Collection of Information for food premises, including bars, restaurants, banquet halls, wineries, or breweries, including ones where only beverages are served

Date: _____

NOTE: This template may be used or adapted to collect information at your establishment. Please remember, patron information should not be seen by other patrons on the premise, only staff members. Please retain and securely store for 30 days under the direction of the Section 22 order.

Name of establishment:	**Establishment address:**

COVID-19 Signs and Symptoms: Fever / chills, new cough or a cough that is getting worse, loss of (or change in) taste or smell, shortness of breath (while sitting or walking at a regular pace), sore throat, runny nose / nasal congestion, unusual level of fatigue, unusual headache, nausea / vomiting, diarrhea, loss of appetite, feeling unwell for an unknown reason.

PATRON INFORMATION

Name of patron	One form of contact information • Phone number • Email address • Physical address	Time of arrival	Table number or location	Does patron have symptoms (see list above)? *If a patron answers **YES**, they must leave the premise immediately.*	Will patron be sitting only with members of their household*? *If a patron answers NO they must sit at a separate table, order take-out or leave the premise.*	Time of de-parture
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	

*and/or a maximum of two persons who are essential to maintaining physical and mental health (e.g. caregivers, social supports to someone who lives alone)