

# SAFETY AND HEALTH COUNCIL OF NORTH CAROLINA

## Oath of Responsibility

I, \_\_\_\_\_, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. I understand that the Safety and Health Council of North Carolina (SHCNC) has established strict safety and health protocols for the protection of instructors, fellow class attendees and staff from COVID-19. As a representative for \_\_\_\_\_ (COMPANY), I understand these protocols include, but are not limited to:

- Temperature will be taken each day upon arrival. Anyone with a temperature above 99 degrees will be asked to leave and reschedule.
- Students, before attending training, are feeling well and do not exhibit any COVID-19 symptoms such as cough, shortness of breath, fever, chills, headache, sore throat, loss of taste or smell, nausea, diarrhea or vomiting. **Affected attendees will not be permitted to attend class.**
- **Attendees agree to the wearing of a protective mask covering the nose and mouth at all times while in the Safety and Health Council of North Carolina facilities.**
- All class attendees are expected to practice personal infection control by frequent hand washing with soap and water for at least 20 seconds and/or the use of hand sanitizer regularly.
- All class attendees will adhere to the maintenance of a six-foot perimeter distance between people at all times.

Failure to follow the above safety protocols will result in being asked to leave and reschedule the class.

I attest that I have read, understand, and agree to these protocols. Protocol violations are considered serious and may result in the termination of the class.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_