

Current COVID-19 Guidance – last updated 4/29/2020

## **Vendor Screening Process**

Initiated by Department who is requesting vendor services, prior to arrival to facility. Used for vendors who are to present to a SIH facility to repair or service a critical piece of equipment during COVID-19 Pandemic.

## **Directions:**

Requesting department completes the top section of form prior to Vendor arrival. Vendor is notified to call requesting department upon arrival to facility (prior to entering). Please notify Vendor of symptom screening that will be completed on arrival and that if any symptoms present, Vendor will not be allowed into facility. Vendor will also be asked to wear a mask while in facility.

Manager/Asst Manager/Supervisor/Biomedical Engineer Tech will meet Vendor at the employee entrance. When Manager/Asst Manager/Supervisor/Biomedical Engineer Tech gets call that Vendor is on site, inform Vendor where employee entrance is and bring this form to get remainder of screening completed.

<u>Prior to Arrival</u>	
Vendor Company:	
Vendor Representative Name:	
Last What department is equipment located:	First
Equipment to be repaired/serviced:	
What makes this critical or urgent?	
Upon Arrival (Sympton	n Screening):
☐ Fever > 100°F [Recorded Temp:]	
☐ Medicated to treat a fever over 100°F in the last 4 h	nours
☐ Cough or shortness of breath, new or worsening in	the last 7 days
☐ Sore throat, nasal congestion, headache; new loss of	of taste/smell
☐ Nausea, vomiting or diarrhea; chills or repeated sha	aking
☐ Fatigue or muscle aches/pains, new or worsening w	vithin last 7 days
<ul> <li>Vendor or someone vendor has been in close contaction</li> <li>confirmed to have COVID-19 or awaiting confirmation</li> <li>symptom onset</li> </ul>	·
* If Vendor has any checks in the Symptom Screening, Vendor	dor will not be allowed into facility *
Facility Rep Printed Name (First Last)	 Date/Time

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