

IAMSA GROUP INC. (IAG)



Preparedness readiness and response action to act against Covid-19

FROM: TECHNICAL DEPARTMENT
TO: All Internal Auditors and Marine Surveyors performing audits and inspection services.
DATE: April 10th, 2020
SUBJECT: Health declaration Form

Dear Shipowners, Operators, Masters, Iamsa's technicians.

Iamsa Group is taking all the necessary precautionary measures against the spread of Covid-19 infection.

As first step, our offices in **Panama, Chile, Brazil and Asuncion, remain closed** until further notices. Our staff is working from home in order to attend our customer's requirements and you can reach them by email, WhatsApp, mobile phone as usual.

Our attending personnel (inspectors, auditors, technicians) had been requested, before boarding, to monitoring his temperature and inform us in case of any abnormality or proper symptoms like fever, flu, or cough; moreover we had allowed

attending auditors **in local basis only** and by this mean we implement a strict policy of **FLIGHT CONNECTIONS TO REACH SHIPS ARE NOT ALLOWED** until new order.

We encourage Shipowners, operators, **auditors, inspectors** and master's to follow international health protocols as stated by WHO at <http://bit.ly/2QhIkkB>

Additionally, all auditors/inspectors shall complete the Health Questionnaire as attached.

We value your sincere cooperation in this matter.

Thank you and best regards

Technical Department



IAMSAGROUP INC

Engineering and Technical Services

IG DEC 001 – Iamsa’s COVID-19 Questionnaires

PURPOSE

The safety of our associates, employees, supplier partners, customers, families remain Iamsa’s overriding priority. As SARS-CoV-2 outbreak continues to evolve and spreads globally, our technical department is monitoring the situation closely and will periodically update company guidance based on current WHO, IMO and other interested parties.

To prevent the spread of COVID-19 and reduce the risk of exposure to our workforce we are conducting a simple screening questionnaire.

Your Name:	
Your Personal Phone Number:	
Port Facility name:	
Vessel’s name:	

Declaration

To reach the vessel, Which mode of transport are you planning to use?

- Your Self Car
- Taxi
- Airplane
- Service Boat

Last abroad country visited in the last 14 days (if any) _____

Have you been to any area or countries of COVID-19 as indicated by WHO over the past 14 days?

Date of departure from the said count (if any) _____

Have you had any of the following symptoms over the past 14 days? _____

- Fever
- Cough
- Difficulty in breathing
- Sore throat
- Other (specify) _____

Have you been in close contact with person suspected to have COVID-19? _____

Close contact such as

- Health care associated exposure, including providing direct care for COVID-19 patients,
- working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient.
- Working together in close proximity or sharing the same classroom environment with a with COVID19 patient
- Traveling together with COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient

Your Signature:

Date: