La Crosse Center Expansion & Renovation

La Crosse, Wisconsin

Monthly Summary: March 2021

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LA CROSSE CENTER

KRAUS-ANDERSON® Construction Company

KRAUS-ANDERSON®

Kraus-Anderson Construction Company
151 E Wilson Street, Suite 100, Madison, WI 53703

April 5, 2021

As we conclude the month of March and start working into April, this report details some of the major site activities completed through this month. There is also a brief list showing the activities we will have upcoming in the month of April. Attached is the overall project schedule, a graph representing the average number of onsite workers per month, and some pictures of work completed in March.

COVID-19 UPDATE: Kraus-Anderson has implemented specific jobsite protocol to minimize the job site impact of COVID-19. All onsite personnel are required to complete a daily screening questionnaire to ensure potentially infected people are not allowed onsite. Should a questionnaire indicate a potentially infected individual, a response plan is put in place; before the individual is allowed to return to the jobsite, a return-to-work form must be accepted by the superintendent. Some of Kraus-Anderson's best management practices that have been adopted onsite include limiting job trailer access solely to the two Kraus-Anderson superintendents, holding virtual meetings, wearing masks 100% of the time, maintaining at least six feet between each other when possible, installing hand sanitizer stations throughout the site, and disinfecting portable restrooms, door handles, and other high-touch surfaces multiple times a day. Attached are the aforementioned documents put forth by Kraus-Anderson and made available to all onsite personnel.

Work completed in March and in progress:

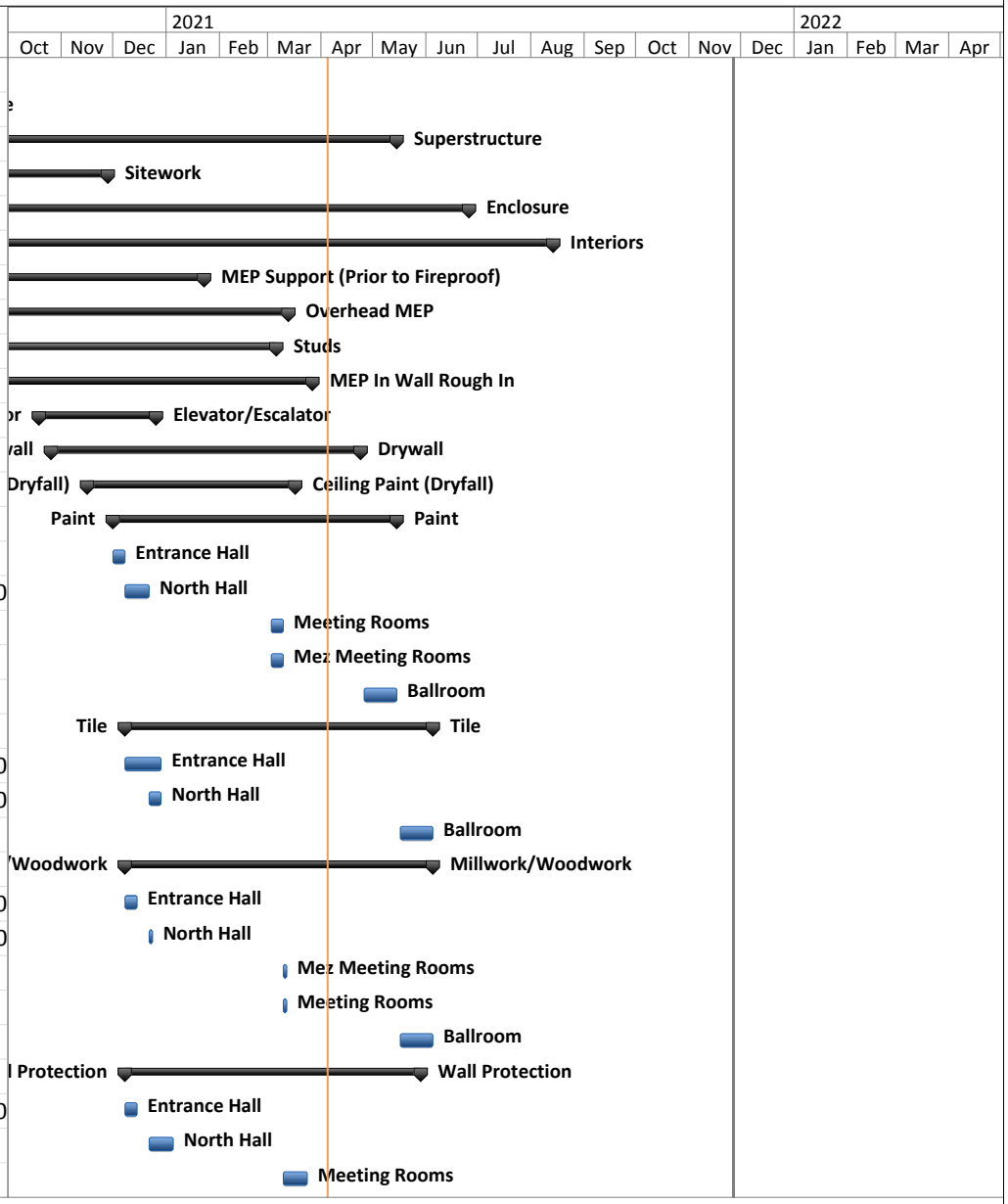
- Installed North side metal wall panels
- Installed Ballroom exterior curtain wall
- Installed Ballroom MEPs
- Installed Ballroom interior walls
- Installed Ballroom operable partition track
- Installed ballroom level coiling fire doors
- Installed Radisson corridor wall protection
- Installed concourse level and office level furniture
- Installing ballroom level cloud ceilings
- Demolishing the East concourse area

