



Data entry form for visitors & service providers (Entering the buildings)

To be completed by the external visitor or service provider:

Identification:

Purpose: [] Visit [] Service

Contact: Siempelkamp company:.....

Name:..... Company :

Questionnaire *: Will be deleted after 14 days in accordance with data protection regulations.

Table with 4 columns: No., Question, Yes, No. Contains 4 rows of questions regarding risk areas, special aspects, quarantine, and symptoms.

I hereby confirm that I have received the information sheet Rules of Conduct CORONA and will follow the rules described therein. I will immediately report any change in the information provided. I undertake to inform my contact person for the initiation of infection control measures if I test positive for COVID-19 within the next 14 days.

X.....

Date and signature

To be completed by the Siempelkamp employee (Customer):

Date of acquisition: / / 2021 Time: :

I hereby confirm that I have reviewed the questionnaire, I will only grant access if the required regulations can be met * and that the information sheet Rules of Conduct CORONA has been handed out.

.....

Name

.....

Signature

*if a question is answered with YES, access is only possible on a restricted basis and/or under special conditions.

The responsible Siempelkamp employee ensures that the necessary measures are taken to minimize the risk of infection for the persons involved.