

PVNC Covid Safety Plan- Step 3- Indoor Facility (non-sport)

Which facility do you wish to use for your event? _____

Organization/Individual information

Organization/Individual Name: _____

Governing body (if applicable): _____

Start Date: _____ End date: _____

This Safety Plan is for Step Three of the Reopening Framework and you may be required to complete an updated Safety Plan when further regulations are announced. See link:

<https://www.ontario.ca/page/reopening-ontario>

I have read and will adhere to the Government regulations.

Main Contact Information

A designated representative must be identified to oversee activities and ensure public health guidelines are followed.

First Name: _____ Last Name: _____

Address: _____

City: _____ Phone number: _____

Email Address: _____

Physical Distance

Please explain how you will comply with the two-meter physical distancing of participant's requirement.

Mask/ Face coverings must be worn by all individuals entering the facility at all time, except for those with permitted exceptions.

I acknowledge the above statement

Active Screening

Active screening is required for all individuals who enter the facility. Explain how you will ensure the screening protocols are followed.

Preventing and Controlling Crowding

Every person that enters the facility must maintain a physical distance of at least two metres from any other person. Explain how you will ensure that everyone complies and more specifically prevent and control crowding.

Contact Tracing

You are required to record contact information for everyone who enters the facility and maintain the records for at least **one** month. Explain how you will comply.

Action Plan for Illness or Positive Test

What procedures do you have in place to respond to a positive case of COVID-19?

What procedures do you have in place to respond to a symptomatic participant?

If a positive case is confirmed, the permitting coordinator must be notified, but no further personal information will be shared.

I acknowledge the above statement

Submitted by:

Date:
