

TEMPORARY MEASURES FOR EMPLOYEE PROTECTION FROM COVID-19 CORONAVIRUS

As a visitor to National Machinery LLC (NMLLC), I acknowledge that I...

- Am <u>not experiencing any COVID-19 symptoms</u>, such as fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea.
- Shall <u>keep the time</u> of my visit to NMLLC and <u>exposure to NMLLC employees to a minimum</u> while accomplishing the purpose of my visit.
- Shall wear a face covering at all times while inside the NMLLC factory and offices, regardless of vaccination status.
 - A face covering that: (1) completely covers the nose and mouth; (2) is made with two or more layers of a breathable fabric that is tightly woven; (3) is secured to the head with ties, ear loops, or elastic bands that go behind the head; and (4) fits snugly over the nose, mouth, and chin with no large gaps on the outside of the face.
- Shall <u>notify NMLLC</u> if I am confirmed to have COVID-19 within the next 14 days.

I acknowledge & understand that refusal to sign this form prohibits my entry into NMLLC property and my employer will be notified.

Visitor signature

Company name

Date

Visitor name printed