

WORK ACTIVITY REGISTRATION

Pursuant to the Amended Emergency Ordinance of the Town of New Shoreham

Applicant _____ telephone or cell # _____

Date: ____/____/____

Business name: _____

Names of people that will be on the site: _____

Describe work activity, for example; Carpentry, Building Repair, Vehicle Repair, Excavation, Mowing, House Watch;

Location of work; _____ Fire Number _____

Approved: _____ Disapproved: _____

For the Town of New Shoreham; _____

Only Two Workers are allowed at any time at any approved work site!

I hereby agree to the following conditions;

1. Travel to and from the work site will be in separate vehicles.
2. A daily log will be kept as to who was on the work site, records and dates of all deliveries, the delivery companies name and drivers name.
3. All workers will be provided with face masks and hand sanitizer or access to a water source and soap for hand washing.
4. Social distancing of a minimum of six feet shall be maintained at all times at the work site.
5. Workers will not share hand tools or other types of construction equipment.
6. All CDC, Rhode Island Department of Health and the Governors Executive Orders shall be strictly adhered to.

Please add any additional comments you may have here:
