

## **ESG COVID-19 BUSINESS VISIT ASSESMENT**

ESG takes the safety of our employees seriously and we want to do our part to mitigate the spread of COVID-19. As part of these efforts, before permitting our employees to engage in business visitation at any outside location, we require certain information relating to the conditions and COVID-19 mitigation measures in place at the location of the planned business visit.

Ou —	Our employee(s) plan to visit your location at (City, State and County	(the "Facility"), located in on("Date of Visit").
	We value our business relationship and we appreciate your cooperacilitate the planned visit during the COVID-19 pandemic:	ration in providing the following information to
1.	<ol> <li>Do you have written COVID-19 safety requirements in place requirements:</li> </ol>	at the Facility that include the following
	<ul> <li>Do not work if you are experiencing any symptom</li> <li>Wear a mask or face covering;</li> <li>Keep a physical distance of at least 6 feet (2 meters)</li> <li>Practice good hand hygiene – wash hands thorout</li> </ul> Yes □ No □	rs) from others; and
2. Has anyone who works on-site at the facility been diagnosed with COVID-19 or told to isolate due to symptoms within the 7-day period prior to the visit?		
	Yes □ No □	
Da	Question 2 should be answered as close to the Date of Visit as po Date of Visit, the employee visiting the facility must reconfirm thavisit.	, · ·
Na	Name of individual answering questions	Pate Completed
	Fitle: Company:	
the do	f form was completed by ESG employee based upon answers ver the information above concerning the individual answering the qual documenting the answers on this form and the Company will rely the business visit. Also provide your name and title below:	uestions. Inform that individual that you are
	Name: Title:	