



APPENDIX C
RETAIL BUSINESS PLAN IN PHASE 2

The purpose of a Retail Business Plan is to help retailers think about how to incorporate COVID-19 measures required for their business, to reduce the transmission of COVID-19 within our community. A written plan is required and must be kept on file at the business. The plan is not required to be submitted to the Health Department for approval, but must be made available to Health Department staff upon request. Below is a template of what a plan should consist of. If your business has additional COVID-19 requirements, such as gyms or pools, please include these additional measures in your plan.*

Business Name: _____

Plan Created by: _____

Created on (date): _____

1. **REDUCE CAPACITY.** Limit capacity to 50 percent of the business' highest volume hours to ensure customers can adhere to the six-foot physical distancing.

What is your customer volume during your busy hours? _____

What will your customer volume be at a reduced capacity of 50%? _____

How will you limit the capacity in your business or within areas of your business, and how will you inform staff and customers of any new capacity limits?



2. **MAINTAIN PHYSICAL DISTANCING.** You must implement a plan to maintain a minimum distance of six feet between people in your business. This includes distancing measures to protect staff and customers while waiting in line at checkout or service areas. Visible cues to alert customers of the physical distancing requirements and to denote the required six-foot separation distances are required. To accomplish these distancing requirements, additional signage, installing temporary barriers, managing or eliminating waiting areas, removing/reconfiguring seats, creating one-way traffic in the space, etc. may be necessary.

How will you ensure that physical distancing will be achieved in your facility?

3. **PRE-SHIFT HEALTH CHECKS AND EXCLUSION OF SYMPTOMATIC EMPLOYEES.** Symptoms of COVID-19 include the following:

Fever or chills	New loss of taste or smell
Cough	Congestion or runny nose
Shortness of breath or difficulty breathing	Diarrhea
Sore throat	Nausea or vomiting
Fatigue	Headache
Muscle or body aches	



Describe your plan for screening employees for symptoms of COVID-19 before they begin work each day:

If you identify an employee with symptoms of COVID-19, either before or during a shift, describe your plan of action.

4. **CLEANING AND SANITIZING.** You must implement a plan to ensure common surfaces are frequently cleaned and sanitized.

Describe your plan to clean and sanitize frequently touched surfaces in your establishment.

*Refer to the CDC website for a list of sanitizers that are effective against COVID-19.



THE CITY-COUNTY OF Butte-Silver Bow

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5. **EMPLOYEE TRAINING.** Describe how you will ensure that your staff know the importance of good hygiene, maintaining physical distancing, recognizing COVID-19 symptoms, and not reporting to work if they are experiencing those symptoms.

*If your business is a gym or place of assembly, describe how you will meet the additional requirements found in the Governor's Phase 2 Directive:

If you have questions, please contact the Health Department's Environmental Health Division at (406) 497-5027 or jrolich@bsb.mt.gov.