

Thank you for participating. All responses are confidential and will be used for staff/consultant training purposes only.  
Please circle "U" if you are "Unsure" of the answer to the question, or do not wish to respond either "Yes" or "No."

General

1. Please provide Property ZIP code(s): \_\_\_\_\_
2. Y / N / U Are you the direct Property Owner? (NOTE: Please answer "NO" if a member of a Governance Board.)
3. Y / N / U Are you the direct Property Maintenance Provider? (NOTE: Please answer "NO" if this Service is subcontracted.)
4. Y / N / U Are you the direct Business Operator or a legally designated Agent of the Business Operator?
5. Y / N / U Does the Property have a valid US Architectural Certificate of Occupancy, or its equivalent?
6. Y / N / U Does the Property have any Architectural Occupancies or Uses which are subject to BSL1 (Bio-Safety Level 1) or higher ratings related to Hazardous Facility Environments and Activities requiring the use of PPE (Personal Protective Equipment) as per OSHA (Occupational Safety and Health Administration) regulations?
7. Y / N / U Does the Business provide OSHA-approved training on its Property related to PPE use, maintenance, and disposal?
8. Y / N / U Does the Business have a valid US Commercial Business Operators License, or its equivalent?

SARS-CoV-2 / COVID-19 Specific

1. Y / N / U Does the Business have a Professional Nurse, Doctor, or other qualified Medical Professional on-Property whose sole function is to screen and determine suitability of potential Property Occupants who have obvious respiratory ailments, such as ongoing coughing, sneezing, spitting, choking, wheezing, or vomiting?
2. Y / N / U Does the Business participate in any referral programs to I.D. (Infectious Disease) Medical Care Facilities for Property Occupants who are declined entry into, or removed from, the Property for respiratory ailments?
3. Y / N / U Does the Business grant automatic exemptions related to the wearing of nose/mouth Airway, Breathing, and Circulation inhibitors, such as individual face masks, to Property Occupants who are NOT in Building Use Groups or Property Areas designated for pharmaceutical manufacturing, medical caregiving, or non-packaged food and/or beverage handling?
5. Y / N / U Does the Business grant automatic exemptions related to sharing individual personal medical records (such as vaccination cards) with employers and co-workers to Property Occupants who are NOT direct medical caregivers?
6. Y / N / U Does the Business reasonably accommodate requests for ventilation (fresh air) and hydration (fresh water) from Property Occupants with non-visible medical disabilities, such as allergies, breathing and lung disorders, and blood diseases?
7. Y / N / U Does the Business participate in any on-Property programs to help Property Occupants avoid consumer scams surrounding forged vaccination cards, non-official or hacked vaccination apps, and/or falsified nose/cheek swab test results?
8. Y / N / U Does the Business currently accept, or plan to accept, proof of either/both naturally-induced and/or artificially-induced antibodies as an alternate means for potential Property Occupants to be able to enter the Property, and/or to receive Commercial Services on the Property, if/when such technology becomes available?
9. Y / N / U Does the Business currently accept, or plan to accept, proof of generic (non-brand identified) and/or newly-emerging brand vaccines as an alternate means for potential Property Occupants to be able to enter the Property, and/or to receive Commercial Services on the Property, if/when such technology becomes available?
10. Y / N / U Does the Business currently accept, or plan to accept, lab blood/tissue negative infection results in lieu of nose/cheek swab negative results as an alternate means for potential Property Occupants to be able to enter the Property, and/or to receive Commercial Services on the Property, if/when such technology becomes available?
11. Y / N / U Does the Business currently have, or plan to have, a means to screen and determine suitability of potential Property Occupants related to OTHER air-transmitted respiratory viruses, such as future SARS-CoV-2 variants, other SARS family viruses, MERS family viruses, the coronavirus common cold virus, or the influenza family virus?
12. Y / N / U Does the Business currently have, or plan to have, a means to screen and determine suitability of potential Property Occupants related to any OTHER medical illnesses, disabilities, or privacy concerns besides SARS-CoV-2/COVID-19?