

WORK SAFE PLAN

Any business or organization other than public health and direct healthcare services that continue to operate **must implement and enforce distancing, sanitation, and hygiene practices.**

To comply with an amendment to the Declaration of Disaster from March 19, 2020, all operating businesses and organizations must submit a **Work Safe Plan** to the Andrews County and City of Andrews by email to **WorkSafePlan@co.andrews.tx.us** by noon April 1, 2020.

As owner, operator, or representative of _____, a business or organization that will continue to operate, I certify that:

To the maximum extent possible, this business/organization WILL ensure that all customers and all employees stay at least six feet away from each other at all times.

Additional Comments:

To the maximum extent possible, this business/organization WILL minimize employees on site, minimize in person meetings, and allow employees to work from home.

Additional Comments:

To the maximum extent possible, the business/organization WILL provide sanitation supplies accessible and available to all employees such as disinfectants, hand sanitizer comprised of at least 60% alcohol, and soap.

Additional Comments:

To the maximum extent possible, business/organization WILL provide hand sanitation or other method of sanitation, such as soap and water, at all entrances for customers.

Additional Comments:



If an employee reports possible exposure, or reports or shows symptoms of COVID-19, this business/organization WILL send the employee home and sanitize the employee's work area.

Additional Comments

This business/organization WILL mandate that employees clean and sanitize work areas, including vehicles, at least twice during the workday.

Additional Comments:

This business/organization WILL perform thorough cleaning/sanitation of all common areas and surface areas at least once during the workday.

Additional Comments:

Prior to beginning work, this business/organization WILL screen all employees and send home any employee who:

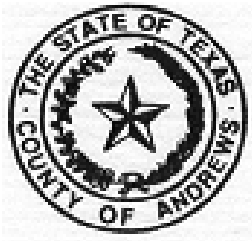
Additional Comments:

Shows signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low-grade fever, or

Additional Comments:

In the previous 14 days has had contact with someone with a confirmed diagnosis of COVID-19; is under investigation for COVID-19; or is ill with a respiratory illness.

Additional Comments:



Date: _____, 2020

BUSINESS NAME/TRADE NAME

Business/Organization Name
Address:

OWNER/OPERATOR/REPRESENTATIVE'S SIGNATURE

Name:
Title:
Phone Number:

Work Safe Plans should be submitted via email to WorkSafePlan@co.andrews.tx.us