



COVID-19 ATTESTATION CHECKLIST FOR TRANSMISSION INDEX GUIDELINES

EVENTS, CULTURAL ARTS & ENTERTAINMENT

Any establishment that allows public gathering, such as live events, sporting events, recreation and entertainment

In-person operation of this industry is allowable under increased cleaning regimen and operational protocols in place to ensure safe distancing restrictions are met

- ☐ Follow all Transmission Index guidelines and complete attestation checklist
- ☐ Must have the ability to track attendance
- ☐ Face coverings must be worn at all public gatherings
- ☐ A 6-foot distance must be maintained between household groups at all times including while seated
- ☐ For reserved-seating facilities, facility capacity is dependent on ability to block reserved seats (demonstrated on digital seat map) to ensure safe radius
- ☐ Set an established window time for high-risk groups to come in without pressure from crowds and/or separate entrances and queues
- ☐ Limit the number of people in a confined area to enable adequate distancing at all times
- ☐ Maintain signage to remind and help individuals stand at least 6 feet apart when in common areas or while visiting exhibits (museums, zoos, aquariums, aviaries, botanical gardens, etc.)
- ☐ Distribution of promotional items, candy, food items, etc. during spectator events must be distributed in a manner that does not promote congregating
- ☐ Encourage contactless payment; disinfect between transactions at facility stores/gift shops and comply with other retail recommendations
- ☐ Participants (e.g., players, performers, actors) in events should have their symptoms checked
- ☐ Dedicated staff for sanitizing high-touch areas

CONCESSIONS

Checklist:

- ☐ Serving and seating protocols consistent with restaurant guidance
- ☐ Maintain 6-foot distancing for all lines
- ☐ Encourage contactless payment
- ☐ To the extent reasonable, serve grab-and-go food items
- ☐ Any concessions/restaurant seating is compliant with restaurant dine-in recommendations

SIGNATURE

To the best of my knowledge, the above is an accurate representation of our business compliance with the Transmission Index Guidelines.

PRINTED NAME

TITLE

SIGNATURE

DATE

In an effort to enable businesses to make appropriate decisions as they begin reopening as a result of the COVID-19 pandemic, we have provided self-attestation forms that can be used as a checklist. These self-attestation forms will help businesses assess their compliance with the Public Health Order and assure those they serve that they are striving to maintain a safe environment as they provide services.

These guidelines do not guarantee that employees and customers won't be infected with COVID-19; they are simply a reflection of compliance with the Public Health Order. This is an evaluation and attestation tool; there is no need to return the completed forms to the health department, nor does completing these forms imply that the health department has reviewed or approved any business operation plans or practices.

COVID-19 EVENT PLANNING TEMPLATE

In accordance with state of Utah COVID-19 Transmission Index, formal organizations are required to complete the following event management template to assist their efforts to plan a safe event. This document must be submitted to the Risk and Safety Office for approval and a copy available for inspection by the local health officer or designee.

EVENT DETAILS:

EVENT NAME:		
EVENT LOCATION:	BUILDING	ROOM NUMBER
PARTY RESPONSIBLE FOR ORGANIZATIONAL OVERSIGHT:	NAME	DEPARTMENT
	EMAIL ADDRESS	PHONE
EVENT DATES:	START DATE	END DATE
ANTICIPATED NUMBER OF ATTENDEES:	PER DAY TOTAL	GRAND TOTAL
EVENT TYPE:	<input type="checkbox"/> STATIC: events where the attendees primarily enter, watch and depart <input type="checkbox"/> INTERACTIVE: events where attendees create a traffic flow and interact with each other <input type="checkbox"/> PARTICIPANT: events where attendees primarily participate in an activity or production <input type="checkbox"/> COMMUNITY: events with many activities and populations centers and likely a random traffic pattern	

EMPLOYEES, VOLUNTEERS, PLAYERS, PERFORMERS, ACTORS, ETC.

CHECKLIST:

- | | |
|---|--|
| <input type="checkbox"/> Symptom checking (checklist or verbal), including temperature checks when feasible | <input type="checkbox"/> Provide accommodations to high-risk employees & volunteers; minimize face-to-face contact, assign tasks that allow these individuals to maintain a 6-foot distance from other employees or customer |
| <input type="checkbox"/> Face coverings must be worn at all public gatherings | <input type="checkbox"/> Comply with distancing and hygiene guidelines |

KEEP A RECORD OF ATTENDEES:

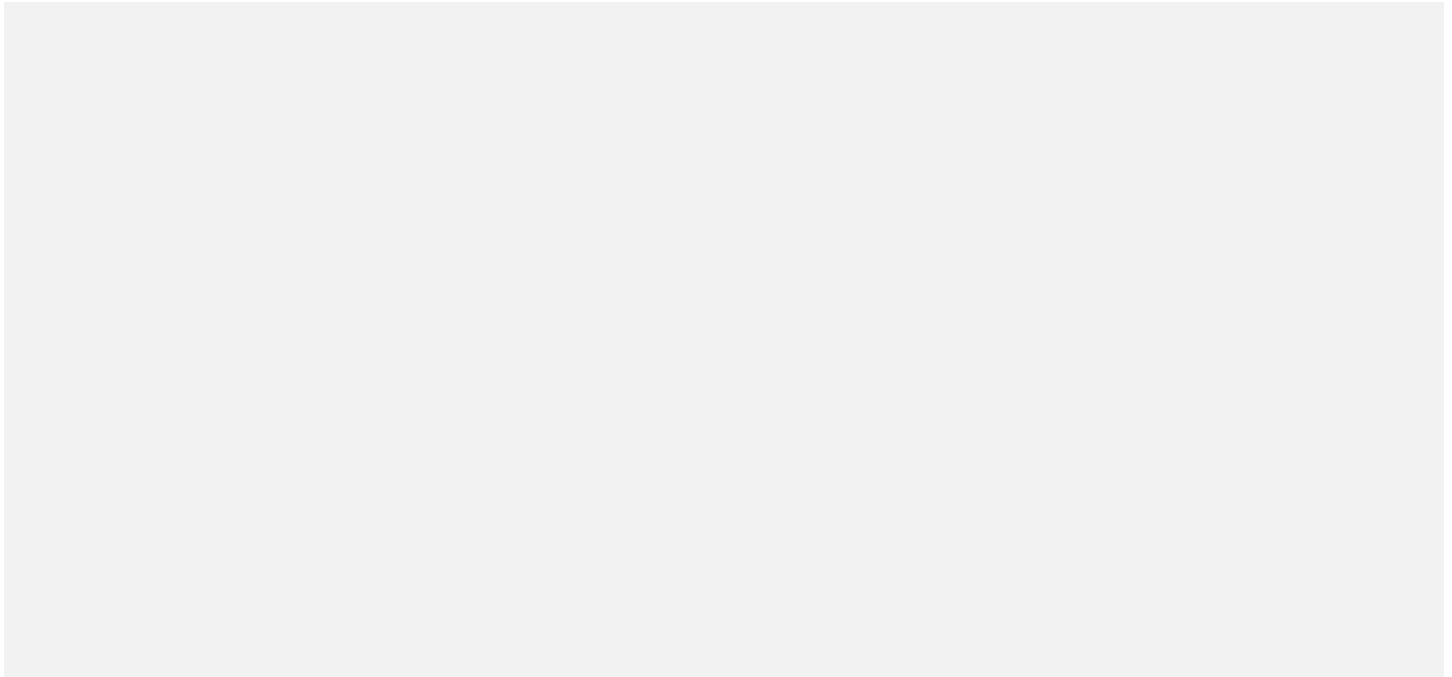
Please describe how you will record the name and contact information for each attendee, along with seating assignments or designated sitting/standing areas, to help identify and contact potential exposures.

SOCIAL DISTANCING:

A 6-foot distance must be maintained between household groups at all times including while seated, limiting the number of people in a confined area to enable adequate distancing at all times, and congregating at any point is not allowed. Please describe your plan to maintain appropriate social distancing throughout the event.

