



At Zippo Manufacturing Company, W.R. Case & Sons Cutlery Company, and Northern Lights Enterprises, Inc. (collectively, "Companies"), the safety of our employees and guests is, and always will be the Companies' top priority. As part of our current COVID-19 protocol and for their protection, several layers of safeguards have been applied throughout our facilities, including but not limited to the pre-screening of all employees, Contractors and invited Visitors. Our Companies comply with and exceed guidelines established by the Centers for Disease Control (CDC) and Pennsylvania or New York (as applicable) State Department of Health. Onsite visits are currently limited to essential need, and our Companies have implemented guidelines below that must be acknowledged and agreed upon prior to and while onsite for any visit.

Contractors or invited Visitors are required to adhere to the following guidelines and will not be permitted to enter our facilities if any of the below-mentioned criteria cannot be met:

1. Contractor or Visitor does not currently have symptoms of COVID-19 (including but not limited to: sore throat, cough, shortness of breath, headache, body fatigue/chills, loss of taste or smell, temperature above 100.4, etc.) and has not had symptoms for the past 14 days.
2. Contractor or Visitor has not been exposed to or had close contact with anyone who is confirmed to have or is suspected of having COVID-19 or those with symptoms above (number 1) within the past 14 days.

Any contractor or Visitor will be screened additionally once onsite, including questions pertaining to COVID-19 and temperature taking. Contractors and Visitors are also required to wear a mask while onsite (masks available if needed) and must maintain social distancing as per established onsite guidelines.

In addition, all Contractors and Visitors must read, sign and submit prior to onsite visits, the form found on the following page.

Our Companies appreciate your cooperation and look forward to maintaining our relationship in the safest manner possible.



COVID-19

## SCREENING

(All visitors must complete this form)

The safety of our employees, families, customers and visitors remains our top priority. To help ensure our workplace is as safe as possible, and to help prevent the spread of Coronavirus disease (COVID-19), all visitors must complete this questionnaire. Your participation is important to help take precautionary measures to protect you and others.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Have you experienced any cold or flu-like symptoms in the past 14 days including sore throat, cough, shortness of breath, headache, body fatigue/chills, loss of taste or smell, temperature above 100.4?

YES       NO

2. Have you had close contact with someone with confirmed or suspected COVID-19 within the past 14 days?

YES       NO

3. Do you believe you can be onsite and conduct business safely?

YES       NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Host: \_\_\_\_\_