

The safety of our Team Members and Customers is our top priority. To prevent the spread of **COVID- 19** and reduce the potential risk of exposure, we're asking our Clients to complete a simple screening questionnaire based on current recommendations from the **Center for Disease Control** and the **World Health Organization**.

Your participation is important to help us take precautionary measures to protect our Team.

You can email your response to disinfect@actonservices.com.

Company Representative's Name:		Phone Number:	Your Acton Service Rep:
Company/Organization:		Email:	
Facility Address:			
Self-Declaration by Client			
1	Have any of the building occupants been in any countries with CDC Level 3 Travel Health Notices (https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html) within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Have any of the building occupants been in any other location outside the local area within the last 14 days that would present a concern? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Have any of the building occupants had close contact with or cared for anyone diagnosed with COVID-19 (coronavirus) within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Have any of the building occupants been in close contact with anyone who has traveled within the last 14 days to countries with CDC Level 3 Travel Health Notices? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Have any of the building occupants experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, shortness of breath, blueness around lips/mouth or difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Information			
1	How Many employees are at the Facility?		
2	Will the facility be shut down and unoccupied at the time of the cleaning?		
3	Is this the result of this a confirmed case of COVID-19? If so, when did the confirmation become known?		
4	List locations potentially exposed to virus. Describe areas (offices, manufacturing areas, warehouse) and approximate square footage.		
5	<input type="checkbox"/> Attached site plans or facility evacuation floor plans.		
6	Are there out-building? Security booths, remote operations?		

Signature (Company): _____ Date: _____

If you answered "Yes" to any of the self-declaration questions, then we will prepare our team to perform services in a COVID-19 contaminated environment, and we will respond in accordance to the current guidelines of the Center for Disease Control, CDC, and World Health Organization.

If you answered "No" to all self-declaration questions, based on this declaration, we will consider this a Janitorial/Preventative disinfecting response.

Note: If we need to be on site for consecutive days, please immediately advise your Acton Representative if any of your responses change.