVID-19 Updates</li> <li>• Make updates as the conditions surrounding COVID-19 evolve</li> <li>• Note that a deviation from these guidelines may be necessary, but must involve management approval</li> </ul>
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## 12. DOCUMENT CONTROL

Version	Date	Description
1.0	March 13,2020	Original issue of the plan
2.0	March 24, 2020	Apply State Mandate 10
3.0	March 28, 2020	Apply State Mandates 11 and 12
3.1	April 1, 2020	Apply ECO COVID-19 Leave of Absence
4.0	April 7, 2020	Insert CDC Material Mask Information
5.0	April 29, 2020	Apply State Mandate 16 and new COVID-19 information
6.0	May 28, 2020	Apply new (#18) and rescinded SOA Mandates (#1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 16)



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7.0	June 9, 2020	Apply Revised State Mandate 10.1 and FWX 14-day Protective Plan Period
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## 13. RESOURCES

**CDC Index:** <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**Control Prevention:** <https://www.osha.gov/SLTC/covid-19/controlprevention.html>

**COVID-19 Fact sheet:** <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

**Clean and Disinfect:** [https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html)

**Disinfectants:** <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

**Mask DIY Procedures:** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

**Prevention of spreading COVID-19:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

**Quarantine:** <https://www.cdc.gov/quarantine/index.html>

**Respirators:** <https://content.govdelivery.com/accounts/USDOL/bulletins/2812de9>

**State of Alaska Health Mandates and Health Alerts:**  
<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>

**State of Alaska Travel Declaration Form:** <https://covid19.alaska.gov/wp-content/uploads/2020/06/06032020-Mandate-10-Travel-declaration-form-Ver-1.2-6-3.pdf>

**Water, Sanitation, Hygiene:**

<https://mail.google.com/mail/u/0/?tab=rm&ogbl#inbox?projector=1&messagePartId=0.1>



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Employee

Name \_\_\_\_\_

## Daily Health Monitoring Log

Day	Date	Social Distancing		Temperature Check #1	Temperature Check #2	COVID - 19 Symptoms		General Comments
		Yes	No			Yes	No	
1		Yes	No			Yes	No	
2		Yes	No			Yes	No	
3		Yes	No			Yes	No	
4		Yes	No			Yes	No	
5		Yes	No			Yes	No	
6		Yes	No			Yes	No	
7		Yes	No			Yes	No	
8		Yes	No			Yes	No	
9		Yes	No			Yes	No	
10		Yes	No			Yes	No	
11		Yes	No			Yes	No	
12		Yes	No			Yes	No	
13		Yes	No			Yes	No	
14		Yes	No			Yes	No	

**Health Guidance for Returning Travelers while at home in quarantine:**

1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
2. If you get sick with fever (>100.3F), cough, or shortness of breath, please call your health care provider.
3. Do not take mass transportation during the time you are practicing social distancing.
4. Avoid crowded places (such as shopping centers and movie theaters) and limit your activities in public.
5. Keep your distance from others (about 6 feet or 2 meters).
6. If you seek medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel.

*Figure 1- Daily Self-Quarantine Log*



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## STATE OF ALASKA Department of Health & Social Services TRAVEL DECLARATION FORM

### MANDATORY DECLARATION FORM FOR INTERSTATE TRAVELERS

The State of Alaska actively screens and monitors all travelers for public health and safety.  
It is required that all travelers provide the information below.  
Alaska Statutes 28.26 and 18.15

#### IDENTIFICATION AND CONTACT INFORMATION

FULL NAME (PRINT): \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER WHILE TRAVELING IN ALASKA: \_\_\_\_\_ DATE OF ARRIVAL: \_\_\_\_\_

#### PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- #1  I am travelling as part of critical infrastructure with a current COVID mitigation plan.  
Employer: \_\_\_\_\_  
Employee title/role: \_\_\_\_\_  
Does Employer require testing at arrival?  YES  NO  UNKNOWN
- #2  I (and/or the minor children in my custody and care listed below, if any) have had a PCR test within 72 hours prior to departure and it was negative, evidence of the results can be provided.  
Minor Children: \_\_\_\_\_  
\_\_\_\_\_
- #3  I am an Alaska resident returning from an out-of-state trip of five days or less. I choose the following option:  
 I consent to receiving a PCR test upon return to Alaska. I will obtain a second PCR test between 7-14 days after arrival, and minimize interactions until the result from the second test shows that I am negative for COVID-19.  
 I will self-quarantine for 14 days upon arrival. No test will be required.
- #4  I consent to a PCR test to determine if I am currently infected with COVID-19, because I haven't been tested or I was tested within 5 days prior to departure. Notice of the test results will be provide to me via (email, text, phone or app) and I agree to quarantine at the listed location until I receive the results of my test. I will minimize my interaction with others until my second PCR test is back, or I leave the state, whichever is earlier. This consent is for myself and/or the following minors in my care and custody:  
\_\_\_\_\_  
\_\_\_\_\_
- #5  I will self-quarantine for 14 days at the listed quarantine location below. I will comply with these quarantine requirements:  
1. Proceed directly to your designated quarantine location. Remain in your designated quarantine location for a period of 14 days, or the duration of your stay in Alaska, whichever is shorter.  
a. You may leave your designated quarantine location only for medical emergencies or to seek necessary medical care.



