



City of Alton

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<https://www.facebook.com/CityofAltonTXGovt>

WORK SAFE PLAN

Businesses and organizations identified by the Department of Homeland Security as essential and those deemed non-essential (retail to go) as well as religious organizations. However, any business or organization that continues to operate **must implement and enforce distancing, sanitation, and hygiene practices.**

To comply with the FOURTH AMENDED EMERGENCY ORDER, all operating businesses and organizations must submit a **Work Safe Plan** to the CITY OF ALTON by email to janie.flores@alton-tx.gov within 48 hours of opening after 12:01 am, May 1, 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: _____

A. Provide the Maximum Occupancy Load: _____

B. Provide Maximum 25% of Occupancy Load: _____

- 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.
- This business/organization WILL provide hand sanitation or other method of sanitation, such as soap and water, or hand sanitizer at all entrances for customers.
- 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.
- This business/organization WILL mandate that employees clean and sanitize work areas, including vehicles, at least twice during the workday.
- This business/organization WILL perform thorough cleaning/sanitation of all common areas and surface areas at least once during the workday.
- Prior to beginning work, this business/organization WILL screen all employees and send home any employee who:
 - Shows signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and fever of 99.5 or higher, or

- 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.

Date: _____, 2020

BUSINESS NAME/TRADE NAME

Business/Organization Name: _____

Business Address: _____

OWNER/OPERATOR/REPRESENTATIVE'S SIGNATURE

Name: _____

Title: _____

Phone Number: _____

Work Safe Plans indicating workstations and hand cleaning stations should be submitted via email to janie.flores@alton-tx.gov