



**COVID-19 INDUSTRIAL CAMP INSPECTION
SCREENING FORM**

Physical Address: 6534 Airport Road,
Fort St. John, B.C.
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Email: C&E@bcogc.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@bcogc.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:	Commission 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the IPC protocol posted in prominent place in camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Worker Health Monitoring Protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do workers have separate sleeping rooms? If no, are the beds at least 2 metres apart or are barriers in place where proper space is not possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are cleaning products such as soap and water available in kitchens and washrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an appropriate cleaning scheduled followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are measures in place to ensure workers in common areas are not crowded and are able to keep a 2 metre distance?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

E

**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 Commission.**

Date Signed (MMM/DD/YYYY)

Authorized Signatory