February 2021

**Event: ACI Field Testing Sessions – March 11 – Sioux Falls**

**Written Location: Ramkota Hotel – 3200 W Maple St, Sioux Falls**

**Performance Location: SDDOT Wash Bay - 5316 W 60th St N, Sioux Falls**

Your written exam time is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your performance exam time is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to ACI chapter volunteers and other visitors, we are conducting a simple screening questionnaire. Your participation and consent to collect the information below is required for your entry into our facility and important to help us take precautionary measures to protect you and everyone in the Resource Center.

While at the ACI certification programs, we require that you follow guidelines recommended by public health authorities, such as washing your hands thoroughly and frequently, avoiding touching of the face, practicing “social distancing,” and no handshaking and other physical contact.

ACI is collecting and using this information for the sole purpose of public health and protecting our volunteers and guests at the ACI certification programs. SDRMCA will securely store this form, and it will be destroyed 30 days after your session. If you start exhibiting COVID-19 symptoms or test positive for COVID-19 within the next 14 days, please contact your SDRMCA host and inform them as soon as possible. In such a case, we will notify other individuals who attended your session (without identifying you by name) to ensure they follow appropriate protocols for possible COVID-19 exposure. In the case of a positive COVID-19 test within 14 days of attending a session at SDRMCA, the local Health Department will be notified.

We ask for your understanding as we all do our part to help end the spread of COVID-19.

Thank you for helping us help you.

Sincerely yours,

**American Concrete Institute**

**Local LSG Representative – Jody Titze, SDRMCA 605-366-9585 cell**

**COVID-19 Screening Declaration Form**

Date and Time:

Name:

Personal Phone Number:

Company/Organization:

Reason for Visit: ACI Exam

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1. Have you had close contact (within 6 feet for at least 15 minutes) with someone who has a laboratory confirmed COVID-19 diagnosis or presumed confirmed COVID-19 case in the past 14 days? YES or NO

2. Have you had a fever (greater than 100.3 F) **OR** any of the following symptoms in the past 14 days? cough, shortness of breath/difficulty breathing, chills, muscle pain, headache, sore throat, new loss of taste/smell? YES or NO

3. Have you travelled internationally or been on a cruise ship within the past 14 days?

 YES or NO

4.Do you have a medical reason preventing you from wearing a face mask as would be required during any ACI certification or educational sessions?

 YES or NO

If you have answered “YES” to any of the questions, you will not be permitted into the facility. If you are an attendee, please contact the SDRMCA to discuss rescheduling your visit. Thank you for supporting our efforts in mitigating the risk and spread of the COVID-19 virus.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check-In Temperature: \_\_\_\_\_\_\_\_\_\_\_ By ACI Staff \_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACI CERTIFICATION PROGRAMS**

**COVID-19 Precautions**

The following precautions are REQUIRED SAFE PRACTICES

DURING YOUR ATTENDANCE AT THE ACI CERTIFICATION PROGRAM

1. All attendees need to provide a government issued photo ID at check-in.
2. Check-in will be performed one at time.
3. **Once you arrive at the written exam facility, wait at the registration table for check-in to the meeting room.**
4. **ACI representative will check you in at the registration table.**
5. Please make sure you have the required PPE **BEFORE** entering the facility for check-in.
6. Mask/face covering is **required** to be on before entering the facility (if you do not have one, a disposable mask will be provided). Mask must cover nose and mouth.
7. Masks/face coverings are required while in the exam and laboratory areas of the facility.
8. All attendees will have their temperature taken at check-in. Temperatures higher than 100.3 F will require rescheduling of appointment.
9. All attendees will be required to complete the COVID-19 Screening Declaration Form at check-in. If there are any “YES” answers it will require rescheduling your appointment.
10. Remain in assigned seat when during written examination and if waiting for performance exam.
11. **You will be required to provide your own testing equipment to prevent cross contact, with the exception of the rollometer, which will be sanitized between attendees.** (If you are unable, you must notify SDRMCA at least 1 week prior to event date so equipment arrangements can be made.)
12. Maintain social distancing during the session by obeying any floor markings and posted practices.
13. No outside food or beverages are allowed in the facility.
14. Lunch will be on your own and in your vehicle (if applicable).
15. Safety shoes and safety glasses are required to be worn when in the laboratory area.
16. Attendees should report any unsafe conditions within the testing area to the examiner.
17. Failure to comply with these requirements will result in removal from the premises.

\*\*See the attached letter for your exam times.

This is an EXAM ONLY Session. It is highly recommended that you study in advance of arrival.