Austin-Travis County COVID-19 Health and Safety Plan

This Health Safety Plan form is to be completed along with an ACE Application.

The overwhelming majority of events and venues in Austin-Travis County are locally operated and have an immediate benefit to the Austin economy, community, and culture. In the wake of COVID-19 with unprecedented impacts to the experience sector economy, the City's event partners and the general industry need more information to plan their business operations. The industry has requested clear reopening guidelines from Austin-Travis County so that they may plan for how events and venues can reopen safely.

A COVID-19 Health and Safety Plan must be submitted as part of an applicant's special event permit.

More information can be found here: <u>Bringing Events Back: Austin-Travis County COVID-19 Safety Guide for Venues & Special Events | AustinTexas.gov</u>

Submission Deadline: at least 4 weeks before first event setup date.

Earliest potential event setup date:

06/21/2021

Event Details

rent Date(s): * Event Time: * rent Location: * aximum Attendance At Any Time: * Event Tier (if known): Tier Resource Guide Link rent Description: * That activities and/or products will be offered at this event? *			
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There must be at least one Austin Pu restroom door.	iblic Health "Help Prevent Disease" sign at each entrance and on each
This sign is available for download ar	nd print here: <u>Help Prevent Disease</u>
Do you understand this requirement	and will you comply with it during your event? *
Yes	
□ No	
P Edit ☐ Copy ☐ Delete 🔡 Mu	ulti-Select system is visible and legible? *
SOCIAL DISTANCING ENCOURA	AGEMENT
SOCIAL DISTANCING:	
	dividuals keep at least 3 feet of social distance.
Encourage social distancing of	f at least three fee, except for household and groups of less than 10
	ogether. ork in their assigned pods of less than 10 persons to maximize social
	ds, hugging or other close personal contact.
	ignage and floor decals to maintain 3' social distancing.
way traffic patterns to r	vents, incorporate minimum 6 feet wide one way / 12 feet wide two—minimize personal interactions.
	le at a table to six, but never exceed 10. eet apart, or use a solid barrier at least six feet high.
How will you encourage social distar	ncing at your event?
* ②	
Example: At the entrance to the event, ma	rkings will be placed on the ground three feet apart to reinforce
social distancing while queuing. At vendor ground three feet apart. Work stations for	and restroom queuing lines markings will also be placed on the staff will be placed at least three feet apart, as will any seating in
the designated employee area. All tables for at least three feet apart.	or attendees will have seating for only 10 people and will be placed
Organizers are responsible for keepi	HING ng toilets clean, sanitary and operational at all times, as well as
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Organizers are responsible for keepi providing single use disposable pape disposed from facilities. Please detai Do you understand this requirement	HING ng toilets clean, sanitary and operational at all times, as well as r towels, no-touch trash receptacles, and ensuring waste is properly I how you will ensure restrooms are serviced regularly during the even and will you comply with it during your event?
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HEALTH SCREENING, ISOLATION, & CASE REPORTING PROCEDURE
If a worker is confirmed to have contracted COVID-19, the event organizer must follow all directions from Austin Public Health concerning that worker and other workers that may have come in contact with the infected worker. All instances of positive cases must be reported to Austin Public Health at: aph.preparedness@austintexas.gov
Do you understand this requirement and will you comply with it during your event?*
☐ Yes
□ No
Is there a "send home" policy and return to work criteria if a staff member is diagnosed with COVID-19 or has symptoms? * Yes No
Submit
Any portional decomposite (in Staff Sand House Police) to include on he unleaded house
Any pertinent documents (ie. Staff Send Home Policy) to include can be uploaded here:
Choose Files No file chosen
I certify that I am authorized to act on behalf of the Applicant and the Company or Organization listed in the Application. The information contained in this Health Safety Form is true and correct to the best of my knowledge and will be upheld through event policy and procedure. *
<u>clear</u>
Your Name *
Today's Date *
Your email address *