Upcoming work in April:

- Install Ballroom metal wall panels
- Fireproof Ballroom floor structure
- Install Ballroom soffit CFS trusses
- Install ballroom level interior curtain wall
- Paint Ballroom walls
- Install trash chute
- Install Radisson corridor carpet
- Install East concourse underground MEPs
- Pour East concourse concrete slab

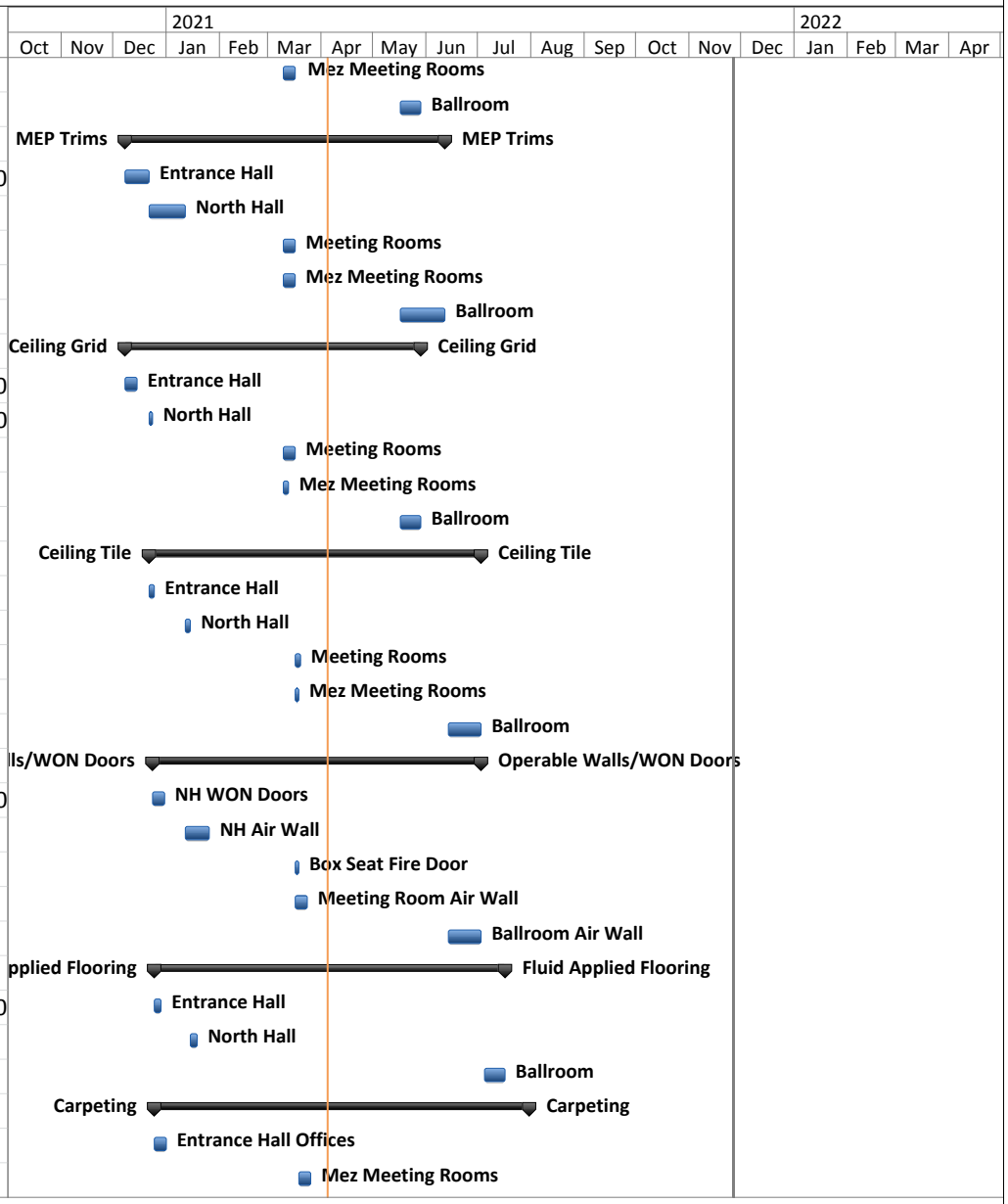
LA CROSSE CENTER
Renovation and Expansion
04/05/21

