

COVID-19 EVENT MANAGEMENT TEMPLATE

This form is no longer required for event hosts. However, we encourage event hosts to complete this form to help plan and execute a safe event. This form may be helpful for contact tracing purposes if COVID-19 cases are identified at the event.

EVENT DETAILS			
Event name:			
Event location:			
	<i>Address</i>	<i>City</i>	<i>Zip</i>
Party responsible for organizational oversight:			
	<i>Address</i>	<i>City</i>	<i>Zip</i>
	<i>Email Address</i>		<i>Phone</i>
Event dates:			
	<i>Start Date</i>	<i>End Date</i>	
Anticipated number of attendees:			
	<i>Per Day Total</i>	<i>Grand Total</i>	
Event type	<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		

Post signage

Please describe how you will post signage that: (1) lists COVID-19 symptoms; (2) asks individuals experiencing COVID-19 symptoms to stay home; (3) provides notice of face mask or physical distancing recommendations.

Face mask

Please describe how you will encourage each individual attending the social gathering to wear a face mask if they are not fully vaccinated. Masks are encouraged for crowded, indoor spaces where physical distancing isn't possible.

Attendee confirmation

Please describe how on the day of the event you will require each attendee to confirm that the attendee is not subject to isolation or quarantine requirements, and is not experiencing any symptom of COVID-19.

Physical distancing

Please describe how you will encourage physical distancing at the event, especially for those attendees who are not fully vaccinated.

Attendee notification

Please describe how within 24 hours of receiving notice that an attendee of the event tested positive for COVID-19, you will notify each attendee who was within six feet of the positive case for more than 15 minutes cumulatively.

Additional safeguards

Please share any additional planned safeguards or measures being enacted at the event

Signature

Please provide the signature of the organizational representative who will be responsible for ensuring event oversight.

Printed Name

Title

Signature

Date