

COVID-19 INDUSTRIAL CAMP INSPECTION SCREENING FORM

Physical Address: 6534 Airport Road,
Fort St. John, B.C.
Mailing Address: BC Energy Regulator
6534 – 100th Ave.
Fort St. John, BC, V1J 8C5
Phone: (250) 794-5200
Email: C&E@bc-er.ca

Date Received

THIS IS AN AUDITABLE DOCUMENT

INFORMATION

A

By order of the Provincial Health Officer, employers in the natural resource sector that provide accommodation at their industrial camps must develop a COVID-19 Infection Prevention and Control (IPC) protocol. The protocol should outline how the employer will prevent and control the risk of transmission of COVID-19 among workers in their place of accommodation, at the worksite and when travelling to and from the worksite.

It is recommended that all industrial camps complete a COVID-19 risk assessment by following the guidance linked below:

- [Order of the Provincial Health Officer - Industrial Camps](#)
- Guidance for [Protecting Industrial Camps, Workers, Contractors, and Employers Working in the Agricultural, Forestry, and Natural Resource Sectors During the COVID-19 Pandemic](#)

To schedule an inspection, permit holders are required to complete the following portions of this screening form and submit to C&E@bc-er.ca.

ADMINISTRATION

B

Primary Contact Information

Covid-19 Coordinator Information

Permit Holder Name:

Coordinator Name:

Primary Contact Name:

Email:

Email:

Telephone Number:

Telephone Number:

Address:

Address:

City:

City:

Province:

Province:

Postal Code:

Postal Code:

CAMP DETAILS

C

Camp Name:

NTS / DLS Location:

BCER File No. or AD No.:

Closest Community / Town / City (km):

Number of workers at this location:

CHECKLIST DETAILS

D

Has an Infection Prevention and Control (IPC) protocol been developed?

☐ Yes ☐ No

Is the IPC protocol posted in prominent place in camp?

☐ Yes ☐ No

Is there a Worker Health Monitoring Protocol?

☐ Yes ☐ No

Do workers have separate sleeping rooms?

☐ Yes ☐ No

If no, are the beds at least 2 metres apart or are barriers in place where proper space is not possible?

☐ Yes ☐ No

Are cleaning products such as soap and water available in kitchens and washrooms?

☐ Yes ☐ No

Is an appropriate cleaning scheduled followed?

☐ Yes ☐ No

Are measures in place to ensure workers in common areas are not crowded and are able to keep a 2 metre distance?

☐ Yes ☐ No

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Is a plan in place to self-isolate workers if someone is confirmed or suspected to have COVID-19? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| APPROVAL | |
| <p>By signing this form, the signatory confirms the information outlined to be accurate. It is the responsibility of the signatory to ensure all records, reports, protocols and other correspondence pertaining to this form are available upon the request of the Regulator.</p> | |
| Date Signed (MMM/DD/YYYY) | Authorized Signatory |