



COVID-19 Visitor Expectations

May 2020



Visitor Expectations



- COVID-19 Screening form
- PPE Requirements
- Hygiene
- Social Distancing
- Other requirements

COVID-19 SCREENING FORM



- The COVID-19 screening form must be completed daily when entering a H-D site.

• PLEASE INFORM YOUR CONTACT OR SECURITY IF YOU ARE NOT FEELING WELL

Restricted Processes

- You will not be permitted to enter a Harley-Davidson location if you:
- Currently have or have had fever, cough or shortness of breath within the past 48 hours.
- Have had close contact (within 6 feet) of a person with a confirmed case of coronavirus within the past 14 days
- Have traveled to, from or had a layover in a red (restricted) travel location within the past 14 days.

HARLEY-DAVIDSON VISITOR INFORMATION FORM

In light of increasing concerns around ~~coronavirus~~ (COVID-19), we are conducting a screening questionnaire. Your participation is important to help us take precautionary measures. **In order to enter the facility, completion of the form is required.**

In alignment with public authorities, Harley-Davidson has implemented enhanced travel processes and identified restricted (red) and advisory (yellow) travel locations. Refer to the travel matrix print out.

Restricted Processes

You will not be permitted to enter a Harley-Davidson location if you (i) have had close contact (within 6 feet) of a person with a confirmed case of coronavirus within the past 14 days, (ii) have traveled to, from or had a layover in a red (restricted) travel location within the past 14 days, OR (iii) currently have or have had fever, cough or shortness of breath within the past 48 hours.

SELF-DECLARATION BY VISITOR

To be completed by visitor upon arrival. Forms to be maintained with site security (where applicable) or identified site contact.

Visitor's Name:
Name of H-D Contact with whom You are Meeting:
Contact Numbers: Home _____ Mobile _____
Do you now have, or have you within the past 48 hours had, any of the following symptoms? Fever Cough Shortness of Breath Yes _____ No _____
If you answered yes, you will not be permitted to enter the facility until you are symptom free for 48 hours (without the aid of medications).
Have you been within close contact (within 6 feet) of a confirmed coronavirus (COVID-19) patient in the past 14 days? Yes _____ No _____
If you answered yes, you will not be permitted to enter the facility for 14 days following the exposure.
Have you traveled to/from/had a layover in any of the restricted (red) locations in the past 14 days? Yes _____ No _____
If yes, date of return to your home country _____
If you answered yes, you will not be permitted to enter the facility for 14 days following your return.

Visitor Signature _____

Date _____

Restricted Travel Locations – Red Locations



UPDATED: 3/20/2020

Location / Region	Travel To / From (included layovers)	Meetings (10+) **
<i>IMPORTANT - ALL GLOBAL TRAVEL (NON -RED LOCATIONS)</i>	●	●
GLOBAL TRAVEL		
Domestic Travel **	●	●
International Travel	●	●

**All domestic and/or intra country travel requires HDLT approval, no exceptions (business critical only)

Required PPE



Additional Mandatory PPE Requirements:

Disposable or reusable facemask



or

Bandana style face covering



Additional Voluntary PPE:

Gloves to minimize handling risks.



Hygiene



- If you become sick while at H-D, please contact your site contact IMMEDIATELY
- Cover your mouth and nose if you must sneeze
- Wash your hands on a frequent basis for a minimum of 20 seconds.
- Do not shake hands or embrace any H-D employee
- Properly dispose of all personal use tissues or towels in the proper trash can.

Social Distancing



- Maintain 6 feet of social distancing when ever feasible
- Do not congregate in groups larger than 10 people.
- Avoiding touching surfaces touched by others, to the extent feasible.
- Avoiding anyone who appears to be sick, or who is coughing or sneezing.
- If at ANY time you do not feel well, You MUST contact your site contact IMMEDIATELY