



PTM CORPORATION
6560 BETHUY ROAD
FAIR HAVEN, MI 48023
WWW.PTMCORPORATION.COM
PH. 586.725.2211

March 13, 2020: Updated Visitor Policy for PTM Corporation and Modified Technologies Coronavirus (COVID-19)

The health and safety of our employees, customers, families and visitors remains PTM's & MTI's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we are monitoring our response and policies based on our concern for everyone and the current recommendations from the Center for Disease Control and the World Health Organization. For these reasons, PTM & MTI have adopted the following visitor policies.

- 1. We cannot accommodate walk-in visitors on campus. Individuals who need to visit an associate, or our campus require an advance appointment or invitation.** If you have questions, please contact us by email or by calling 586-725-2211.
- 2. All parties with a scheduled appointment or invitation will be asked to complete a PTM/MTI Visitor Health Screening Form to determine if safety guidelines are met.**

Thank you again for your understanding of the temporary precautions we are taking to protect the health and safety of our associates, customers, visitors and the community.



**PTM Corporation & Modified Technologies
Visitor Health Screening Questionnaire**



The safety of our employees, customers, families and visitors remains PTM's &MTI's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Center for Disease Control and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building or event. Thank you for your time.

Visitor Name:	Visitor Mobile/Home Phone Number:
Visitor Company/Organization:	Host:
Facility Name:	

If the answer is "yes" to any of the following questions, access to the facility will be denied.

Self-Declaration by Visitor	
1	Have you returned from traveling within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Visitor Signature: _____

Date: _____

The information collected on this form will be used to determine your access rights to our facilities.

Access to facility (circle one): Approved Denied