



VISITOR ENTRY SCREENING FORM

Yarde Metals takes the safety of our employees, customers, suppliers and communities seriously. To support our efforts, we are asking that you complete this simple screening questionnaire. *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.*

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

VISITOR	I. PRE-VISIT SCREENING – To be reviewed/completed by Vistor PRIOR TO ARRIVAL	
	1.	Have you experienced any cold or flu-like symptoms in the last 10 days : <input type="checkbox"/> Fever <input type="checkbox"/> Shortness of breath/difficult breathing <input type="checkbox"/> Chills <input type="checkbox"/> Loss of taste or smell <input type="checkbox"/> Cough
	2.	Have you had close contact with someone diagnosed or suspected to have COVID-19 within the last 10 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.	Are you subject to a quarantine order? Yes <input type="checkbox"/> No <input type="checkbox"/>
	*If you answered "Yes" to any of the above questions, please do not come to our facility.	
	4.	Are you fully vaccinated*? Yes No *≥ 2 weeks after second dose (Pfizer/Moderna) or single does of Johnson & Johnson
5.	Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Visitor Name:

Signature:

Date:

FRONT DESK	II. ONSITE SCREENING – Conducted by Front Desk	
	1.	Temperature screening: Clear (Green Light indicated) Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.	Verified status of Pre-Visit 1-3 has not changed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.	Contractor is on pre-authorized contractor calendar Yes <input type="checkbox"/> No <input type="checkbox"/> If no, contractor requires an escort. Escort name
Visitor Cleared Yes <input type="checkbox"/> No <input type="checkbox"/>		

Screeener Name:

Signature:

Date of Screening: