1. **Social Distancing**: Check the boxes to certify that you have:
	* Ensured that all persons, including employees and customers in the outdoor dining area, remain at least six feet apart to the greatest extent possible.
	* Ensured that whenever possible, reservations and call ahead seating is encouraged.
	* Ensured that all tables are positioned so as to maintain at least a 6-foot distance from all other tables and any high foot traffic areas, (e.g. routes to bathrooms, entrances and exits), or have installed protective / non-porous barriers (e.g. structural walls or plexi-glass dividers) not less than 6 feet high between tables and high foot traffic areas.
	* Established protocols to ensure that employees can practice adequate physical distancing including closing or reconfiguring the workers’ common spaces and high density areas where workers are likely to congregate, (e.g. break rooms, eating areas and work stations).
	* Ensured that parties seated at tables do not exceed six people.
	* Posted signage for safe physical distancing, prohibited lingering in common areas, (e.g. waiting areas and bathrooms), and where possible established directional hallways and passageways for foot traffic with clearly visible signage.
	* Required face coverings or masks for all customers and employees that cover their mouth and nose.
		+ - Note: Customers may remove face coverings while seated at their table.
	* Closed all other amenities not associated with food or beverage service, (dance floors, pool tables, playgrounds etc.) as well as all unattended self-serve buffets, toppings bars, and drink stations to prevent gathering of customers.
2. **Hygiene Protocols:** Check the boxes to certify that you have:
	* Provided hand washing capabilities throughout the workplace.
		+ - Hand sanitizers with at least 60% alcohol may be used as an alternative to hand washing. Hand sanitizers should be made available at entrances, exits and dining areas.
	* Required that employees must wash hands frequently and table servers must wash hands between each table interaction, and provided adequate supplies to do so.
	* Provided regular sanitization of high touch areas, such as workstations, equipment, screens, tables and chairs, perimeter barriers, doorknobs, restrooms.
	* Implemented additional procedures. Please describe them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Staffing and Operations:** Check the boxes to certify that you have:
	* Provided training for employees regarding the social distancing and hygiene protocols.
	* Modified practices for serving in order to minimize time employees spend within 6 feet of customers.
	* Ensured employees who have been diagnosed or are displaying COVID-19-like symptoms do not report to work.
	* Limited visitors and vendors on site, shipping and deliveries should be completed in designated areas.
	* Ensured that employees are screened at the beginning of each shift to ensure that they are not experiencing any symptoms of Covid-19, (e.g. fever of 100.3 or above, cough, shortness of breath or sore throat), the worker has not been in close contact with an individual diagnosed with Covid-19, and the worker has not been asked to self-isolate or quarantine by their Doctor. Workers who are sick or feeling ill must be sent home.
	* Ensured that if notified of a positive case in the workplace the Acushnet Health Department will be informed, and will work with them to trace likely contacts and advise workers to isolate and self-quarantine.
	* Implemented additional procedures. Please describe them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Cleaning and Disinfecting:** Check the boxes to certify that you have:
	* Ensured that tables and chairs are cleaned and sanitized thoroughly between each seating and have supplied workers with adequate cleaning products, (e.g. sanitizer, disinfecting wipes).
	* Ensured that commonly touched restroom areas, (e.g. toilet seats, doorknobs, stall handles, sinks, paper towel holders, soap dispensers), are cleaned in accordance with CDC guidelines and provided appropriate cleaning products.
	* Ensured that when an active employee is diagnosed with COVID-19, cleaning and disinfecting is performed.
	* Ensured that condiments and similar products (e.g. salt, pepper and salad dressing) are not preset on tables and only provided upon request in single serve portions or in serving containers that are sanitized between each use.
	* Ensured that utensils and place settings are either single use or sanitized after each use and utensils are rolled or packaged. (Tables should not be pre-set to reduce opportunity for exposure.)
	* Ensured that menus are one of the following: paper, single use disposable after each use, displayed menu, (e.g. digital, whiteboard, and or chalkboard), or electronic menus viewed on customer’s phones or mobile devices.
	* Ensured that alerts that seating and or orders are ready are sent via audio announcements, text messages or fixed notices on blackboards or fixed video screens. Passing out buzzers or other such devices is prohibited.
	* Implemented additional procedures. Please describe them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signatures**

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Signature of Owner/Manager  |  |  | Print Name |  | Date |