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COVID-19 Visitor Questionnaire and Notice

BSC America Inc. and the Bel Air Auto Auction, Inc.'s ("BAAA") primary focus is the health and safety of our employees, our dealers and customers, our supply partners, our visitors, and their families. BAAA has been closely monitoring the CDC's evolving guidance and the Executive Orders that regulate our operations. As we prepare to enter the "First Phase" of Maryland's "Reopening," it is critical that we continue to follow the "best practices" to continue to prevent the spread of COVID-19, and to reduce the potential risk of exposure to our workforce, our customers and other visitors to our site. Therefore, BAAA is implementing procedures for monitoring all individuals coming into our site, and asking those wishing to enter to complete a brief questionnaire. BAAA reserves the right, based on the responses given to the questionnaire, to deny admission to our facilities at this time. The purpose of this Notice is to advise you that: (a) we are collecting limited health information, specifically including: (i) whether you have or display certain symptoms; (ii) whether you have recently been in close contact with anyone who has exhibited any of these symptoms; (iii) whether you have recently been in contact with anyone who has tested positive for COVID-1; and (iv) whether you have recently traveled out of the state of Maryland. We will maintain this information under conditions of confidentiality. Thank you for your time, your patience and your assistance as we all continue to work through this challenging time. **NOTE:** BAAA reserves the right to utilize temperature screenings and other health screenings as the same may be recommended by public health officials or be required by regulation.

By signing below, I acknowledge and confirm that: I have received, read and understand this Notice; I consent to complete the questionnaire; and I consent to submit to additional health screenings as may be requested.

Visitor's Name:	Phone Number (business/mobile/home)
Visitor's Company:	Auction Access Registration Number

Facility Name:	
1	Have you been outside the state of Maryland within the last 14 days? If yes, please advise where. Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you been diagnosed with COVID-19 or have you close contact with, or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled outside of the state of Maryland within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, gastrointestinal distress, or difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Have you experienced an elevated temperature above 100 degrees F in the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>

I consent to participate in health test screenings and to provide accurate responses to these questions.

Signature: _____ Date: _____

This information collected on this form will be used to determine your current ability to access BAAA facilities.

Access to Facility (circle one): APPROVED DENIED By: _____

(updated 05-14-2020)

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