ID	Task Name	Duration	Start	Finish
1	**North Hall Demo**	**30 days**	**Mon 3/2/20**	**Fri 4/10/20**
24	**Substructure**	**87 days**	**Mon 3/23/20**	**Tue 7/21/20**
46	**Superstructure**	**280 days**	**Mon 4/20/20**	**Fri 5/14/21**
298	**Sitework**	**85 days**	**Mon 8/3/20**	**Fri 11/27/20**
129	**Enclosure**	**229 days**	**Tue 8/11/20**	**Fri 6/25/21**
173	**Interiors**	**260 days**	**Mon 8/17/20**	**Fri 8/13/21**
174	**MEP Support (Prior to Fireproof)**	**115 days**	**Mon 8/17/20**	**Fri 1/22/21**
180	**Overhead MEP**	**142 days**	**Thu 8/27/20**	**Fri 3/12/21**
186	**Studs**	**132 days**	**Thu 9/3/20**	**Fri 3/5/21**
192	**MEP In Wall Rough In**	**137 days**	**Thu 9/17/20**	**Fri 3/26/21**
288	**Elevator/Escalator**	**50 days**	**Mon 10/19/20**	**Fri 12/25/20**
198	**Drywall**	**130 days**	**Mon 10/26/20**	**Fri 4/23/21**
283	**Ceiling Paint (Dryfall)**	**87 days**	**Mon 11/16/20**	**Tue 3/16/21**
204	**Paint**	**119 days**	**Tue 12/1/20**	**Fri 5/14/21**
206	Entrance Hall	5 days	Tue 12/1/20	Mon 12/7/20
205	North Hall	10 days	Tue 12/8/20	Mon 12/21/20
207	Meeting Rooms	5 days	Wed 3/3/21	Tue 3/9/21
208	Mez Meeting Rooms	5 days	Wed 3/3/21	Tue 3/9/21
209	Ballroom	15 days	Mon 4/26/21	Fri 5/14/21
210	**Tile**	**129 days**	**Tue 12/8/20**	**Fri 6/4/21**
212	Entrance Hall	15 days	Tue 12/8/20	Mon 12/28/20
211	North Hall	5 days	Tue 12/22/20	Mon 12/28/20
213	Ballroom	15 days	Mon 5/17/21	Fri 6/4/21
214	**Millwork/Woodwork**	**129 days**	**Tue 12/8/20**	**Fri 6/4/21**
216	Entrance Hall	5 days	Tue 12/8/20	Mon 12/14/20
215	North Hall	2 days	Tue 12/22/20	Wed 12/23/20
217	Mez Meeting Rooms	2 days	Wed 3/10/21	Thu 3/11/21
218	Meeting Rooms	2 days	Wed 3/10/21	Thu 3/11/21
219	Ballroom	15 days	Mon 5/17/21	Fri 6/4/21
220	**Wall Protection**	**124 days**	**Tue 12/8/20**	**Fri 5/28/21**
222	Entrance Hall	5 days	Tue 12/8/20	Mon 12/14/20
221	North Hall	10 days	Tue 12/22/20	Mon 1/4/21
223	Meeting Rooms	10 days	Wed 3/10/21	Tue 3/23/21



LA CROSSE CENTER
Renovation and Expansion
04/05/21

ID	Task Name	Duration	Start	Finish
224	Mez Meeting Rooms	5 days	Wed 3/10/21	Tue 3/16/21
225	Ballroom	10 days	Mon 5/17/21	Fri 5/28/21
230	**MEP Trims**	**134 days**	**Tue 12/8/20**	**Fri 6/11/21**
232	Entrance Hall	10 days	Tue 12/8/20	Mon 12/21/20
231	North Hall	15 days	Tue 12/22/20	Mon 1/11/21
233	Meeting Rooms	5 days	Wed 3/10/21	Tue 3/16/21
234	Mez Meeting Rooms	5 days	Wed 3/10/21	Tue 3/16/21
235	Ballroom	20 days	Mon 5/17/21	Fri 6/11/21
236	**Ceiling Grid**	**124 days**	**Tue 12/8/20**	**Fri 5/28/21**
238	Entrance Hall	5 days	Tue 12/8/20	Mon 12/14/20
237	North Hall	2 days	Tue 12/22/20	Wed 12/23/20
239	Meeting Rooms	5 days	Wed 3/10/21	Tue 3/16/21
240	Mez Meeting Rooms	3 days	Wed 3/10/21	Fri 3/12/21
241	Ballroom	10 days	Mon 5/17/21	Fri 5/28/21
242	**Ceiling Tile**	**139 days**	**Tue 12/22/20**	**Fri 7/2/21**
244	Entrance Hall	3 days	Tue 12/22/20	Thu 12/24/20
243	North Hall	3 days	Tue 1/12/21	Thu 1/14/21
245	Meeting Rooms	3 days	Wed 3/17/21	Fri 3/19/21
246	Mez Meeting Rooms	2 days	Wed 3/17/21	Thu 3/18/21
247	Ballroom	15 days	Mon 6/14/21	Fri 7/2/21
269	**Operable Walls/WON Doors**	**137 days**	**Thu 12/24/20**	**Fri 7/2/21**
270	NH WON Doors	5 days	Thu 12/24/20	Wed 12/30/20
272	NH Air Wall	10 days	Tue 1/12/21	Mon 1/25/21
271	Box Seat Fire Door	2 days	Wed 3/17/21	Thu 3/18/21
273	Meeting Room Air Wall	5 days	Wed 3/17/21	Tue 3/23/21
274	Ballroom Air Wall	15 days	Mon 6/14/21	Fri 7/2/21
254	**Fluid Applied Flooring**	**146 days**	**Fri 12/25/20**	**Fri 7/16/21**
255	Entrance Hall	2 days	Fri 12/25/20	Mon 12/28/20
256	North Hall	2 days	Fri 1/15/21	Mon 1/18/21
257	Ballroom	10 days	Mon 7/5/21	Fri 7/16/21
258	**Carpeting**	**156 days**	**Fri 12/25/20**	**Fri 7/30/21**
259	Entrance Hall Offices	5 days	Fri 12/25/20	Thu 12/31/20
261	Mez Meeting Rooms	5 days	Fri 3/19/21	Thu 3/25/21



