



200 Ellis Street  
New Britain, CT 06051

Tel: (860) 225-8707  
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okayind.com

Metal Stamping | CNC Machining | Laser Processing | Automated Assemblies

## COVID-19 Response Plan

### VISITOR POLICY

UPDATED 04/01/2021 Rev 4

At this time, OKAY will only allow visitors related to:

- **Suppliers**
  - Delivery of goods and/or supplies related to production or business sustainability (R&D, hygiene, operational – office supplies, IT, etc.)
  - If deemed necessary special circumstances may allow other supplier physical visit but must be approved by Mike Damiana
- **Customers** - will be allowed to visit in limited numbers (not more than 4) if it is deemed critical that physical presence is important. This must be approved by Sean Stowik in advance.
- **Personnel related:**
  - Westaff temporary service provider only: Continued suspension of all tours
  - Potential new hires (not through temp agency) may be allowed to visit to conduct interviews and limited access/tour of the facility. This must be approved by Human Resources.

All visitor **MUST:**

- Sign the **COVID-19 Evaluation Form (see attached)**. Anyone who has indicated any items noted on the form will not be allowed to enter the building.
- Wash their hands before leaving the front entrance area.

Anyone having food delivered must meet the person **outside** the facility. No food provider is allowed inside the building.

Reminder, ALL visitors must go through front office and be properly signed in.



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## VISITOR – COVID 19 EVALUATION FORM

Name: \_\_\_\_\_

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

Have you traveled out of the country in the past 14 days to a state with a positivity rate greater than 5%?  
YES      NO

Have you traveled to a state with a positivity rate greater than 5% in the last 14 days?  
YES      NO

Do you have any of the following symptoms:

- |  |     |    |
|--|-----|----|
| • Fever  | YES | NO |
| • Cough  | YES | NO |
| • Respiratory distress (shortness of breath)   | YES | NO |
| • Flu-like Symptoms (nausea, vomiting, diarrhea, chills, muscle pain, headache, sore throat) | YES | NO |
| • Loss of sense or smell of taste  | YES | NO |

Have you been in contact with anyone who is or suspected of having COVID-19 in the past 14 days?  
YES      NO

Have you been to a social gather where you or someone you've come in contact with were not following social distancing protocols?  
YES      NO

Have you received the COVID-19 Vaccination?  
YES      NO

All visitors must;

- Follow Proper Social Distancing Protocols (within 6 feet for < 3 minutes)
- Wear a face mask while in the facility
- Have their temperature taken upon arrival

I certify that the information provided above is truth and understand the risk that I could place on individuals by exposing them to COVID-19.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date