



Yarde Metals takes seriously our responsibilities to our employees, our customers, and our communities. In that spirit, we have taken a number of steps to minimize the risk and prevent the spread of the Coronavirus (COVID-19). We have implemented proactive measures identified by the CDC to protect our employees from contracting or spreading the virus. This includes limiting business travel by our employees and limiting and screening visitors to our facilities.

To support our efforts, we are asking that you complete this simple screening questionnaire. Your participation is appreciated. We thank you for your time.

Name:	Personal Phone Number (mobile/home):
Company/Organization:	Name of Host:
Location Visiting:	

Self-Declaration by Visitor	
1	Have you been outside of the USA (including Canada or Mexico), on a cruise, or other high risk areas in the last 14 days? <input type="checkbox"/> Yes    If yes, where? _____ <input type="checkbox"/> No    Dates of Travel? _____
2	Have you been in close contact with anyone who has traveled within the last 14 days to an area outside of the USA (including Canada or Mexico) or on a cruise? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where? _____
3	Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, shortness of breath, or difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>*if you answered "Yes" to any of the above questions, please do not come to our facility.</b>	
5	Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>

Visitor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Bring a copy of this form to the facility and give to your host or receptionist. A new form will be required for each visit. Information collected will be used to determine your access rights to our facilities.**

Signed Contractor Safety Requirement on File? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (if N/A, why: _____)
Work Authorization Form Completed and Signed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (if N/A, why: _____)
Access to facility (circle one): _____ Approved    _____ Denied    Intake Recipient Initials _____

**Visitor form can only be approved by the Safety Department, Susan Kozikowski or Matt Smith**