

CUSTOMER COPY



PLUMBING CONTRACTOR QUESTIONNAIRE

Due to the recent Covid-19 outbreak and in an effort to protect the health and safety of our clients and our employees “who have been deemed essential workers” from illness, we are taking the extra precaution to screen all of our plumbers before being dispatched on a service visit for the benefit of everyone involved. Please keep a copy of this questionnaire for your records.

Plumbing Contractor (Company Name)

Printed Name of Plumber

Date

Signature of Plumber

- Within the past 14 days, I have traveled to a location where COVID-19 has been diagnosed or suspected. Yes No
- Within the past 14 days, I have been in close contact with persons who have traveled to a location where COVID19 has been diagnosed or suspected. Yes No
- Within the past 14 days, I have been sick with a cold or the flu. Yes No
- Within the last 7 days, I have had a fever. Yes No
- Within the last 7 days, I have had a sore throat. Yes No
- Within the last 7 days, I have had nausea and vomiting. Yes No
- I now have symptoms of a cold or flu. Yes No
- I now have a fever. Yes No
- Within the past 14 days, I have been around people who have been or are sick with colds or flu. Yes No
- Within the past 14 days, I have been around people who were sick with colds or flu. Yes No

IF YOU HAVE MARKED “YES” TO ANY OF THESE QUESTIONS, PLEASE POSTPONE YOUR VISIT FOR AT LEAST 14 DAYS FROM THE DAY YOUR SYMPTOMS BEGAN.

CONTRACTOR COPY



CLIENT QUESTIONNAIRE

Due to the recent Covid-19 outbreak and in an effort to protect the health and safety of our clients and our employees “who have been deemed essential workers” from illness, we are taking the extra precaution to screen all of our customers before our plumbers enter a residence for the benefit of everyone involved.

Printed Name of Resident

Date

Signature of Resident

- Within the past 14 days, I have traveled to a location where COVID-19 has been diagnosed or suspected. Yes No
- Within the past 14 days, I have been in close contact with persons who have traveled to a location where COVID19 has been diagnosed or suspected. Yes No
- Within the past 14 days, I have been sick with a cold or the flu. Yes No
- Within the last 7 days, I have had a fever. Yes No
- Within the last 7 days, I have had a sore throat. Yes No
- Within the last 7 days, I have had nausea and vomiting. Yes No
- I now have symptoms of a cold or flu. Yes No
- I now have a fever. Yes No
- Within the past 14 days, I have been around people who have been or are sick with colds or flu. Yes No
- Within the past 14 days, I have been around people who were sick with colds or flu. Yes No

IF YOU HAVE MARKED “YES” TO ANY OF THESE QUESTIONS, PLEASE POSTPONE YOUR PLUMBING SERVICE CALL FOR AT LEAST 14 DAYS FROM THE DAY YOUR SYMPTOMS BEGAN.

CONTRACTOR COPY



CUSTOMER ACKNOWLEDGEMENT & RELEASE FORM
CORONAVIRUS NOTICE

I, the undersigned customer, acknowledge that I have voluntarily requested plumbing and other related services (“Services”) to be provided by _____ ***Insert Name of Plumbing Contractor*** (“Contractor”). I acknowledge that in order to perform the Services, it is necessary for the Contractor, including its employees and any subcontractors, to enter and perform work in my home or workplace. I therefore acknowledge and understand that I and members of my household or workplace (and any guests visiting my household or workplace) may be in contact with the Contractor’s employees, subcontractors, or representatives.

I recognize that a national emergency has been declared related to the Coronavirus (COVID-19) pandemic. In response to this emergency, numerous state and federal public health agencies, including the Centers for Disease Control and Prevention, have promoted “social distancing” from other individuals.

I recognize, acknowledge and accept the health risks of allowing any employees, subcontractors, or representatives of the Contractor in my home or workplace given the current Coronavirus (COVID-19) pandemic, and acknowledge the recommendations of state and federal public health agencies, including the Centers for Disease Control and Prevention.

I, the customer, and on behalf of members of my household and workforce (and any guests visiting my household or workplace), waive and release any claims against the Contractor, its employees, subcontractors, agents and assigns and hold harmless the Contractor as to any claims, suits, charges, or costs relating to any diagnosis or treatment of COVID-19, that I or a member of my household or workforce (and any guests visiting my household or workplace) receive following the date the Services are performed by the Contractor.

Printed Name of Customer

Date

Signature of Customer

Address where plumbing work was performed:

Description of work performed:

