



COVID-19 CONTRACTOR/VENDOR SCREENING

Updated 6/1/21 with quarantine guidelines outlined by the CDC

BHE Employees or Security Staff: Please ensure that contractor/vendor is screened prior to gaining access into any BHE facility.

Company Name: _____

Individual Name: _____

BHE Sponsor Name: _____ Facility: _____

Date: _____ Time In: _____ Time Out: _____

Is the Contractor/Vendor performing essential work for BHE? *If the answer is No, you should reassess whether the contractor needs access onsite at this time, or whether the work can be rescheduled or deferred to a later date.*

Ask the following questions when you screen contractors/vendors as they arrive at a BHE premises:

“Yes or No, since your last visit to this facility, have you had any of the following:”

- A new fever of (100.4 or higher), or a sense of having a fever? **Yes / No**
- A new cough that you cannot attribute to another health condition? **Yes / No**
- A new shortness of breath or difficulty breathing not attributed to another health condition? **Yes / No**
- A new sore throat that you cannot attribute to another health condition? **Yes / No**
- New muscle or body aches that you cannot attribute to another health condition or that may have been caused by a specific activity such as physical exercise? **Yes / No**
- New chills or repeated shaking with chills that you cannot attribute to another health condition? **Yes / No**
- A new headache that you cannot attribute to another health condition? **Yes / No**
- New loss of taste or smell that you cannot attribute to another health condition? **Yes / No**
- Congestion or a runny nose that you cannot attribute to another health condition? **Yes / No**
- Nausea or vomiting that you cannot attribute to another health condition or specificity activity? **Yes / No**
- Diarrhea that you cannot attribute to another health condition? **Yes / No**
- Fatigue that you cannot attribute to a specific activity? **Yes / No**

**Or any other symptom outlined by the Centers for Disease Control and Prevention*



If the individual answers **YES** to any of the above screening questions, take immediate action by following the protocol below:

1. **DO NOT ALLOW THIS INDIVIDUAL TO ENTER THE FACILITY!**
2. Contact your point of contact for this contractor/vendor and notify them of the situation and inform them that this individual is not allowed entry to the facility for at least 10 days. Please document date/time/contact of notified party: _____
3. If possible, have alternate resources from the same company dispatched or seek other resources to complete the work.
4. Notify the Security Operations Center at **800.540.4223** and inform the duty officer of the situation.
5. Scan and email a copy of this documentation to the Security Operations Center at security@blackhillscorp.com as soon as possible.