

## WORK SAFE PLAN

Businesses and organizations identified by the Department of Homeland Security, through the National Cybersecurity and Infrastructure Agency, as critical to the nation's infrastructure may continue to operate. However, any business or organization that continues to operate **must implement and enforce distancing, sanitation, and hygiene practices.**

To comply with Emergency Order No. 2020-04, all operating businesses and organizations must submit a **Work Safe Plan** to the City of Edinburg by email to **[WorkSafePlan@cityofedinburg.com](mailto:WorkSafePlan@cityofedinburg.com)** within 48 hours of opening after 11:59 pm, March 24, 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:

This 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:

This 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@cityofedinburg.com](mailto:WorkSafePlan@cityofedinburg.com)*

