



SAFE REOPENING PLAN

Business Name: Nobel Terrace

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. Please check back for further information on 5/8/2020.

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):

- ☒ NA Teleworking opportunities have been maximized.
- ☒ NA All employees have been told not to come to work if sick.
- ☒ NA All employees must have temperature taken upon reporting to work; if 100 degrees or more, should not be allowed in workplace. If a thermometer is not available, employees must be screened for symptoms (cough, shortness of breath or trouble breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell)
- ☒ NA All employees must wear facial coverings in the workplace, if within six feet of others.
- ☒ NA 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:

(Janitorial Schedule here)

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

NA

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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):

Restrooms

☒ NA Copies of the Protocol have been distributed to all employees.

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

☒ NA 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 wear facial coverings.

☒ NA 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.

☒ NA 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.

☒ NA Appointment system is utilized, when appropriate.

☐ Optional – Describe other measures:

Janitorial will ensure 6 foot distance of tables / chairs at each visit.

Pool users encouraged to leave layout ~~as is~~ of pool chairs 6 feet apart.

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E. Additional Measures Specific to Business (Mandatory):

- Drinking fountains closed off (as applicable)
- no more than 1 household in hot tub at a time
- Capacity limited to ensure 6 foot distance is achievable at all times.

*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: