

# VENDOR SELF-MONITORING CHECKLIST



New Braunfels Utilities (NBU) is committed to the health, safety, and well-being of its workforce, vendors, and the public. In an effort to mitigate the spread of COVID-19, NBU has enacted the following protocols based on the Centers for Disease Control's (CDC) recommendations. Complete this form and agree to the following measures implemented at NBU facilities in order to conduct on site work.

**This form must be completed daily, by each team member who will be conducting onsite business for NBU. All fields are mandatory.**

<b>Name</b> <input type="text"/>	<b>Company</b> <input type="text"/>
<b>Phone Number</b> <input type="text"/>	<b>Email</b> <input type="text"/>
<b>Who are you visiting?</b> <input type="text"/>	<b>NBU Email for person you are visiting:</b> <input type="text"/>

**Select the Department you are visiting**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Customer Service       | <input type="checkbox"/> Electric               | <input type="checkbox"/> Environmental Affairs  |
| <input type="checkbox"/> Executive Office     | <input type="checkbox"/> External Affairs       | <input type="checkbox"/> Finance and Risk       | <input type="checkbox"/> Fleet and Facilities   |
| <input type="checkbox"/> Headwaters           | <input type="checkbox"/> Human Resources        | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Learning & Development |
| <input type="checkbox"/> Power Supply         | <input type="checkbox"/> Purchasing             | <input type="checkbox"/> Safety & Security      | <input type="checkbox"/> Substations            |
| <input type="checkbox"/> Systems Control      | <input type="checkbox"/> Wastewater Engineering | <input type="checkbox"/> Wastewater T&C         | <input type="checkbox"/> Water Engineering      |
| <input type="checkbox"/> Water/Wastewater Ops | <input type="checkbox"/> Water T&C              |   |   |

**Q1. Do you currently have a fever (temperature over 100.0° F)?**  Yes  No

**Q2. Have you had a fever (temperature over 100.0° F) within the past 72 hours?**  Yes  No

**Q3. Do you currently have any of the following symptoms?**

- |   |  |   |
|---|--|---|
| Loss of Smell or Taste?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | Nausea?..... <input type="checkbox"/> Yes <input type="checkbox"/> No              | Diarrhea?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Muscle Aches?..... <input type="checkbox"/> Yes <input type="checkbox"/> No           | Chills?..... <input type="checkbox"/> Yes <input type="checkbox"/> No              | Vomiting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sore Throat?..... <input type="checkbox"/> Yes <input type="checkbox"/> No            | Shortness of Breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Cough?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                  | Headache?..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |

**Q4. In the past 14 days, have you or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?**  Yes  No

**Q5. Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?**  Yes  No

**Q6. Within the past 14 days, have you or anyone in your household traveled via public transportation, internationally, or on a cruise?**  Yes  No

**Please confirm the following:**

- C1. I agree to use hand sanitizer to sanitize my hands upon entering an NBU facility.**  Yes  No
- C2. I agree to wear face coverings in accordance with CDC guidelines in all NBU facilities.**  Yes  No
- C3. I agree to maintain social distancing at a minimum of 6 feet.**  Yes  No
- C4. I agree to fully remove all trash and clean areas with the appropriate provided cleaner, prior to departure.**  Yes  No

**By typing your name below, you are attesting that all responses are true and accurate.**

Please type your name below.