

# COVID-19 Vendor Access Form

## University Sponsor Information

NAME	EMAIL
<input type="text"/>	<input type="text"/>
DEPARTMENT	PHONE NUMBER
<input type="text"/>	<input type="text"/>

## Vendor Information

VENDOR (COMPANY) NAME	
<input type="text"/>	
NAME OF PRIMARY VENDOR REPRESENTATIVE ON SITE	
<input type="text"/>	
VENDOR REPRESENTATIVE'S EMAIL	VENDOR REPRESENTATIVE'S PHONE NUMBER
<input type="text"/>	<input type="text"/>
NAME OF EACH OTHER VENDOR AGENT, IF ANY, VISITING THE UNIVERSITY	
<input type="text"/>	

## Details of Visit

DATES OF VISIT
<input type="text"/>
CAMPUS FACILITY/BUILDINGS TO ENTER
<input type="text"/>
PURPOSE OF VISIT
<input type="text"/>
WHY DOES THIS WORK NEED TO BE COMPLETED NOW?
<input type="text"/>

**REQUIREMENTS FOR WORKING IN UNIVERSITY  
BUILDINGS AND ATTESTATION**

By checking the following boxes and signing below, the undersigned Primary Representative of the Vendor (“You”) hereby agree and certify on behalf of Yourself and each of the Other Vendor Agents (if any) that each of the following statements is true:

You and all Other Vendor Agents will self-monitor for symptoms and stay home if you have potentially been exposed to COVID-19 or have had any symptoms over the past 10 days, including: cough, runny or stuffy nose, shortness of breath, fever, difficulty breathing, chills, body aches, sore throat, new loss of taste or smell, nausea, vomiting or diarrhea.

If You or any Other Vendor Agent begins to feel sick while working at the University site, such person will leave immediately and notify Your University Sponsor. You will notify Your University Sponsor if You or any Other Vendor Agent is symptomatic or tests positive for COVID-19 in the 2 days after Your visit by contacting them at the phone number above.

You and all Other Vendor Agents will wear a face covering over the nose and the mouth in University buildings and on the campus grounds when others are present.

You and all Other Vendor Agents will follow all posted signs regarding occupancy density and all other building use and safety requirements.

You and all Other Vendor Agents will maintain 6 feet of physical distance from others where possible.

You and any Other Vendor Agents will sign-in/log into any spaces requiring sign-in prior to entry.

You will also keep a log of all rooms You and any Other Vendor Agents enter in the Vendor Access Log below.

You will provide this completed log to Your University Sponsor at the end of each day you are on site, or as otherwise directed by Your University Sponsor.

You and Other Vendor Agents will clean and sanitize each area in which You or such Other Vendor Agents worked prior to leaving that area. Your University Sponsor will provide recommendations for cleaning materials.

You and any Other Vendor Agents will comply with relevant federal, state or local requirements.

SIGNATURE OF VENDOR ON SITE

[Signature line for Vendor on Site]

SIGNATURE OF UNIVERSITY SPONSOR

[Signature line for University Sponsor]

**VENDOR ACCESS LOG**

FACILITY/BUILDING <input type="text"/>	VENDOR AGENT(S) <input type="text"/>	TIME IN <input type="text"/>
ROOM NUMBER(S) <input type="text"/>		TIME OUT <input type="text"/>

FACILITY/BUILDING <input type="text"/>	VENDOR AGENT(S) <input type="text"/>	TIME IN <input type="text"/>
ROOM NUMBER(S) <input type="text"/>		TIME OUT <input type="text"/>

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ROOM NUMBER(S) <input type="text"/>		TIME OUT <input type="text"/>

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ROOM NUMBER(S) <input type="text"/>		TIME OUT <input type="text"/>

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ROOM NUMBER(S) <input type="text"/>		TIME OUT <input type="text"/>

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ROOM NUMBER(S) <input type="text"/>		TIME OUT <input type="text"/>

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ROOM NUMBER(S) <input type="text"/>		TIME OUT <input type="text"/>