ANDREAS BURGER CONSULTING SERVICES	Controlled Document Number:	Created		Approved	Documen	t Type	Dept.
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	APPROVED:					VI	1
S   SHEQ4SME	TITLE:	COVID-19 WORKERS DECLARATION					
	REVISION:	1 Description: Document number implemented					
	IMPLEMENTATION DATE: FE	B 2021 REVISION D		ATE: FEE	3 2023	Page 1 of 1	

## **COVID-19 CONTRACTORS DECLARATION**

I	(Name & :	Surname) fr	om		
(Company Name) confirm that	all screening	questions	have been as	sked of every employe	эе
entering the site and any expos	ures duly man	aged and 1	eported to the	e Site Manager & Balw	vin
SHEQ Manager / Regional SHEQ	Manager.				
Signed at	_ on this	day	of	20	
Name and Surname:					
Signature:					