

Sector 6

PRE FACILITY USE SCREENING

Sector 6 takes the COVID-19 policies and procedures seriously when it comes to our clients and customers health. We have taken all the necessary steps cover by AHS to ensure your safety in our private facility. Please see and abide by the following rules and regulations before, during and after the facility use:

Before Use:

1. Please fill out and send back the pre screening forms
2. People who are not from the same household will be denied access or will be required to book at separate times.
3. Arrive no earlier than 5 min before your scheduled time. Please stay in your vehicle until the exact time your booking is at.
4. Enter through the back door of the facility.
5. Leave bags, outdoor shoes, jackets and cups at the door entrance. If you need to hydrate during the workout you will need to go back and forth from the designated area.
6. Wash your hands as per the hand hygiene sheet posted in the bathroom before touching any equipment, door handles or water cooler.
7. After washing hands please spray on our complimentary hand sanitizer
8. Sign the waiver in the gym if you haven't already. Please note pens will be sanitized and changed out after every use.

During Use:

1. You can use as much equipment as needed. Please wipe down each piece right after use even if you are going to use out again.
2. If there is any equipment you don't feel confident in please refrain from using.

After Use:

1. Start wiping equipment 5-10 minutes before session is up. Please wipe down all equipment thoroughly.
2. Put all dirty wipes in bathroom garbage
3. Facility must be exited at exact time or before the session is up. Please refrain from hanging out and chatting after your session.
4. Exit out the back door and not through the supplement store side.

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Sector 6 Cleaning & Sanitization Post Rental:

We will have a 30 minute window where we clean, sanitize and disinfect the full facility. You can expect the following before next use:

1. All Equipment will be wiped down and misted with MicroBan
2. Floors will be vacuumed and mopped then misted with Clorox Bleach
3. Water cooler, shelves, door handles will be wiped with Lysol wipes then misted with MicroBan
4. Bathroom will be wiped down with Clorox Bleach and misted with MicroBan
5. Toilets will be bleached and scrubbed
6. Doorhandles to bathroom will be bleached and misted with MicroBan
7. Floors will be vacuumed and mopped
8. Soap dispenser, hand sanitizer bottle and hands free paper towel dispenser will be wiped with bleach and misted with MicroBan
9. Garbage will be emptied after each use

Maintaining good health through physical activity is a staple in keeping a strong immune system. The positive effects on mental health is a huge benefit as well when it comes to decreasing stress and anxiety. Stress can directly effect ones immune system. Sector 6 is a huge advocate in health and fitness and we will work hard to keep you healthy and safe while using our facility. If there are any questions or concerns please email Andrew at andrew.k@sector6supplements.com.

Please complete the pre screening questionnaire on the next page and email back to andrew.k@sector6supplements.com before facility use.

PRE FACILITY USE SCREENING

Screening Questions

1. Do you have any of the following **new or worsening** symptoms or signs?

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| New or worsening cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, sneezing or nasal congestion
(in absence of underlying reasons for symptoms such as
seasonal allergies and post nasal drip) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hoarse voice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New smell or taste disorder(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

- Yes No

3. Do you have a fever?

- Yes No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

- Yes – go to question 5 No – screening complete

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

- Yes No

Do you live in the same Household? Y N

Print Name: _____

Print Name: _____

Sign: _____

Sign: _____

Date: _____

*Please note that if you have answered yes to any of the following questions we have the right to refuse your access to the facility. If you use the facility and are not from the same household you will no longer be granted access to the facility and no refund will be given.