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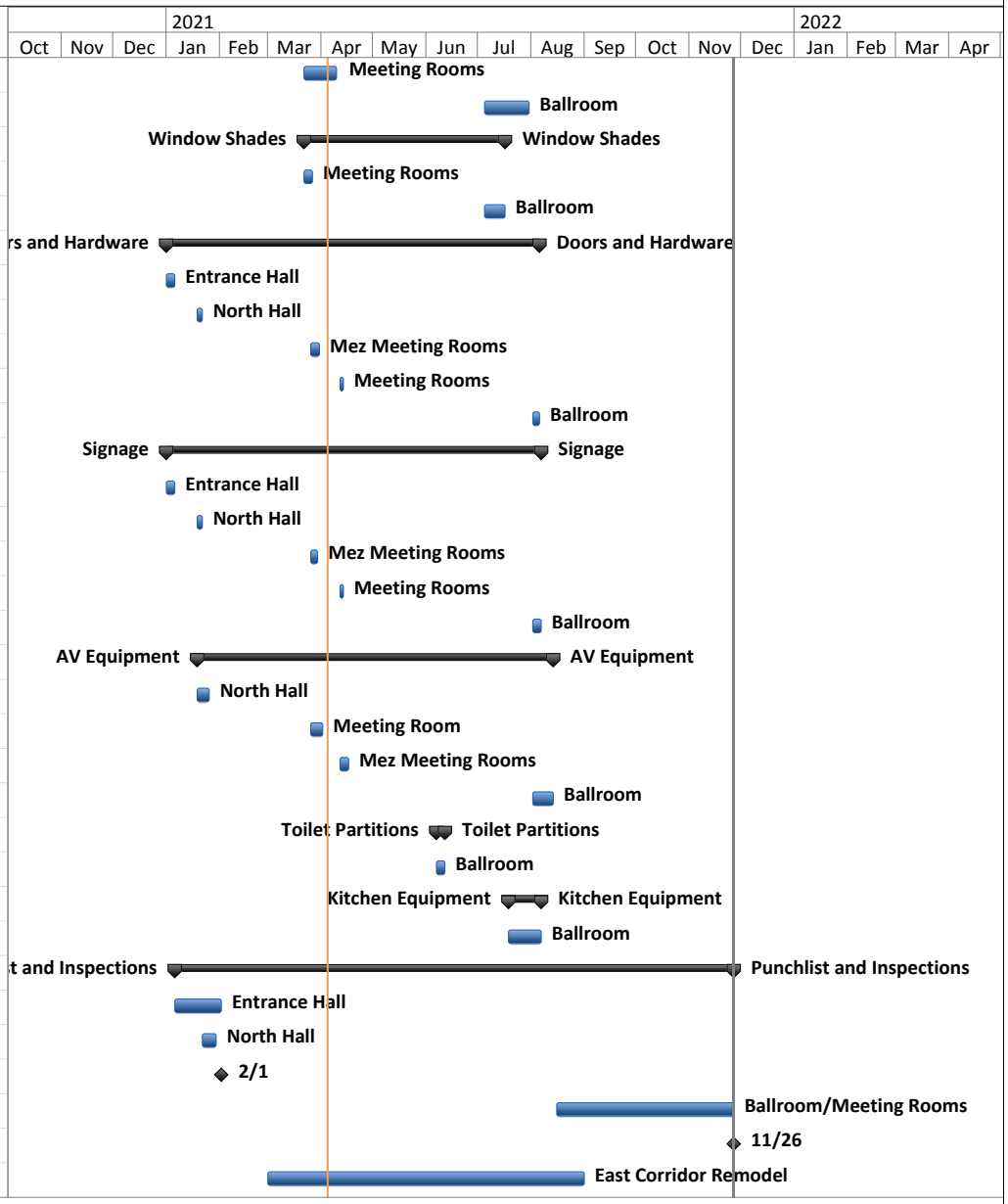
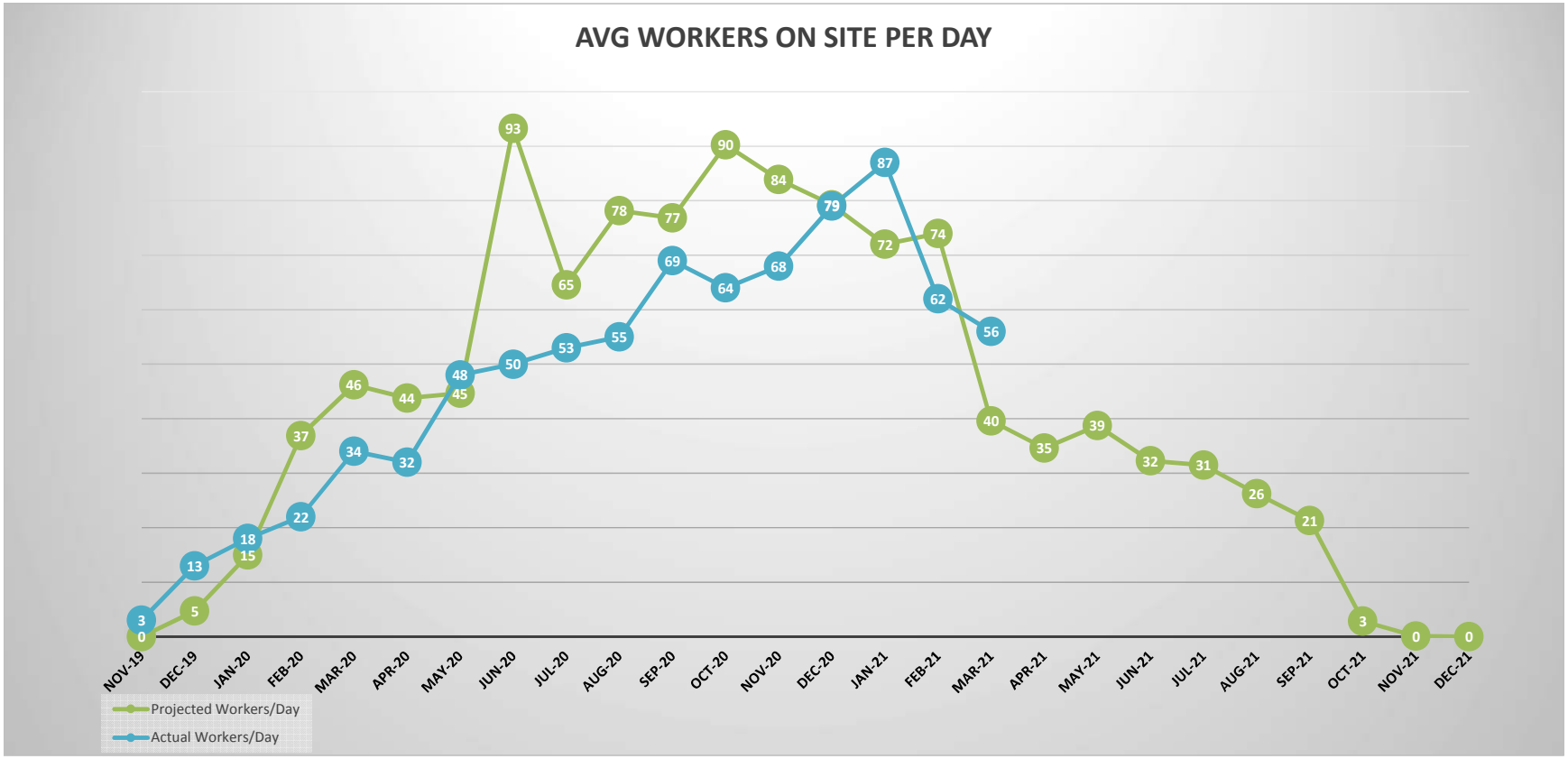
ID	Task Name	Duration	Start	Finish
260	Meeting Rooms	15 days	Mon 3/22/21	Fri 4/9/21
262	Ballroom	20 days	Mon 7/5/21	Fri 7/30/21
280	**Window Shades**	**85 days**	**Mon 3/22/21**	**Fri 7/16/21**
281	Meeting Rooms	5 days	Mon 3/22/21	Fri 3/26/21
282	Ballroom	10 days	Mon 7/5/21	Fri 7/16/21
248	**Doors and Hardware**	**155 days**	**Fri 1/1/21**	**Thu 8/5/21**
250	Entrance Hall	3 days	Fri 1/1/21	Tue 1/5/21
249	North Hall	3 days	Tue 1/19/21	Thu 1/21/21
251	Mez Meeting Rooms	3 days	Fri 3/26/21	Tue 3/30/21
252	Meeting Rooms	2 days	Mon 4/12/21	Tue 4/13/21
253	Ballroom	4 days	Mon 8/2/21	Thu 8/5/21
263	**Signage**	**156 days**	**Fri 1/1/21**	**Fri 8/6/21**
265	Entrance Hall	3 days	Fri 1/1/21	Tue 1/5/21
264	North Hall	3 days	Tue 1/19/21	Thu 1/21/21
266	Mez Meeting Rooms	2 days	Fri 3/26/21	Mon 3/29/21
267	Meeting Rooms	2 days	Mon 4/12/21	Tue 4/13/21
268	Ballroom	5 days	Mon 8/2/21	Fri 8/6/21
275	**AV Equipment**	**149 days**	**Tue 1/19/21**	**Fri 8/13/21**
276	North Hall	5 days	Tue 1/19/21	Mon 1/25/21
277	Meeting Room	5 days	Fri 3/26/21	Thu 4/1/21
278	Mez Meeting Rooms	5 days	Mon 4/12/21	Fri 4/16/21
279	Ballroom	10 days	Mon 8/2/21	Fri 8/13/21
226	**Toilet Partitions**	**5 days**	**Mon 6/7/21**	**Fri 6/11/21**
227	Ballroom	5 days	Mon 6/7/21	Fri 6/11/21
228	**Kitchen Equipment**	**15 days**	**Mon 7/19/21**	**Fri 8/6/21**
229	Ballroom	15 days	Mon 7/19/21	Fri 8/6/21
292	**Punchlist and Inspections**	**233 days**	**Wed 1/6/21**	**Fri 11/26/21**
293	Entrance Hall	19 days	Wed 1/6/21	Mon 2/1/21
294	North Hall	6 days	Fri 1/22/21	Fri 1/29/21
296	Occupancy Entrance Hall/North Hall	0 days	Mon 2/1/21	Mon 2/1/21
295	Ballroom/Meeting Rooms	75 days	Mon 8/16/21	Fri 11/26/21
297	Occupancy Ballroom/Meeting Rooms	0 days	Fri 11/26/21	Fri 11/26/21
300	East Corridor Remodel	132 days	Mon 3/1/21	Tue 8/31/21




AVG WORKERS ON SITE PER DAY
NOV-19
DEC-19
JAN-20
FEB-20
MAR-20
APR-20
MAY-20
JUN-20
JUL-20
AUG-20
SEP-20
OCT-20
NOV-20
DEC-20
JAN-21
FEB-21
MAR-21
APR-21
MAY-21
JUN-21
JUL-21
AUG-21
SEP-21
OCT-21
NOV-21
DEC-21
0
5
15
37
46
44
45
93
65
78
77
90
84
72
74
40
35
39
32
31
26
21
3
0
0
3
13
18
22
34
32
48
50
53
55
69
64
68
79
87
62
56
Projected Workers/Day
Actual Workers/Day

JLG

DEWALT
JLG

ALERT
EXIT

SUSHI PIRATE
Pearl St
Five Star Telecom
BUILDERS FLOORING
FOWLER & HAMMER
Martin and son, inc.
NAMI
Pine Valley Painting & Finishing, LLC
Neillsville, WI
STRUPP
Zimmerman Plumbing Inc.
507.452.2064

LA CROSSE CENTER

Holiday Inn
1-866-GET-Duke
EMI

Holiday Inn

KRAUS-ANDERSON®

COVID-19 SCREENING QUESTIONNAIRE

Project / Location Name: _____

In response to the Coronavirus (COVID-19) pandemic and State and Federal Government guidelines, KA is taking precautions to lessen the spread of the virus. All individuals who enter a KA office or jobsite must be screened until further notice.

Please answer the following screening questions:

1. Have you (a) within the past 14 days returned from, or been exposed to anyone who returned from, any Level 2 or Level 3 travel country designated by the Centers for Disease Control ("CDC") (examples include China, Europe, South Korea, Iran, Iceland, Japan, etc.); or (b) within the past 10 days utilized domestic air travel?

   YES_____ NO_____

2. To the best of your knowledge, have you been diagnosed with COVID-19 or have you been exposed* to someone who has been diagnosed with COVID-19 within the ten (10) days prior to the person's diagnosis (*you have been "exposed" to someone diagnosed with COVID-19 if (a) you were a member of their household or providing care to them in their household, (b) you were their intimate partner or (c) you had close contact (less than 6 feet) with the infected person for a prolonged period of time (more than 10 minutes))?

   YES_____ NO_____

3. To the best of your knowledge, have you experienced or been exposed to anyone that is currently experiencing any of the following COVID-19 symptoms: (a) a fever of 100.4ºF or higher, (b) *a new cough not attributable to another health condition, (c) *a new sore throat not attributable to another health condition, (d) *new muscle aches not attributable to another health condition or that may have been caused by a specific activity like physical exercise, (e) new loss of taste or smell or (f) *new shortness of breath not attributable to another health condition? (**NOTE:** For symptoms noted by (*), "attributable to another health condition" may include the symptom occurring within 72 hours after receiving a vaccination for COVID-19)

   YES_____ NO_____

If you answered "Yes" to any of the above questions, access to any offices or jobsites will be denied and the KA COVID-19 Response Plan must be followed. If you are coming to the office or jobsite for a meeting we ask that you make other arrangements to participate remotely.

The information provided on this questionnaire will be treated as confidential by KA. It will only be reviewed by KA personnel as needed to manage site safety protocols and will not be shared with anyone outside of KA without consent.

By signing below, I certify all of the foregoing statements are true and correct, and I agree that if any of the above answers change I will notify the KA supervisor or my KA contact immediately.

First Name: _____

Last Name: _____

Company Name: _____

Date: _____

Signature: _____

KRAUS-ANDERSON®

COVID-19 RESPONSE TO SICKNESS PLAN:

WORKER EXHIBITS COVID-19 SYMPTOMS or "YES" ANSWER ON COVID-19 SCREENING QUESTIONNAIRE

A. In the event that COVID-19 infects or presumptively infects someone on a KA site, or a worker answers "yes" to one of the questions on the KA COVID-19 Screening Questionnaire, the following actions shall be taken:

- Notify KA Superintendent.
- Employer to immediately remove worker and their personal belongings from the jobsite by using industry-standard protocols and CDC guidelines to prevent the spread of COVID-19.
- Notify employer's office.
- Instruct worker to seek medical attention and self-quarantine.
- Notify the following KA personnel with an email including location/worksite, areas on the site where the infected worker was physically present, employer information, dates infected worker was on site over the two (2) work days prior to the earlier of the date the infected worker (i) developed COVID-19 symptoms or (ii) was tested to confirm the infected worker's diagnosis (if any), names (if then known) of other workers who had close contact (less than six feet for prolonged period of more than 10 minutes) with the infected worker, etc.:
    - KA Human Resources:
        - Leslie Greves: leslie.greves@krausanderson.com
        - Back-up if unavailable: Diane Toll: diane.toll@krausanderson.com
    - KA Field Operations:
        - Brian Hook: brian.hook@krausanderson.com
        - Back-up if unavailable: Rick Lund: rick.lund@krausanderson.com
    - KA Safety Department:
        - Jay VanderLeest: jay.vanderleest@krausanderson.com
        - Back-up if unavailable: Jake Leoni: jake.leoni@krausanderson.com

B. In a case of an employee or trade contractor employee that answers "yes" to the first question on the KA COVID-19 Screening Questionnaire:

- If the involved travel was to a Level 2 or Level 3 travel country, notify the worker's employer to direct the worker to self-quarantine for 14 days after the last date of

travel exposure. If at the end of the 14-day self-quarantine the worker has not exhibited COVID-19 symptoms for at least 24 hours, they may return to work. (KA COVID-19 Return to Work Form required)

- If the involved travel was **domestic** air travel, notify the worker's employer to direct the worker to self-quarantine for 10 days after the last date of travel exposure. If at the end of the 10-day self-quarantine the worker has not exhibited COVID-19 symptoms for at least 24 hours, they may return to work. (KA COVID-19 Return to Work Form required)
- If the involved travel was **domestic** air travel, if during the 10-day self-quarantine the worker medically tests negative for COVID-19 as a result of an infection test performed more than 5 days after the completion of **domestic** air travel, the worker may return to work so long as at least 7 days have passed since the last date of travel exposure and the worker has not exhibited COVID-19 symptoms for at least 24 hours. (KA COVID-19 Return to Work Form required)

