



BRAKE SUPPLY
HEAVY EQUIPMENT
PARTS and COMPONENTS

VISITOR QUESTIONNAIRE

Visitor Name/Date	
Visitor Phone No.	
Visitor Email Address	

Currently or in the past two weeks have you experienced a fever or any flu-like symptoms?	YES / NO
Have you traveled to China, South-Korea or Italy in the past two weeks?	YES / NO
Have you engaged in any form of quarantine for suspected infection of Corona virus?	YES / NO
Have you been in close contact with any person exhibiting flu like symptoms in the past two weeks?	YES / NO
Have you been in close or regular contact with any person that conducts work in the healthcare, education or public services sectors?	YES / NO

If **YES** is answered to any of the above please record further details in the notes section below, inform the visitor that this form will need to be reviewed prior to approving the visit and that a company representative will make contact to confirm the outcome of the review. **Please forward all copies of this form to the Human Resources Department in Evansville, Indiana.**

NOTES:
Questions Completed by: Name: _____ Date: _____