



Social Distancing Plan – Retail Merchandise

Establishment Name(s): _____

Address: _____

Phone Number: _____

License number(s): _____

Owner / Operator: _____

Email Address: _____

Please initial each item below indicating your understanding of the requirement.

Plan to increase the distance between patrons or groups of patrons to an acceptable distance:

_____ There must be *tangible evidence of actions* to optimize the distance between patrons or groups of patrons. *(drawing of the facility layout and equipment maybe required for better explanation of your plan)*

Examples of acceptable actions to meet this requirement include but are not limited to:

- Plan to address direct service such as taking payment (money or credit cards). Include precaution in protecting staff and patrons.
- Limiting the number of patrons and service providers within the facility.
- Moving, blocking, placing signage on equipment and providing area for passing patrons to maintain a 6 ft. separation distance.
- Placing signage / taping off areas to maintain 6 ft separation distances.
- Plans and processes are in place to limit waiting areas to no more than (5) people and 6 ft separation distances maintained.

Plan for enhanced cleaning:

_____ There must be an enhanced cleaning plan available to all staff or patrons.

Examples of acceptable actions to meet this requirement include but are not limited to:

- Frequency of cleaning (e.g., before opening, after each patron / group of patrons).
- Extent of cleaning (e.g., knob and handles, and equipment).
- Cleaning products including type of cleaning product and type of cleaning cloth used.

_____ There must be a written training plan for all existing and new staff on cleaning protocols. Records of training must be retained by the owner / operator and be made available to the Health Officer or his designee upon request.

Employee illness requirements:

_____ Written policy on employee Health. Plan to include how staff is trained and notified of health policies.

_____ Employees who have fever, cough, or shortness of breath will not be allowed to work until symptoms are resolved.

Required signage

_____ All entrances must have a sign, provided by the Butte-Silver Bow Health Department, placed on every exterior entrance to the establishment that provides general infection prevention messages.

_____ A copy of the re-opening plan approval notification from the Health Officer must be placed on every exterior entrance to the establishment.

Attestation:

By my signature below, on behalf the establishment(s) identified on this plan, I commit to comply with the plan shown above, as approved by the Butte-Silver Bow County Health Officer. I acknowledge that failure to comply with the approved plan may result in closure by order of the Health Officer for an indeterminate time.

Name: _____

Signature: _____

Title: _____

Date: _____

Please return complete plan to the Butte-Silver Bow Health Department:

- E-mail: environmentalhealth@bsb.mt.gov
- Phone: 406-497-5020
- In person: 25 W Front St, Butte MT 59701
- Fax: 406-497-5095