C. In a case of an employee or trade contractor employee that answers "yes" to the second question on the KA COVID-19 Screening Questionnaire or tests positive for COVID-19:

- Notify the worker's employer to direct the worker to contact their medical provider and self-quarantine for 10 days after being diagnosed with COVID-19 or their last exposure to an individual diagnosed with COVID-19. If (i) the worker's exposure was to an individual diagnosed with COVID-19 that lives in the worker's home or (ii) the worker is working in any occupied multi-tenant or multi-patient residential, healthcare or long term care facility, or any similar facility, the worker must self-quarantine for 14 days after being diagnosed with COVID-19 or their last exposure to an individual diagnosed with COVID-19, without exception. If at the end of the applicable self-quarantine period the worker has not exhibited COVID-19 symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants), they may return to work. (KA COVID-19 Return to Work Form required)
- In the case of an exposed worker who is self-quarantining for 10 days, if during the 10-day self-quarantine the worker medically tests negative for COVID-19 as a result of an infection test performed more than 5 days after their last exposure to the individual diagnosed with COVID-19, the worker may return to work after completing only 7 days of quarantining so long as the worker has not exhibited COVID-19 symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants). (KA COVID-19 Return to Work Form required)
- Follow KA Crisis Communication Plan
- Call the Department of Health for which state you are in to relay the location and circumstances.
- Follow any recommendations by the Department of Health.
- Depending on the type of exposure, the Construction jobsite may be temporarily shut down to allow KA's Safety Department to evaluate the infection exposure and any recommendations from the Department of Health with the KA jobsite team. Once the evaluation is complete, the KA Safety Department will determine the potential need for jobsite isolation or shutdown.

- Employer of infected worker to follow applicable guidelines from the State Department of Health or other agency with jurisdiction, with assistance from KA if necessary. Do not allow any person in that area until the disinfection has been completed according to CDC guidelines.
- Employer of infected worker to disinfect work area, tools and equipment that have been exposed by the infected worker according to CDC guidelines, with assistance from KA if necessary. In some cases, a third-party company will be hired to clean and disinfect all the areas the infected employee may have used, focusing on frequently touched surfaces.
- With the assistance of the KA Safety Department and the employer of the infected worker who tested positive for COVID-19, the KA jobsite team will determine if other workers were in close contact (less than six feet for prolonged period of more than 10 minutes) with the infected worker within 48 hours prior to the earlier of the date the infected worker (i) developed COVID-19 symptoms or (ii) was tested to confirm the infected worker's diagnosis:

    - If other workers are determined to have been in close contact with the infected worker, remove those workers from the jobsite and notify employers of exposed workers to direct those worker(s) to contact their medical provider and self-quarantine for 10 days after their last exposure to the infected worker. If, however, the exposed worker is working in any occupied multi-tenant or multi-patient residential, healthcare or long term care facility, or any similar facility, the worker must self-quarantine for 14 days without exception. If at the end of the 10-day self-quarantine period those workers have not exhibited COVID-19 symptoms for at least 24 hours, they may return to work. (KA COVID-19 Return to Work Form required)
    - In the case of exposed workers who are self-quarantining for 10 days, if during the 10-day self-quarantine any of those workers medically test negative for COVID-19 as a result of an infection test performed more than 5 days after their last exposure to the infected individual, they may return to work after completing only 7 days of quarantining so long as the worker has not exhibited COVID-19 symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants). (KA COVID-19 Return to Work Form required)

D. In a case of an employee or trade contractor employee that answers "yes" to the third question on the KA COVID-19 Screening Questionnaire:

- Notify the worker's employer that the worker must remain home until the worker (i) medically tests negative for COVID-19 as a result of an infection test performed more than 5 days after their symptom(s) first appeared and (ii) is symptom free for 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants). (KA COVID-19 Return to Work Form required)
- The sick worker and any workers that were in close contact with the sick worker shall remain off site until the sick worker receives the results of a COVID-19

infection test performed more than 5 days after the sick worker's symptom(s) first appeared, and as follows:

- Positive Test: If the COVID-19 test is positive, the protocols under Section III.C above apply.
  - Notify the infected worker's employer to direct the worker to contact their medical provider and self-quarantine for 10 days. If at the end of the applicable self-quarantine period the worker has not exhibited COVID-19 symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants), they may return to work. (KA COVID-19 Return to Work Form required)
  - Notify the employers of any workers exposed to the infected worker to direct those worker(s) to contact their medical provider and self-quarantine for 10 days after their last exposure to the infected individual. If, however, the exposed worker is working in any occupied multi-tenant or multi-patient residential, healthcare or long term care facility, or any similar facility, the worker must self-quarantine for 14 days without exception. If at the end of the applicable self-quarantine period those workers have not exhibited COVID-19 symptoms for at least 24 hours, they may return to work. (KA COVID-19 Return to Work Form required)
  - In the case of exposed workers who are self-quarantining for 10 days, if during the 10-day self-quarantine any of the exposed workers medically test negative for COVID-19 as a result of an infection test performed more than 5 days after their last exposure to the infected individual, they may return to work after completing only 7 days of quarantining so long as the worker has not exhibited COVID-19 symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants). (KA COVID-19 Return to Work Form required)
- Negative Test: If the COVID-19 test is negative, the sick worker and any workers exposed to the sick worker may return to work as long as those workers have not exhibited COVID-19 symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants). (KA COVID-19 Return to Work Form required)

E. In the event of a temporary project suspension in accordance with this Plan, or as directed by the State Department of Health, other authorities having jurisdiction, and/or the owner, follow KA's procedures for a temporary jobsite shutdown and provide the necessary notifications to all stakeholders.

