

COVID-19 Workplace Rapid Testing Application Form

This application form is for organizations that are requesting to participate in the COVID-19 Workplace Rapid Testing program in New Brunswick.

Goals of the program:

- Reduce the risk of outbreaks in the workplace
- Increase access to COVID-19 rapid testing in NB workplaces within critical industries
- Offer consistent sentinel workplace testing, protecting employees and close contacts

PLEASE FILL OUT THE FOLLOWING FIELDS:

Company or Organization Name			
Street address	City	Province	Postal code
Workplace Testing lead	Email	Phone Number	
Alternate Contact	Email	Phone Number	

SECTOR - PLEASE IDENTIFY

- Food processing Energy and Utilities Other
 Large Scale Manufacturing Sawmills
 Mining Grocers

NECESSARY WORKPLACE CRITERIA FOR ELIGIBILITY

Do you currently have more than 300 full and part time employees? Yes No

If you do not meet the above qualification, but are in a critical industry, please describe why your participation in this program is essential. A critical industry can be defined as an organization that is essential for the functioning of a society and economy.

Have you identified a qualified testing provider? Yes No

Please describe the qualified testing provider(s)

Does your workplace operate within a high contact environment? Yes No

Are your employees unable to telework because of the nature of their work? Yes No

Is your workplace able to safely follow the guidance in the document below? Yes No

Industrial COVID-19 Rapid testing program overview.

Visit gnb.ca/coronavirus to download the guide. Industrial COVID-19 Rapid testing program overview

I have read the above document and confirm my workplace is able to follow the program guidance Yes No

Any further description and context of operations for critical employee group requiring weekly rapid testing:

By signing or printing below, our organization pledges to adhere to the guidelines and best practices and that this document has been reviewed, understood, and there is an agreement to follow the New Brunswick Point of Care testing program guidance document.

Printed Name and Title of Organization Representative			
Name of Organization	Email address of the organizational representative	Signature of Organization Representative	Date

APPLICATION PROCESS

Companies meeting program criteria will submit their above application to: COVID-19NB@gnb.ca for review and enrollment. Please put "workplace rapid testing program" in the subject line.

Steps include:

1. Submission of workplace rapid testing application form
2. Selection/Validation/Approval
3. Training/Education Procedures (Guidance document, IPC practices, handling of results)
4. Rapid testing implementation
5. Rapid testing reporting and completion