



## COVID-19 Visitor Safety Screening

Updated as of 5/1/2020

The safety of our employees, supplier partners, customers, families and visitors remain Great American Packaging's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we continue to monitor the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Only business critical visitors are permitted at Great American Packaging facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Visitor's Name:	Phone Number:
Visitor's Company:	Name of GAP Host:
Date of Visit:	Purpose of Visit:

Self-Declaration by Visitor		Yes	No
1	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
2	Have you traveled internationally or been in close contact with anyone that has traveled internationally in the last 14 days?		
3	Have you experienced any cold or flu-like symptoms in the last 14 days including, but not limited to; fever, cough, sore throat, respiratory illness, difficulty breathing?		
4	Have you been in contact with others outside of your home in the last 14 days <u>without</u> wearing personal protective equipment including a mask?		

Temperature Log: \_\_\_\_\_ 24 hours prior to visit \_\_\_\_\_ Upon Arrival at GAP

I certify that the information above is true to the best of my knowledge.

Signature (visitor): \_\_\_\_\_ Date: \_\_\_\_\_

*Note: if you plan to be onsite for consecutive days, please immediately advise your Great American Packaging host if any of your responses change. The information collected on this form will be used to determine your access right to Great American Packaging.*

<b>For office use only</b>	Review Date: _____
Reviewed by (Employee Name): _____	
Access to facility (circle one): _____ Approved _____ Denied	

Great American Packaging, LLC