



CITY OF SAINT PAUL ALASKA

COVID-19 TRAVEL FORM #8

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 SNP: _____

Estimated Date/Time of Departure from SNP: _____

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; 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

Pursuant to Section 8 of City of the Saint Paul Emergency Ordinance 20-95, all persons or entities traveling to Saint Paul Island shall submit to the City, within five (5) business days of traveling, the plan or protocol submitted to the Department of Commerce, Community and Economic Development pursuant to State of Alaska Health Mandate 010. An approved Community/Workforce Protection Plan and Supplemental Public Health Protection Plan is required to submitted and approved by the City of Saint Paul by all essential workers traveling to Saint Paul Island prior to travel being approved.

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

Initial

___ I agree all personnel will submit to a COVID-19 test within 48 to 72 hours of departing for Saint Paul Island.

___ I agree that all personnel will self-quarantine for 14 days after arrival on Saint Paul Island **OR** personnel is providing essential services and I have provided an approved Community/Workforce Protection Plan and Supplemental Public Health Protection Plan 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 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:

- ___ 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 Cashier Office, Gas Station and other public facilities that are open to the general public for fourteen (14) days after arriving on the island.

Certificate: Read and Sign: I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. **WARNING:** 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. Additionally, due to the imminent danger to the public by the spread of Coronavirus, if you violate the self-quarantine regulations set forth in the mandate, you may also be convicted as a class A misdemeanor which is punishable by a fine of up to \$25,000 or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.135. You may also be cited for a minor offense under local ordinance and subject to a \$500 fine.

TRAVELER SIGNATURE: _____ DATE: _____

If the traveler is a minor under the age of 18, a parent or guardian signature is required.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Travel to Saint Paul Island, Alaska must be approved prior to anyone traveling to the island. Please complete this form and submit to the City of Saint Paul by emailing to snpcovid19@stpaulak.com or faxing to 907-546-3188.

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

Travel Approved

Travel Denied

City Manager Signature: _____

Date: _____

Denied by the City Manager for following reasons: _____

A traveler who was denied travel by the City Manager can appeal the decision to the City Council of the City of Saint Paul.

City Council review: _____

Mayor Signature: _____

Date: _____

Travel Approved

Travel Denied

THE CITY COUNCIL'S DECISION ON APPEAL SHALL BE THE FINAL CITY ACTION.