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## STATE OF ALASKA Department of Health & Social Services TRAVEL DECLARATION FORM

- b. Do not visit any public spaces, including, but not limited to: pools, meeting rooms, fitness centers, or restaurants.
  - c. Do not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by Unified Command.
2. Comply with all rules or protocols related to your quarantine as set forth by your hotel or rented lodging.

### QUARANTINE LOCATION INFORMATION

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF ARRIVAL AT QUARANTINE LOCATION \_\_\_\_\_

### CERTIFICATE

**Read and Sign:** I swear or affirm, under penalty of perjury, that: the above information I provided on this document is true and correct. I swear I will comply with the requirements of Health Mandate 019, the requirements of my employer's protective plan (if applicable), and this Declaration Form.

**WARNING:** If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210. Additionally, due to the imminent danger to the public by the spread of Coronavirus, if you violate the self-quarantine regulations set forth in the mandate, you may also be convicted of a class A misdemeanor which is punishable by a fine of up to \$25,000, or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.035 and Alaska Statute 12.55.135.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

This section to be completed by screener	
Is Declaration Form complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did traveler provide proof of negative PCR test within 72 hours of travel?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did traveler come in contact with any positive COVID case within the last 14 days or was present in a high risk environment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Traveler symptoms - Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of Breath	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fever symptoms	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did traveler accept testing voucher?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did traveler receive education?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did traveler complete entry point test?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did traveler provide contact information for results?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Printed name and title/agency:	_____
Signature:	_____
Date:	_____



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Send the completed form to [benefits@chouest.com](mailto:benefits@chouest.com)

Paid Sick Leave/FMLA Expansion Recording			
Owner:	Gina Cheramie	Revision:	00
Approved:	Brett Borne	Last Revision Date:	3/31/20
		Edison Chouest Offshore	
Request Date:	<input type="text"/>	Company:	<input type="text"/>
		Completed By:	<input type="text"/>
Emp. ID#	<input type="text"/>	Name:	<input type="text"/>
		Hire Date:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Coordinator:	<input type="text"/>	Position/ Location:	<input type="text"/>
Last Day Worked:	<input type="text"/>	First Day Missed:	<input type="text"/>
		Schedule:	<input type="text"/>
		Pay Rate:	<input type="text"/>
Reason for Absence:			
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child			
Comments: <input type="text"/>			
<b>FOR ECO CORPORATE HR OFFICE USE ONLY:</b>			
<b>Qualifying Reasons for Leave (Paid Sick Time):</b>			
<input type="checkbox"/>	Have worked for the employer for at least 30 days, rehires included.		
<input type="checkbox"/>	1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19		
<input type="checkbox"/>	2. Has been advised by a health care provider to self-quarantine related to COVID-19		
<input type="checkbox"/>	3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.		
<input type="checkbox"/>	4. Is caring for an individual subject to an order described in (1) or self-quarantined as described in (2)		
<input type="checkbox"/>	5. Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or		
<input type="checkbox"/>	6. Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.		
For FMLA Expansion, is the employee unable to work (or telework) because they are caring for their child under 18 years of age:			
<input type="text"/>	Date child's school has been closed because of the coronavirus		
<input type="text"/>	Date child's care provider is unavailable due to the coronavirus		
<input type="checkbox"/>	Inform the employee's supervisor of the leave of absence		
<b>Calendar Reminders set for the following dates:</b>			
<input type="text"/>	Paid Sick Leave ends (Full time: 80 hours & Part Time: average hours over 2 weeks)		
<input type="text"/>	Offer disability benefits following two week sick leave		
<input type="text"/>	Offer Paid Family and Medical Leave if eligible (see qualifying reasons)		
<input type="text"/>	Paid Family medical Leave ends (FT: 12 weeks 2 wks PST, 10 wks PFML) (PT: eligibility is based on employees normal schedule to work over that period)		

Figure 2. Paid Sick Leave/FMLA Expansion Recording Form