



CITY OF SAINT PAUL

ALASKA

GROUP COVID-19 TRAVEL FORM #04

This form is to be completed within 48 hours before coming to Saint Paul Island.

This form is to be used by businesses or vessels that have five (5) or more employees traveling to Saint Paul Island on the same day.

Business/Vessel Name: _____

Address: _____

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

Phone No: _____ **Email:** _____

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

EMPLOYEES TRAVELING

The business or vessel shall email to snpcovid19@stpaulak.com a spreadsheet along with this form, listing the first and last name of each employee traveling to Saint Paul Island to perform work for the business or vessel listed above. A negative test result from a molecular-based test for SARS-CoV2, either a PCR or rapid (e.g. Abbott IDNow) test must be taken within 72 hours of departure to Saint Paul Island must be submit to the City with this completed form and the spreadsheet of the employees' names.

DATES OF TRAVEL

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

REASON FOR TRAVEL

Please describe your reason for travel below:

___ **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 engaged in scientific research on Saint Paul Island**, such as but not limited to marine mammal, bird, fish, oceanic research activities.

___ **Persons engaged in education**, which shall be limited to instructional staff and administrative support staff.

___ **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 and Facilities Maintenance**
- ___ **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 Community/Workforce Protection Plan. Timely submission of an approved Community/Workforce Protection Plan is required prior to travel being approved.

I _____ on behalf of _____ am authorized to acknowledge that all the employees listed in the attached spreadsheet agree to the following:

Initial

- ___ Business has provided an approved Community/Workforce Protection Plan to the City.
- ___ All employees have reviewed the business's Community/Workforce Protection Plan and promise to follow the business's approved Community/Workforce Protection Plan.
- ___ Employees listed in the attached spreadsheet are on Saint Paul Island between 1 and 14 days and agree to self-quarantine during non-work hours.
- ___ Employees listed in the attached spreadsheet have received all recommended dose(s) of an authorized FDA COVID-19 vaccine are on Saint Paul Island between 1 and 10 days and agree to self-quarantine during non-work hours.
- ___ Employees listed in the attached spreadsheet are on Saint Paul Island longer than 10 days and agree to obtain a rapid molecular-based test for SARS-CoV2, (e.g. Abbott IDNow) at the Saint Paul Health Center during regular business hours and provide the negative test results to the City.

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 three (3) businesses day. All plans and documents can be submitted to snpccovid19@stpaulak.com.

AGREEMENT TO FOLLOW COMMUNITY SAFETY LAWS

I _____ on behalf of _____ am authorized to acknowledge that all the employees listed in the attached spreadsheet agree to the following requirements and will adhere to all local laws:

Initial

- ___ Employees agree to a molecular-based test for SARS-CoV2 within 72 hours prior to traveling to Saint Paul Island and to provide a copy of my test results attached to this form.
- ___ Employees will not travel to Saint Paul Island if symptomatic.
- ___ Employees will not travel to Saint Paul Island if infected with COVID-19.
- ___ Employees agree to submit to health screening in Saint Paul Island, if requested.
- ___ Employees agree to wear cloth face covering when outside personal lodgings and in Saint Paul Island.
- ___ Employees agree to follow local ordinances that are in place or may be in the future.
- ___ Employees agree to self-quarantine for 10 days (*Unvaccinated Persons Only*)
- ___ Employees agree to strictly social distance for 7 days (*Vaccinated Persons Only*)
- ___ Employees are unvaccinated and agree to obtain a rapid molecular-based test for SARS-CoV2, (e.g. Abbott IDNow) at 10 days after arrival at the Saint Paul Health Center during regular business hours and provide the negative test results to the City.
- ___ Employees are vaccinated and agree to obtain a rapid molecular-based test for SARS-CoV2, (e.g. Abbott IDNow) upon arrival and at 7 days after arrival at the Saint Paul Health Center during regular business hours and provide the negative test results to the City.
- ___ Employees agree not to enter residences in Saint Paul Island other than my own lodging.
- ___ Employees 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 10 days after arriving on the island (*Unvaccinated and Non-Essential Persons Only*).
- ___ 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 7 days after arriving on the island (*Vaccinated Persons Only*).
- ___ Employees agree that if they need gasoline from the Gas Station they will remain in my vehicle and ask for assistance.
- ___ Employees agree that they are not participating in the 2020/2021 Bering Snow Crab fishery on Saint Paul Island, Alaska and I will not enter the harbor area, go on or near the docks, the Trident plant, or other identified areas until the end of the season.

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.

The Saint Paul Department of Public Safety will first attempt to enforce Emergency Ordinances through education. In the event education does not result in voluntary compliance, the Saint Paul Department of Public Safety is authorized to:

- Issue a verbal or written warning and opportunity to correct actions.
- Issue a citation to Saint Paul Island Tribal Court for Civil Mischief for members of the Aleut Community of Saint Paul Island.
- Issue a citation for a Level III offense punishable in accordance with CCO 09.05.020 resulting in mandatory fines increasing in increments of \$50.00 up to the maximum of \$300.00.

The Saint Paul Department of Public Safety’s enforcement responsibilities will enforce State COVID-19 Health Mandates and applicable Alaska Statutes, including but not limited to Reckless Endangerment pursuant to AS 11.41.250.

CERTIFICATE AND SIGNATORY

I certify under penalty of perjury that the foregoing is true swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. A notary public or other official empowered to administer oaths is unavailable.

AUTHORIZED SIGNATURE: _____ DATE: _____

Travel to Saint Paul Island, Alaska must be approved prior to anyone traveling to the island. A traveler who was denied travel by the City Manager can appeal the decision to the City Council of the City of Saint Paul. **THE CITY COUNCIL’S DECISION ON APPEAL SHALL BE THE FINAL CITY ACTION.** Please complete this form and submit to the City of Saint Paul by emailing to snpcovid19@stpaulak.com.

****For City of Saint Paul Use Only****

Travel Approved Travel Denied

City Manager Signature: _____ Date: _____

Notes: _____

Denied by the City Manager for following reasons: _____

City Council review: _____

City Manager Signature: _____ Date: _____

Travel Approved

Travel Denied

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Traveler needs transportation from airport to harbor.

Traveler needs transportation from harbor to airport.