

COVID-19 EVENT PLANNING TEMPLATE

In accordance with Governor Herbert's Executive Order, event size can exceed 50 individuals if organizational oversight can be provided that ensures guidelines are followed. Formal organizations are required to complete the following event management template to assist their efforts to plan a safe event. This document must be kept and available for inspection by the local health officer or their designee.

Event Details:			
Event Name:			
Event Location:			
	Address	City	Zip
Party Responsible for Organizational Oversight:			
	Address	City	Zip
	Email Address		Phone
Event Dates:			
	Start Date	End Date	
Anticipated Number of Attendees:			
	Per Day Total	Grand Total	
Event Type	☐ <u>Static</u> : events where the attendees primarily enter, watch and depart ☐ <u>Interactive</u> : events where attendees create a traffic flow and interact with each other ☐ <u>Participant</u> : events where attendees primarily participate in an activity or production ☐ <u>Community</u> : events with many activities and populations centers and likely a random traffic pattern		
Employees, Volunteers, Players, Performers, Actors, Etc.			
Checklist:	☐ Symptom checking symptoms checked (checklist or verbal), including temperature checks when feasible ☐ Face coverings are worn in settings where other social distancing measures are difficult to maintain ☐ Ensure that face coverings are available	☐ 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 ☐ Comply with distancing and hygiene guidelines	

Tracking Attendance:

Must have the ability to track attendance, please describe your plan to track attendance to support contract tracing.

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.

High-Risk Attendees

Set an established window time for high-risk groups to come in without pressure from crowds and/or separate entrances and queues, please describe your plan to accommodate high-risk attendees.

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

Dedicated staff for sanitizing high-touch areas, please describe your plan to provide hygiene and regular sanitization throughout the event.

Concessions

Checklist:

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

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