



CITY OF SAINT PAUL ALASKA

COVID-19 TRAVEL FORM #9

This form is to be completed within 24-48 hours before returning or coming to Saint Paul Island and does not need to be completed when leaving the island.

Each Traveler to Saint Paul Island must fill out a form, regardless of age or whether an employer has filed a plan or protocol with the State of Alaska and/or City of Saint Paul. A COVID-19 PCR test must be obtained prior to traveling to the island. Please provide a copy of your negative test results with this completed form.

Full Name: _____

Business/Vessel Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone No: _____ **Email:** _____

Self-Quarantine Address (if different from above): _____

DATES OF TRAVEL

Estimated Date/Time of Arrival to Saint Paul Island: _____

Estimated Date/Time of Departure from Saint Paul Island: _____

REASON FOR TRAVEL

Travel is currently not permitted into Saint Paul Island, with limited exceptions. Please describe your reason for travel below and check which exception applies to you:

___ **Residents traveling to meet critical personal needs** (*those needs that are critical to meeting a personal, individual, or family needs. Those needs include buying, selling, or delivering groceries and home goods; obtaining fuel for vehicles or residential needs; transporting family members out-of-home care, essential health needs, or for purposes of child custody exchanges; receiving essential health care; providing essential health care to a family member; obtaining other important goods; to meet educational need; and engaging in subsistence activities.*)

___ **Emergency first responders**

___ **Law enforcement** acting within their official duties

___ **Office of Children's Services** personnel responding to reports of abuse and neglect

___ **Essential Government Services Personnel** needed to ensure the continuing operations of government agencies to provide for the health, safety, and welfare of the public.

___ **Persons engaged in subsistence fishing and the commercial fishing industry** including fisherman, processors and transporters of fish and those providing contract services to fishermen, processors and transporters related to maintenance and operation of commercial fishing vessels and processing facilities.

___ **Persons employed in the following categories:**

___ **Healthcare Operations and Public Health**

___ **Public Works**, including water, sewer, gas, electrical, roads and highways, public transportation, and solid waste collection and removal

___ **Technology/Communications**

___ **Essential Construction**

___ **Critical Manufacturing**

___ **Food and Agriculture**

___ **Home Emergency and Safety**

___ **Utility Operations and Maintenance** (*whether public or private*).

___ **Air Transportation/Logistics**

___ **Plumbers, electricians, mechanics and other service providers** who provide services that are necessary to maintain the safety, sanitation and essential operation of residences, transportation, and commercial fishing infrastructure.

___ **Supply of fuel** (*including heating oil, diesel fuel, aviation fuel, propane and gasoline*).

___ **Businesses providing mailing and shipping services**, including post office boxes.

ESSENTIAL WORKERS AND COMMUNITY/WORKFORCE PROTECTIONS PLANS

At least five (5) business days before traveling to Saint Paul Island, all essential workers, must provide the City with a copy of their company's travel plan or protocol submitted to the Department of Commerce, Community and Economic Development pursuant to State of Alaska Health Mandate 010 . Timely submission of an approved Community/Workforce Protection Plan is required prior to travel being approved.

All essential persons traveling to the City must also agree to the following:

Initial

___ My company has provided an approved Community/Workforce Protection Plan and Supplemental Public Health Protection Plan to the City.

___ I have closely reviewed my Company's Community/Workforce Protection Plan and I promise to follow my company's approved Community/Workforce Protection Plan.

___ If I am on Saint Paul Island between 1 and 14 days, I agree to self-quarantine during non-work hours.

Community/Workforce Protection Plan and Supplemental Public Health Protection Plan must be submitted for review by the City of Saint Paul at least five (5) business days prior to traveling to Saint Paul Island. The City will review the plans and provide a response within one (1) business day. All plans and documents can be submitted to snpcovid19@stpaulak.com.

AGREEMENT TO FOLLOW COMMUNITY SAFETY LAWS

Initial the following acknowledging your agreement to adhere to local laws. For fishing vessels filling out one form for multiple employees, by initialing, you acknowledge that you have explained these requirements to all employees and that as an employer, captain, or supervisor, you will require adherence to local laws:

Initial

- ___ I agree to obtaining a test for COVID-19 within 48 to 72 hours prior to traveling to Saint Paul Island and to provide a copy of my test results attached to this form.
- ___ I will not travel to Saint Paul Island if symptomatic.
- ___ I will not travel to Saint Paul Island if I am infected with COVID-19.
- ___ I agree to submit to health screening in Saint Paul Island, if requested.
- ___ I agree to wear cloth face covering when outside personal lodgings and in Saint Paul Island.
- ___ I agree to follow local ordinances that are in place or may be in the future.
- ___ I agree to self-quarantine for 14 days (*Non-Essential Persons Only*)
- ___ I agree not to enter residences in Saint Paul Island other than my own lodging.
- ___ I agree not to invite visitors to the location where I am quarantined.
- ___ I agree that all personnel will not enter the Aleut Community Store, U.S. Post Office, Bulk Sale, City Hall, and other public facilities that are open to the general public for fourteen (14) days after arriving on the island.
- ___ I agree that if need gasoline from the Gas Station I must remain in my vehicle and ask for assistance.

ENFORCEMENT AND PENALTIES

By signing this document, you are making a sworn statement. If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210.

The Saint Paul Department of Public Safety is authorized to enforce individual compliance with City Emergency Ordinances, with the primary focus being on education and voluntary compliance before civil penalties or criminal charges. The Saint Paul Department of Public Safety will respond to complaints and educate the public when they see violations that jeopardize the safety of individuals or the community. However, individuals who violate the Emergency Ordinances risk civil fines and criminal prosecution.

