

as of May 5, 2020

CONTRACTOR/NON-NNSY GOVERNMENT EMPLOYEES TRAVEL ENTRY AUTHORIZATION FORM

Visitors answering "YES" to Question 3 of CUSFF/NAVNORTH COVID-19 Screening Questionnaire (V2020.04.18) shall complete the following to assist in access determination:

Contractor Company/Tenant Command	Contract Number (if contractor)
Origin (state & county)	Destination (NNSY, NOB, KSO, etc.)

#	I affirm that I:	Yes	No	N/A
1	Traveling from a location that utilizes CUSFF/NAVNORTH COVID-19 SCREENING QUESTIONNAIRE or an equivalent method of daily screening (in use for at least 14 days). If "No" see block 1A	<input type="checkbox"/>	<input type="checkbox"/>	
1A	If block 1 is marked "Yes" skip and go to block 2. Traveling from a state, which is rated as equal or less risk of COVID19 community transmission/ spread than destination as determined by the NMCPHC COVID-19 State Surveillance Report. (Note: CAC required. Gov't POC to assist with proper response.) https://esportal.med.navy.mil/sites/nmcpHC/pps/COVID19/COVID19%20State%20Surveillance%20Medical%20Intel.pdf	<input type="checkbox"/>	<input type="checkbox"/>	
2	Will travel via personal or rental car.	<input type="checkbox"/>	<input type="checkbox"/>	
3	WILL NOT use commercial taxi or other public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Will avoid close contact with other individuals if picking up a rental vehicle. (N/A if POV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Will wash hands or use hand sanitizer upon completion of transaction prior to entering vehicle, if renting a vehicle. (N/A if POV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Will wipe down the interior of the car. (N/A if POV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Will minimize contact with others by stopping only when necessary. When making stops, ensure hygiene and sanitation measures are in effect, including - wipe down handles on gas pumps - wash hands or use hand sanitizer after stops prior to re-entering vehicle - utilize drive-thru restaurant services - when stopping at restrooms, select bathrooms that are not high volume areas - avoid close contact with others	<input type="checkbox"/>	<input type="checkbox"/>	
8	Will avoid close contact with individuals when dropping off rental vehicle. (N/A if POV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Will wash hands or use hand sanitizer upon completion of transaction prior to entering personal vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Will, upon arriving at the final destination, follow CDC guidelines for sanitizing self and home/residence/hotel.	<input type="checkbox"/>	<input type="checkbox"/>	
11	Will, upon arriving at NNSY site, speak with my Government POC, _____, who will conduct a screening via phone, which includes the details of stops and social distancing practices used during travel and will verify through the screening that I maintained social distancing and hygiene practices during travel.	<input type="checkbox"/>	<input type="checkbox"/>	

- NOTES:
- 1) Personnel will show this Travel Entry Authorization Form for remainder of 14 day period when accessing NNSY or any NNSY off-yard facility.
 - 2) Personnel answering "No" to any question from 1A through 11 will be denied access and should shall self-quarantine for the required 14 days unless a waiver has been submitted by the COR and approved by the appropriate agency (e.g. TYCOM).
 - 3) If unable to meet these criteria then this form is no longer valid and I will inform my supervisor.
 - 4) For NFPC the criteria of "Traveled from a state, which has equal to or lower risk of COVID19 transmission" will be substituted in Question 1.a. above.

Authorization to enter shall be documented on the following page.

Name (Print) Contractor/Non-NNSY Govt. Employee	Sign	Date
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as of May 5, 2020

**CONTRACTOR/NON-NNSY GOVERNMENT EMPLOYEES TRAVEL ENTRY
AUTHORIZATION FORM (CONT.)**

**THIS PORTION OF THE FORM TO BE FILLED OUT BY THE COGNIZANT GOVERNMENT
REPRESENTATIVE**

_____ is authorized entry to Norfolk Naval Shipyard or any NNSY off-yard facility despite an affirmative answer (“YES”) to Question 3 of the CUSFF/NAVNORTH COVID-19 SCREENING QUESTIONNAIRE (V2020.04.18). This determination is based on assessing travel from a state, which is not rated as “Significant to High” or “High” risk of COVID19 transmission as determined by the Navy and Marine Corps Public Health Center (NMCPHC) Assessment (footnote 4 of V2020.04.18 questionnaire) OR through utilization of CUSFF/NAVNORTH COVID-19 SCREENING QUESTIONNAIRE or an equivalent method of daily screening (in use for at least 14 days) at originating location. The mode of travel has been assessed and determined not to have increased exposure risk.

	Risk Level (Based on NMCPHC COVID-19 State Surveillance Report)
Origination:	
Destination:	

By signature below (electronic or hard copy), Government POC verified travel protocol has been followed. If block 1A is marked “Yes”, Government POC shall verify equal or lower state risk rating (state of origin compared to destination state) by referencing NMCPHC COVID-19 State Surveillance Report to validate.

NOTE: FURTHER GUIDANCE MAY BE REQUIRED FOR SHIPBOARD ACCESS ONBOARD SUBMARINES. CONTACT COMMAND POC.

- Access Granted**
- Access Denied (ROM 14d)**
- Access Requires Waiver (See Below)**

Name (Print) Cognizant Point of Contact (same as page 1, question 11)	Sign	Date

IF WAIVER IS REQUIRED:

- Waiver Approved (Identify conditions and attach to this form)**
- Waiver Denied**

Name (Print) TYCOM/ Appropriate Agency Point of Contact	Sign	Date

ISSUE DATE

EXPIRATION DATE