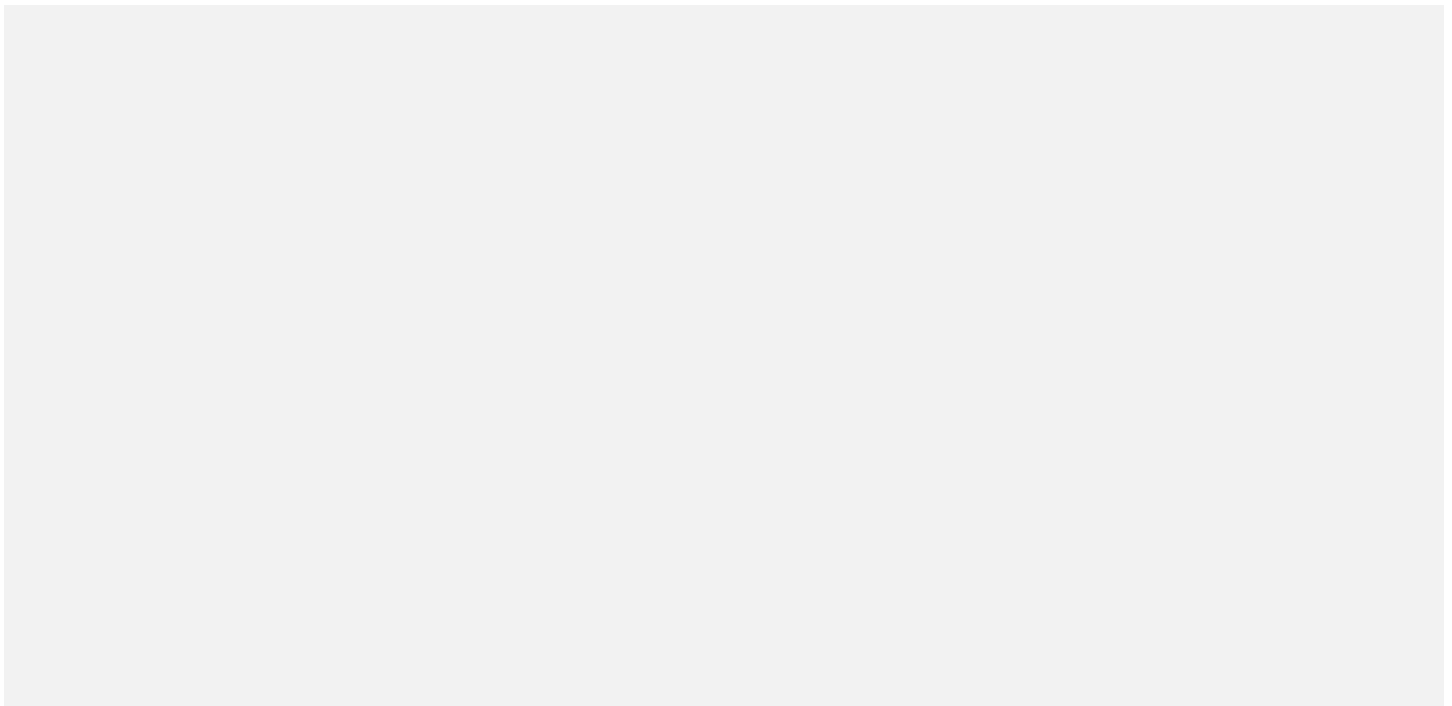
ATTENDEES AT INCREASED RISK FOR SEVERE ILLNESS FROM COVID-19:

Please describe your plan to accommodate higher-risk attendees, such as setting an established window of time for higher-risk groups to come in without pressure from crowds and/or separate entrances and queues.



SIGNAGE:

Maintain signage to remind and help individuals stand or sit at least 6 feet apart, please describe your plan to maintain signage including the number of anticipated signs as well as locations.



PAYMENT OPTIONS:

Encourage contactless payment; disinfect between transactions at facility stores/gift shops and comply with other retail recommendations, please describe your plan for payment.

HYGIENE & SANITIZATION:

Please describe your plan to provide hygiene and regular sanitization throughout the event.

ADDITIONAL SAFEGUARDS:

Please share any additional planned safeguards or measures being enacted at the event.

SIGNATURE

Please provide the signature of the organizational representative that will be responsible for ensuring event oversight.

PRINTED NAME

TITLE

SIGNATURE

DATE