(ANNEX "B")

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
<IMPLEMENTING OFFICE>
<ADDRESS>

Name of Project : ____

____

Location: ____
General Contractor: ____
Sub-Contractor : ____

WORKER'S RECORD LOG

No.	Name	Age	Sex	Address	Location of Origin Prior to Site Deployment	Mode of Transportation	Contact No.	Had any COVID-19 SYMPTOMS (Y / N)	Signature