# County of Riverside
# Safe Reopening Plan

***To be included with your application for the Nonprofit Assistance Fund***

Organization Name: _____

Organization Address: _____

**Although the County does not require approval of this plan, you need to complete this plan and sign it as part of the application approval process. Businesses of all types must implement all mandatory measures listed in A, B and C below. Businesses must provide written justification for why any measure that is not implemented is inapplicable to the business in Section B. Businesses may also provide written information on optional measures for Section C that they plan to implement regarding their Safe Reopening Plan.**

**We are operating remotely: YES_____ NO_____**
**We are operating our facility/facilities: YES_____ NO _____**

**If you are operating remotely, please go to the end and sign the document after reviewing the reopening requirements.**

**A. Signage (Mandatory): (CHECK EACH BOX FOR YES, LEAVE BLANK FOR NO)**

- ☐ 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): This component is expected of all businesses. The business should indicate that: (CHECK EACH BOX FOR YES, LEAVE BLANK FOR NO)**

- ☐ Copies of employee health protocol(s) have been distributed to all employees.
- ☐ All employees have been told not to come to work if sick.
- ☐ All employees must wear facial coverings in the workplace, if within six feet of others.
- ☐ Break rooms, bathrooms, other common areas and high-touch surfaces are regularly cleaned and sanitized.
- ☐ The business should post the anticipated cleaning schedule.
- ☐ Handwashing stations are available to all employees. The facility handwashing locations are posted and may include existing bathrooms or breakrooms.
- ☐ Teleworking opportunities have been maximized, as appropriate to the business and job function.
- ☐ Employees strongly recommended or required to wear a face covering.
- ☐ Employee workstations have been separated by panels, partitions or at least six feet of physical distance, as appropriate to the business class.
- ☐ Adequate and suitable protective gear is available to employees as appropriate. The business should

provide the items and level of protective gear, including job-appropriate Personal Protective Equipment (PPE) and training for its use if necessary.

- ☐ If a particular measure is not feasible or appropriate for the given business class, a brief justification should be provided below:

**C. Measures to Protect Client and Customer Health (Mandatory): This component is expected of all business classes, but facilities may choose which to implement as appropriate to the business class. These may include any or all of the following: (CHECK EACH BOX FOR YES, LEAVE BLANK FOR NO)**

- ☐ The facility has established a maximum number of clients and customers with the facility to reasonably maintain a six-foot social distance to the greatest extent practical. This occupancy limit must not exceed pre-existing statutory limits, such as those set by the Fire Marshal or other regulatory agency.
- ☐ The facility determines to require that clients and customers must wear facial coverings.
- ☐ The facility determines to offer curbside or outdoor service.
- ☐ The facility determines to place tape or other floor markings at and/or within customer queues to assist customers in maintaining a six-foot social distance.
- ☐ The facility has implemented separations between employees and customers, such as six-feet of air space or acrylic panels, such that contact is minimized except when required for business operations.
- ☐ The facility is offering services by appointment.

- ☐ Describe ALL other measures the business is implementing here, and any special conditions for your operations:

Signature of Applicant:_____ Date: _____