F. Project Team shall coordinate with building owner/facility manager with respect to all COVID-19 safety precautions.

G. Requirements for Returning to Work

- A worker infected with COVID-19 may return to the site provided they can satisfy all of the CDC recommended guidelines outlined below.
    - Worker is no longer exhibiting COVID-19 virus symptoms **AND**
        - If under a physician's care, submits a physician signed medical release form and a KA COVID-19 Return to Work form to KA Superintendent **OR**
        - If not under a physicians' care, submits a KA COVID-19 Return to Work form to KA Superintendent.

- COVID-19 Return to Work form is an employee statement attesting to the following CDC guidelines:
    - Employee has no fever (100.4 F or higher) for at least 24 hours without the use of fever reducing medications **AND**
    - Other symptoms have improved (for example, cough or shortness of breath have improved) **AND**
    - At least 7 days have passed since symptoms first appeared.

- For non-infected workers excluded from the jobsite, see Section D above for return to work guidelines.

KRAUS-ANDERSON®

COVID-19 RETURN TO WORK FORM

NAME: _____

KA EMPLOYEE: YES ☐ **NO** ☐ **TRADE CONTRACTOR: YES** ☐ **NO** ☐
JOBSITE OR OFFICE LOCATION: _____
SUPERVISOR: _____

1. **Were you on self-quarantine from a KA jobsite or office?**
   YES ☐ **or NO** ☐ **N/A** ☐

2. **Have you completed your self-quarantine for the full 10 days after your last exposure to an individual diagnosed with COVID-19?**
   YES ☐ **or NO** ☐ **N/A** ☐

3. **Have you been free from any COVID-19 symptoms for at least 24 hours (for example, fever (100.4 F or higher), cough or shortness of breath)?**
   YES ☐ **or NO** ☐ **N/A** ☐

4. **Have you received a medically-approved COVID-19 test performed more than 5 days after your last exposure to an individual diagnosed with COVID-19 that came back negative?**
   YES ☐ **or NO** ☐ **N/A** ☐

5. **If you answered "Yes" to question 4, have you completed 7 days of quarantining after your last exposure to an individual diagnosed with COVID-19?**
   YES ☐ **or NO** ☐ **N/A** ☐

6. **Did you go to the doctor?** **YES** ☐ **or NO** ☐ **N/A** ☐

7. **Were you diagnosed with COVID-19?** **YES** ☐ **or NO** ☐ **N/A** ☐

8. **If you answered "Yes" to question 7, have you completed your self-quarantine for the full 10 days after you were diagnosed with COVID-19?**
   YES ☐ **or NO** ☐ **N/A** ☐

9. **If you answered "Yes" to questions 7 and 8, have you been fever free (less than 100.4 F) for 24 hours without using fever reducing medications?**
   YES ☐ **or NO** ☐ **N/A** ☐

10. **If you answered "Yes" to questions 7 and 8, have your other Covid-19 symptoms improved?**
    Cough **YES** ☐ **or NO** ☐ **N/A** ☐
    Shortness of Breath **YES** ☐ **or NO** ☐ **N/A** ☐
    Other Symptoms **YES** ☐ **or NO** ☐ **N/A** ☐

11. **If you answered "No" to question 7, have you (a) received a medically-approved COVID-19 test performed more than 5 days after your symptoms first appeared that came back negative <u>and</u> (b) been free from any COVID-19 symptoms for at least 24 hours without using fever reducing or other symptom-altering medications?**
    YES ☐ **or NO** ☐ **N/A** ☐

12. **If you answered "Yes" to question 6, please attach a medical release form from your treating physician stating you are cleared to return to work.**

Employee signature: _____**Date:** _____

Return to work accepted: **YES** ☐ **or NO** ☐

HR Representative or Superintendent: _____**Date:**_____

KRAUS-ANDERSON®

COVID-19 RETURN TO WORK FORM - TRAVEL

Name: _____

KA Employee: Yes No Trade Contractor: Yes No

Jobsite or Office Location: _____

Supervisor: _____

1.	Were you on self-quarantine from a KA jobsite or office related to travel?	Yes	No	N/A
2.	If the involved travel was to a Level 2 or Level 3 travel country, have you completed your self-quarantine for the full 14 days after your last date of travel exposure?	Yes	No	N/A
3.	If you answered "Yes" to question 2, have you been free from any COVID-19 symptoms for at least 24 hours (for example, fever (100.4 F or higher), cough or shortness of breath)?	Yes	No	N/A
4.	If the involved travel was domestic air travel, have you completed your self-quarantine for the full 10 days after your last date of travel exposure?	Yes	No	N/A
5.	If you answered "No" to question 4 and the involved travel was domestic air travel, have you received a medically-approved COVID-19 test performed more than 5 days after the completion of domestic air travel that came back negative?	Yes	No	N/A
6.	If you answered "Yes" to question 5, have you completed 7 days of quarantining after your last date of travel exposure?	Yes	No	N/A
7.	If you answered "Yes" to question 6, have you been free from any COVID-19 symptoms for at least 24 hours (for example, fever (100.4 F or higher), cough or shortness of breath)?	Yes	No	N/A

_____ _____

Employee Signature Date

Return to work accepted: Yes No

_____ _____

HR Representative / Superintendent Signature Date

Revised 03.16.2021