

# COVID-19 VISITOR QUESTIONNAIRE

The safety of our employees, suppliers, contractors, customers, families, and visitors remain Industrial Washing Machines (IWM) overriding priority. As the coronavirus COVID-19 outbreak continues to evolve and spreads globally, IWM are monitoring the situation closely and will periodically update company guidance based on current recommendations from the UK Government. Only business critical visitors are permitted at IWM at this time.

All site visitors are expected to follow increased levels of personal hygiene including:

- Following IWM social distancing rules whilst on site
- Wash / sanitise your hands on arrival and departure
- Avoid shaking hands and physical contact.

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. This questionnaire should be completed and returned to [jon@indwash.co.uk](mailto:jon@indwash.co.uk) in **advance** of any planned visit **along with a copy of your COVID-19 Risk Assessment and Social Distancing Policy**. Thank you for your time.

VISIT DETAILS			
Visitor's Name:		Contact Number:	
Visitor's Company Name:		Name of IWM Host:	
Reason for Visit:			

SELF-DECLARATION BY VISITOR	
1	<p>Have you or a family member returned from overseas travel in the last 14 days from an area listed by Public Health England's guidance?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2	<p>Have you been in close contact with anyone who has travelled overseas in the last 14 days from an area listed by Public Health England's guidance?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>Have you displayed symptoms of the COVID-19 virus including, persistent cough, fever, sore throat, respiratory illness, difficulty in breathing or loss of smell or taste in the last 14 days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5	<p>Have you had the COVID-19 virus?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

IF THE ANSWER IS 'YES' TO ANY OF THE QUESTIONS, ACCESS TO IWM PREMISES WILL BE DENIED			
Visitor's Signature:		Date:	