

## CONTRACTOR CLEARANCE CHECKLIST

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name of Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Please complete the following checklist in order for the Department of Public Health and Social Services to do an assessment to determine whether your company can resume operations. Please email the checklist to the Division of Environmental Health at [DPHSS-DEH@dphss.guam.gov](mailto:DPHSS-DEH@dphss.guam.gov). For information, please call 300-9562 or 300-9579 from 8:00 am to 5:00 pm.**

QUESTIONS	YES	NO	COMMENTS
1. Do you have H-2 workers in your company?			
2. Do you have temporary workforce housing (barracks)?			
a. Please provide the physical address of each temporary workforce housing facility. Please complete <b>Attachment A</b> .			
3. Did you have any projects with Black Construction Corporation (BCC) or Core Tech International (CTI) or their subcontractors from 10/22/20 -11/12/20? Please see <b>Attachment B</b> for listing.			
a. If your company is one of the subcontractors, did you do any projects with BCC or CTI from 10/22/20-11/12/20?			
4. Is your company involved in any of the project(s) listed below from 10/22/20 – 11/12/20?			
a. Andersen Tanker Hanger?			
b. Fuel Strike Hanger?			
c. Upgrade of Northern District Wastewater Treatment Plant?			
5. Are you or any of your employees experiencing the following symptoms: fever, cough, and shortness of breath, fatigue, body aches, headaches, loss of taste or smell, sore throat, congestion, nausea, and diarrhea?			
6. Do you have a COVID-19 Mitigation Plan? Please submit the plan with this checklist.			

**I certify that my responses to the checklist are true and correct.**

**Print Name & Title**

**Signature**

Date \_\_\_\_\_

FOR DPHSS USE ONLY

☐ Approved to Resume Operations☐ Disapproved to Resume Operations

**ARTHUR U. SAN AGUSTIN, MHR**  
**Director, DPHSS**

Date \_\_\_\_\_

**Attachment A**  
**Temporary Workforce Housing Facility (TWHF) Listing**

**Company Name:** \_\_\_\_\_

**TWHF Point-of-Contact:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_

**Number of TWHF(s):** \_\_\_\_\_

Kindly provide the physical address and the number of workers occupying each Temporary Workforce Housing Facility below.

Street Address	Village	No. of Workers