

# COVID-19 EVENT MANAGEMENT TEMPLATE

In accordance to the [\*Phased Guidelines for the General Public and Businesses to Maximize Public Health and Economic Reactivation\*](#), an event's size can exceed 20 individuals during the moderate restriction level, and 50 individuals during the low restriction level, 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			
<b>Event Name:</b>			
<b>Event Location:</b>	<i>Address</i>	<i>City</i>	<i>Zip</i>
<b>Party Responsible for Organizational Oversight:</b>	<i>Address</i>	<i>City</i>	<i>Zip</i>
	<i>Email Address</i>		<i>Phone</i>
<b>Event Date(s):</b>	<i>Start Date</i>		<i>End Date</i>
<b>Anticipated Number of Attendees:</b>	<i>Per Day Total</i>		<i>Grand Total</i>
<b>Event Type</b>	<input type="checkbox"/> <u>Static</u> : events where the attendees primarily enter, watch and depart <input type="checkbox"/> <u>Interactive</u> : events where attendees create a traffic flow and interact with each other <input type="checkbox"/> <u>Participant</u> : events where attendees primarily participate in an activity or production <input type="checkbox"/> <u>Community</u> : events with many activities and populations centers and likely a random traffic pattern		

Employees, Volunteers, Players, Performers, Actors, Etc.	
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<b>Checklist:</b>	<input type="checkbox"/> Symptom checking symptoms checked (checklist or verbal), including temperature checks when feasible <input type="checkbox"/> Face coverings are worn in settings where other social distancing measures are difficult to maintain <input type="checkbox"/> Ensure that face coverings are available	<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"/> Comply with distancing and hygiene guidelines
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**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*

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**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.*

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**Attendees at Increased Risk for Severe Illness**

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

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**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.*

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**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.*

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**Hygiene & Sanitization**

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

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## Concessions

### Checklist:

- Serving and seating protocols consistent with restaurant guidance
- Any concessions/restaurant seating is compliant with restaurant dine-in guidance
- Encourage contactless payment
- 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.*

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*Printed Name*

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*Title*

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*Signature*

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*Date*