



GLWA Visitor COVID-19 Questionnaire With COVID-19 Testing Requirements

The safety of Great Lakes Water Authority's Team Members, member partners, families and visitors is a top priority. GLWA's operating protocol requires that visitors to GLWA facilities and project sites complete this questionnaire beginning June 5, 2020. Visitor is defined broadly as any individual that is not employed by GLWA. Please help ensure that GLWA can continue to provide essential, uninterrupted water and wastewater services throughout our Member Partner communities by completing this questionnaire.

Completion of this form complies with GLWA Coronavirus Update #43.

Visitor Name:		Visitor Phone #:	
Visitor Organization:		GLWA Facility Visiting:	
Project/Contract #:		Project/Contract Name:	
GLWA Team Member Visiting:	Team Member Contact #:		Area Chief Name:

Questions	Response	Additional Information
1 Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, or difficulty breathing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 Have you been in close contact with individuals potentially exposed or diagnosed with COVID-19 within the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Have you returned from any travel outside the GLWA service area within the past 14 days? If so, where, including within the State of Michigan? Please include locations of any layovers you had during your travel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify locations:
4 Have you been in close contact with any individual who has traveled outside the GLWA service area within the past 14 days? If so, where, including within the State of Michigan? Please include any layovers they might have had during their travel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify locations:
5 Are you assigned to work at multiple GLWA facilities? (Note that travel is restricted among GLWA facilities without prior authorization from the Area Chief.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify locations:
6 For visitors who do not have a GLWA Security & Integrity issued badge, have you been tested for COVID-19 within 14 calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, results? (check one) <input type="checkbox"/> Positive (access denied) <input type="checkbox"/> Negative Test Date: _____ If Negative, please present a viewable copy of the test results.

Note to Visitor: Please advise the GLWA Team Member you are visiting immediately if any of your responses to the above questionnaire change.

Visitor Signature: _____ Date: _____

GLWA Only Access to Facility: ☐ Approved ☐ Denied

Name (printed) _____ Signature: _____

Note to GLWA Team Members: Completed, approved forms should be emailed to COVID19VisitorQuestionnaire@glwater.org. If a visitor is approved, and is scheduled to access the GLWA facility above, for the subsequent 14 calendar days, there is no need to repeat the questionnaire, unless the responses change. Changes should be reported to the GLWA Team Member identified above. This questionnaire needs to be completed every two weeks.