



Photo 1 – Start of Radiant Tubing Installation.



Photo 2 – Field of Radiant Flooring Completed Prior to Concrete Placement..



Photo 3 – Level 2 Area B Concrete
PLacement



Photo 4 – Erecting 32 Ton Truss in the C/D Wing.



Photo 5 – Erecting Steel in Area A Wing.



Photo 6 – Continuing Geothermal Drilling
in Field #1.



Photo 7 – Grouting Geothermal Well.



Photo 8 – Hand-Wash Stations at Skanska Trailer Complex.



Photo 9 – Temporary Hand-Wash Stations Provided by United Site Services.



Photo 10 – Social Distancing Signage and Markers Around Trailer Complex.

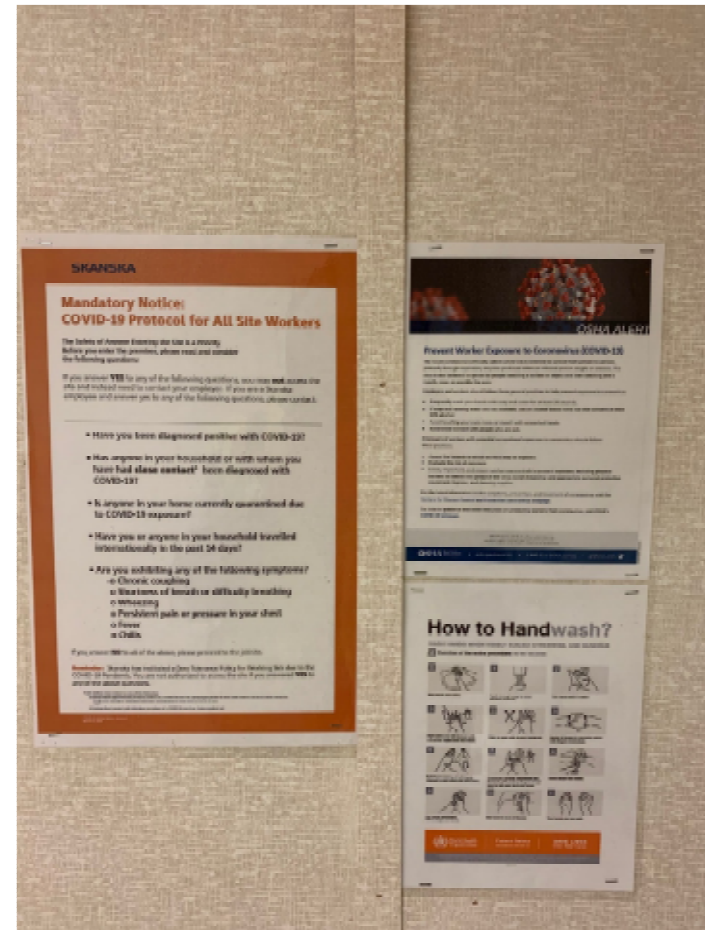


Photo 11 – COVID-19 Signage Around Job-Site and Trailer Complex.

SKANSKA

DAILY COVID-19 HEALTH QUESTIONNAIRE & PRE-SHIFT COVID-19 SELF-CERTIFICATION STATEMENT FOR CREWS

Updated as of 3/31/2020

The safety of our employees, supplier partners, customers, families and visitors remain SKANSKA's overriding priority and core value. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, SKANSKA Medical and Security are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Only business critical individuals are permitted at any SKANSKA facility at this time. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple daily email screening questionnaire. Your participation is critical to help us take precautionary measures to protect you and everyone at this location. Complete the following for the individuals that will be on site for this shift. Once complete, email to your Skanska project designated individual. Performing this task through email prevents the inadvertent transmission of infectious disease through the sharing of writing utensils and multiple persons handling the same paper.

The supervisor below has verified that each employee named below has self-certified "No" responses to the five COVID-19 questions:

PRIOR TO THE START OF EACH SHIFT, EACH PERSON ABOVE WILL HAVE SELF-CERTIFIED TO THEIR SUPERVISOR PRIOR TO COMING ON SITE PREMISES:	
1	<p>Have you had close contact* with or cared for someone diagnosed with COVID-19 within the last 14 days?</p> <p>*"Close contact" means:</p> <ul style="list-style-type: none">a) living in the same household as a person who has tested positive for covid-19,b) caring for a person who has tested positive for covid-19,c) being within 6 feet of a person who has tested positive for covid-19 for about 15 minutes, ord) coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for covid-19, while that person was symptomatic.
2	<p>Have you experienced any cold or flu-like symptoms in the last 14 days to include</p> <ul style="list-style-type: none">a) Fever,b) Cough,c) Sore throat,d) Shortness of Breath
3	<p>Have you been asked to self-isolate or quarantine by their doctor or a local public health official.</p>

Photo 12 – Self-Certification Statement
Per Commonwealth of MA 3/25/20 Order.

SKANSKA

Updated as of 3/31/2020

**If the answer is "yes" to any of the questions,
access for that individual to this location will
be denied.**

Note: Individuals exhibiting symptoms or unable to self-certify should be directed to leave the work site and seek medical attention and applicable testing by their health care provider. They are not to return to the work site until cleared by a medical professional.

The information collected will be used to determine access to SKANSKA site locations also for any health notifications. For more information, questions or concerns should be directed to Skanska on site EHS representatives.

Company/Organization:	Supervisor:
Name:	Personal Phone Number (mobile/home):
Name:	Personal Phone Number (mobile/home):
Name:	Personal Phone Number (mobile/home):
Name:	Personal Phone Number (mobile/home):
Name:	Personal Phone Number (mobile/home):
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Name:	Personal Phone Number (mobile/home):
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Name:	Personal Phone Number (mobile/home):
Name:	Personal Phone Number (mobile/home):

Photo 13 – Self-Certification Statement
Per Commonwealth of MA 3/25/20 Order.