



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

ESG has implemented additional safety measures in our workplaces relating to COVID-19. We take the safety of our employees seriously and 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. Our employee(s) plan to visit your location at \_\_\_\_\_ (the "Facility") on \_\_\_\_\_ (date(s)). We appreciate your cooperation in providing the following information:

1. Do you have written COVID-19 safety requirements in place at the Facility? **Yes** ☐ **No** ☐  
If so, are these safety requirements communicated to employees? **Yes** ☐ **No** ☐
2. At this time, our employees are required to take the following minimum safety measures when working in any company facility or during any business visit:
  - a) Do not work if you are experiencing any symptoms of COVID-19;
  - b) Wear a mask or face covering;
  - c) Keep a physical distance of at least 6 feet (2 meters) from others; and
  - d) Practice good hand hygiene – wash hands thoroughly and frequently use hand sanitizer.

Are employees at the Facility required to follow all these requirements? **Yes** ☐ **No** ☐

If not, please list the item(s) that are not required \_\_\_\_\_

3. Do you conduct temperature scans of employees and visitors entering the Facility? **Yes** ☐ **No** ☐  
(Our employees will participate in any required temperature scan prior to entry)
4. Do you clean and disinfect all areas of the Facility daily? **Yes** ☐ **No** ☐
5. Are adequate hand sanitization and disinfecting supplies available in the Facility? **Yes** ☐ **No** ☐
6. Have any employees at the Facility been diagnosed with COVID-19? **Yes** ☐ **No** ☐
  - If Yes, when: \_\_\_\_\_
  - What actions have been taken since: \_\_\_\_\_
7. Have any employees at the Facility been told to isolate due to symptoms within the past 7 days? **Yes** ☐ **No** ☐
8. Can the meeting take place virtually? **Yes** ☐ **No** ☐  
If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
Name of individual who prepared response:

\_\_\_\_\_  
Date

Title:

Company:

**We value our business relationship and we appreciate your cooperation in providing this information in order to facilitate the planned visit during the COVID-19 pandemic.**