As we prepare our property and staff for re-occupancy, it is imperative that we receive your feedback on the following questions. Please review and respond to them by no later than \_\_\_\_\_\_\_\_\_\_\_, May \_\_, 2020.

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| ***Company Information:*** Please provide the name of your company, its suite number, and the name of the company representative who responded to this survey. |
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| ***Return to Work Timeframe***: Has your company established a firm date for its employees to return to work? If so, please provide the date. |
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| ***Return to Work Timeframe***: In what capacity does your company plan to return to work, e.g., full staff normal hours, full staff rotating schedule, phased return, etc.? |
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| ***Office Hours***: During what hours will your company require during social distancing within your suite? |
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| ***Protective Measures***: Please describe the social distancing protocol your company will be requiring for its employees and visitors to your suite. |
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| ***Protective Measures***: Has your company addressed how it will enforce social distancing among your staff in public areas such as restrooms, lobbies and elevators? If yes, please describe. |
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| ***Protective Measures***: Will your company be restricting access to its suite by visitors, suppliers, and/or contractors? If so, please describe those restrictions. |
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| ***Protective Measures***: Will your company be providing it employees with personal protective equipment (“PPE”) such as masks, gloves and hand sanitizer? ***(Note: with respect to PPE, the Property will adhere to all local and state government mandates and will decline entry to the Property by anyone who does not or cannot comply.)*** |
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| ***Protective Measures***: Has your company provided its employees with directives outlining PPE requirements while in the workplace? If so, please describe any verbal directives and provide copies of any written directives. |
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| ***Screening Measures***: Does your company plan to screen employees and visitors to your suite during social distancing, such as through surveys that ask about potential exposure, current and recent symptoms, and recent travel, and taking temperatures? If so, please describe. |
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| ***Additional Cleaning Services***: Will your company require and/or be implementing additional cleaning services within its suite? If so, please identify those additional services. |
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| ***Services/Amenities***: Has your company created a plan for mail and delivery services?  If so, please described your plan. |
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| ***Services/Amenities***: Does your company require that its rent statements and notices be sent to an alternate address? If so, please provide that address. |
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| ***Services/Amenities***: Has your company has furloughed or terminated any employees? If so, please provide a list of those employees so we can deactivate their security and/or parking badges. |
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| ***Services/Amenities***: Does Newmark Knight Frank have updated and correct emergency contact information for your company? If not, please provide that information. |
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| ***Services/Amenities***: Is there to add additional staff members to the Tenant Notification Portal for communications and other building announcements? If so, please provide their names and contact information. |
|  |
| ***Additional Assistance***: Can Newmark Knight Frank do anything to facilitate your company’s business continuity plan? |
|  |

**Please send the completed survey, and please contact if you have any questions or need clarification, the following:**

Kari Raasch

*General Manager*

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