Guidelines for Vendors & Visitors

In consideration of the evolving COVID-19 situation, BNI is refining its approach to managing critical outsourced supplier services.

We recognize that critical services must continue. If an in-person meeting or onsite service is critical (e.g., a vendor needs to come onsite to fix a piece of equipment or provide a service that can be done only in person), then a vendor may come to BNI with prior approval of your BNI point of contact. Please connect with your regular BNI contact before reporting on campus at Burke.

We are screening all staff and critical 1-day visitors prior to arriving at our facility. You will be asked to complete a questionnaire 24 hours prior to your arrival, which is **required**.

Any vendor/visitor feeling sick must stay home.

- Please do not enter the BNI facility if you have cold or flu-like symptoms, including fever, coughing, difficulty breathing, sore throat, body aches, chills, or extreme loss of sense of smell or taste. We must take every precaution to protect staff and labs from infection, including COVID-19.
- MASKS MUST BE WORN on the BNI campus IF social distancing of at least 6 feet CANNOT take place.
- In addition:
- Visitors and Vendors MUST BE FULLY VACCINATED in order to enter into BNI facilities. You may be turned away if you are not fully vaccinated or do not comply with our masking requests, and may be asked to show proof of vaccination.
- All outside vendors/visitors must bring a mask (PPE) to be worn IF social distancing cannot take place within the BNI facility. If you do not have PPE with you, you will be provided with a face mask prior to entry. The mask <u>must</u> be worn IF social distancing cannot take place, while at work/in the BNI facilities. <u>Suggested mask is KN-95</u>.
- Vendors/Visitors who have direct, face-to-face contact with staff (defined as being less than 6 feet apart for more than 10 minutes at a time) will be issued a face shield to wear in addition to the procedure mask. The face shield can be cleaned and reused by the contracted worker.

Questions? Please reach out to your BNI contact if you have questions about meeting remotely or any ongoing business you may have with them. We appreciate your support during this period and look forward to resuming regular interactions with you in the future.

BNI Occupational Health **Vendors & Visitors** COVID-19 Screening Tool

This Screening Tool is offered for informational purposes to help you check for COVID-19 symptoms as outlined by the Centers for Disease Control. The guidance you receive depends on the accuracy of the information you provide as well as current guidelines for identifying symptoms associated with COVID-19.

All BNI 1-day vendors/visitors are required to complete this survey within **24 hours before entering** the premises and follow the instructions given.

This is not a substitute for professional medical advice, diagnosis, or treatment of disease or other conditions, including COVID-19. Always consult a medical professional for serious symptoms or emergencies.

| First and Last Name: | | | |
|--|-----|----------------|--|
| Company: | | | |
| | NI: | Date of Visit: | |
| Have you been fully vaccinated for at least 2 weeks and can submit proof of vaccination if/when asked, either by Excelsior Pass or vaccination card? | | | |
| □Yes | □No | | |
| If NO – You must mask while at BNI during your entire duration in BNI facilities. | | | |
| | | | |
| Are you feeling well today? Example: No fever, cough, sore throat, etc: | | | |
| □Yes | □No | | |
| If NO is selected, please reschedule your visit to BNI for another time when well. | | | |
| Have you returned from International travel within the past 10 days. | | | |
| □Yes | □No | | |

If YES – please mask during your entire time at BNI.

| I agree that I have answered the above questions honestly and truthfully, as to not place BNI employees or myself at risk during my visit to BNI and will comply with any masking requirements or rescheduling of my visit. | | | |
|---|---|--|--|
| Vendor/Visitor Signature | Date | | |
| ********************************* | ****** | | |
| Contact at BNI: | | | |
| Signature of Contact: | Date: | | |
| Contact: Please check one box! | | | |
| ☐ Contact: I attest to this form being thoroughly | y reviewed and approved for a visit. | | |
| ☐ Contact: This visitor/vendor is not fully vaccin not be allowed on campus at this time. | nated or is showing symptoms of illness and may | | |