



COVID-19 Questionnaire

The safety of our employees, customers and families remains a top priority at Geospace Technologies. We, along with our subsidiaries of Exile Technologies, Geospace Engineering Resources International, Geospace Offshore, and Quantum Technology Sciences, are diligently monitoring and following recommendations from the Center for Disease Control and Prevention (CDC) as the coronavirus disease (COVID-19) outbreak continues to evolve and spread globally.

To help prevent the spread and reduce the potential risk of exposure of our employees and customers, we are conducting a simple screening questionnaire to verify that all necessary actions are being taken by your facility to protect our employees while on-site. Please fill out and return this form to us electronically before we confirm our visit.

Customer Name:

Contact Person:

Phone Number:

1. Is social distancing promoted and enforced in the facility?
 Yes No
2. Have there been any confirmed cases of COVID-19 in the facility within the last 14 days?
 Yes No
 - a. If yes, can you confirm that you have followed applicable CDC guidance for the recommended cleaning/disinfecting procedures?
 Yes No
3. Has the Site Contact assigned to our employee(s) traveled to any high-risk areas within the last 14 days?
 Yes No
 - a. If yes, please provide location? _____
4. Has the Site Contact assigned to our employee(s) been in contact with anyone having cold/flu like symptoms (i.e. fever, cough, shortness of breath) within the last 14 days?
 Yes No
5. Will you require our employee(s) to wear PPE for entry to your facility?
 Yes No
 - a. If yes, please provide details of the requirement(s) and indicate whether this will be provided.

IMPORTANT NOTE:

- Contact COVID19@geospace.com in the event a change occurs before the planned visit.
- Contact COVID19@geospace.com if a positive COVID-19 diagnosis occurs at the facility within 14 days of the visit.

By signing below, I certify that I have answered the questions above true and correct to the best of my knowledge.

Signature: _____

Name (Site Contact Person): _____

Date: _____