



CONTRACTOR / VISITOR LOG



DATE	TIME IN	TIME OUT	NAME (Print)	COMPANY	Have you had symptoms of, or direct contact with: the flu, COVID-19, or any transmissible illness in the last 3 days? *	GENERAL ORIENTATION YES / NO	SITE SPECIFIC ORIENTATION YES / NO	Signature

* Visitors who have had direct contact should wear a mask and keep their distance from others. Visitors who are ill should refrain from visiting.
By signing this log visitors agree to abide by location rules and regulations; contractors agree to abide by the requirements contained within the Cintas contractor safety program.