



# SAFE REOPENING PLAN

Business Name:

Facility Address:

***This plan does not need to be submitted at this time. This plan is to be used to prepare when businesses open per the Governor's Order. The County will not require approval for this plan.***

***Businesses must implement all mandatory measures listed in A and B below. Businesses shall select applicable measures listed in C and D below and be prepared to explain why any measure that is not implemented is inapplicable to the business. Businesses shall also provide specific details regarding their Safe Reopening Plan pertaining to their business in section E below.***

## **A. Signage (Mandatory):**

- Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; wear facial coverings, maintain a minimum six-foot distance from one another; and not shake hands or engage in any unnecessary physical contact.
- Signage posting a copy of the Safe Reopening Plan at each public entrance to the facility.

## **B. Measures To Protect Employee Health (Mandatory):**

Teleworking opportunities have been maximized.

All employees have been told not to come to work if sick.

All employees must either be screened for symptoms (cough, shortness of breath or trouble breathing, headache, fever, chills, muscle or body aches, fatigue, sore throat, congestion or runny nose, new loss of taste or smell, nausea or vomiting, diarrhea, exposure to individuals who have tested positive for COVID-19), or have their temperature taken upon returning to work. Alternatively, employees may self-screen or take their temperature before reporting to work. All employees with symptoms or a temperature of 100 degrees or more, should not be allowed in the workplace.

All employees must wear facial coverings in the workplace, if within six feet of others.

All desks or individual work stations are separated by at least six feet.

Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:

Personal Protective Equipment (PPE) has been provided at a level appropriate to employee job duties (describe below)

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## B. Measures To Protect Employee Safety (Mandatory) Continued:

Soap and water are available to all employees at the following location(s):

Copies of the Protocol have been distributed to all employees.

## C. Measures To Protect Customer Safety (Check all that apply to the facility):

Limit the number of customers in the store at any one time to \_\_\_\_\_ which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.

All patrons/visitors must have facial coverings in their possession and wear them within 6 ft. of another person

Curbside or outdoor service is made available where feasible.

Optional – Describe other measures:

## D. Measures To Keep People At Least Six Feet Apart (Check all that apply to the facility):

Placing signs outside the store reminding people to be at least six feet apart, including when in line. Including encouragement for pedestrian traffic to follow one-way migration paths, if appropriate.

Placing tape or other markings at least six feet apart in customer line areas inside the store and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance.

All employees have been instructed to maintain at least six feet distance from customers and from each other, except employees may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.

Appointment system is utilized, when appropriate.

Optional – Describe other measures:

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## E. Additional Measures Specific to Business (Mandatory):

\*Any additional measures not included here should be listed on separate pages, which the business should attach to this document.

**You may contact the Health and Safety Coordinator with any questions or comments about this protocol:**

Name:

Phone Number:

**Signature, Appointing Authority or Designee**

**Date of Form Completed:**