GEMINI TECH SERVICES, LLC
5019 E I-20, Frontage Rd
Willow Park, TX 76087

EMPLOYEE COVID 19 TESTING REPORT GTS SF-7

EMPLOYEE NAME		PROJECT	

Period Covered_____

DATE TESTED	RESULTS TYPE	VERIFIED BY

The SF-7 will be used in conjunction with the COVID-19 Testing and Face Coverings policy. Project supervisors, leads and managers (verifiers) will use this form to keep a running track of COVID-19 tests of unvaccinated employees who are directed to test in lieu of reaching full vaccinated status. This form is designed to be used for an entire quarter (3 months) then filed and replaced with a replacement SF-7. Verifiers will annotate the employee's name, project and period covered in the heading portion. The date tested is placed in the first column. The results type (middle column) should depict the medical establishment that administered the test and type of test. This form is not used to report positive or negative results. Verifiers will sign in the 3rd column indicating that they have verified the completed test. Verifiers will send this report to Director of Safety and HR after each test is completed. After the first test, subsequent tests are required every 7 days. If employees fail to test after 7 days, verifiers will indicate the failure to test in the first column by writing "DID NOT TEST". The report should be immediately sent to the Director of Safety and HR at finance.geminitechservies.com for further action.