

DC WATER VISITOR PRE-AUTHORIZATION FORM

SECTION 1 – Access Information

<input type="checkbox"/> Visitor/ Contractor without DC Water Issued ID Badge	<input type="checkbox"/> Contractor with DC Water Issued ID Badge
Dates of Access Requested: (mm/dd/yy) From: To:	

SECTION 2 – Visitor Information (complete one form per person)

First Name:	Last Name:
Contact Number and Email Address	Company/Organization Name:

SECTION 3 – Acknowledgement – CONDITIONS APPLICABLE ON RECEIPT OF THIS FORM

To safeguard and promote the health of DC Water employees, contractors and business critical visitors during the COVID-19 pandemic, we ask you to please review this important notification.

If any of the statements are true, you **MUST** reschedule your DC Water visit for a future date.

1. You have experienced or are currently experiencing symptom so acute respiratory illness (e.g. cough, shortness of breath or measured fever)
2. You have had contact with anyone with confirmed COVID-19 or acute symptoms or respiratory illness (e.g. cough, shortness of breath, or measured fever) within the last 14 days
3. You have traveled internationally within the last 14 days.

If you acknowledge that you do not meet any of the following above statements, please sign and date below.

Please present this approved form when entering DC Water property to the Security Officer on duty.

(Print) First, Last Name:	Signature:	Date (mm/dd/yy):
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SECTION 4 – Visiting Details – INFORMATION TO BE FILLED OUT BY DC WATER REPRESENTATIVE

<input type="checkbox"/> Blue Plains	<input type="checkbox"/> Bryant Street	<input type="checkbox"/> 125 O Street	<input type="checkbox"/> HQO	<input type="checkbox"/> OTHER
Building/Floor/Trailer				
Purpose for physical visit:				

SECTION 5 – DC Water Representative – REQUESTOR INFORMATION

(Print) First, Last Name:	Department:	Date (mm/dd/yy):
Title:		Telephone #

SECTION 6 – DC Water Director or Above Approval

I certify that the visitor listed requires access to DC Water Facilities for **CRITICAL BUSINESS FUNCTION**

(Print) First, Last Name:	Signature:	Date (mm/dd/yyyy):
Title:		

Save the form as "Date of visit_Name of Visitor.pdf" (Example: 031620_Joe Smith.pdf)

Email copy of the approved form to Security - Security@dcwater.com