

WORK SAFE MEASURES

Businesses and organizations identified by the Department of Homeland Security, through the National Cybersecurity and Infrastructure Agency, as critical to the nation's infrastructure may continue to operate. However, any business or organization that continues to operate **must implement and enforce distancing, sanitation, and hygiene practices.**

To comply with Emergency Order No. 20-003, all operating businesses and organizations must have a Work Safe Measures available upon request. Work Safe Measures may be sent to Hidalgo County by email to worksafeplan@co.hidalgo.tx.us.

As owner, operator, or representative of _____, a business or organization that will continue to operate, **I certify that:**

To the maximum extent possible, this business/organization **WILL** ensure that all customers and all employees stay at least six feet away from each other at all times.

Additional Comments:

To the maximum extent possible, this business/organization **WILL** minimize employees on site, minimize in person meetings, and allow employees to work from home.

Additional Comments:

This business/organization **WILL** provide sanitation supplies accessible and available to all employees such as disinfectants, hand sanitizer comprising at least 60% alcohol, and soap.

Additional Comments:

This business/organization **WILL** provide hand sanitation or other method of sanitation, such as soap and water, at all entrances for customers.

Additional Comments:

If an employee reports possible exposure, or reports or shows symptoms of COVID- 19, this business/organization **WILL** send the employee home and sanitize the employee's work area.

Additional Comments:

This business/organization **WILL** mandate that employees clean and sanitize work areas, including vehicles, at least twice during the workday but more often if necessary.

Additional Comments:

This business/organization **WILL** perform thorough cleaning/sanitation of all common areas and surface areas at least twice during the workday but more often if necessary.

Additional Comments:

Prior to beginning work, this business/organization **WILL** screen all employees and send home any employee who:

Additional Comments:

- a. shows signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low-grade fever, or

Additional Comments:

- b. in the previous 14 days has had contact with someone with a confirmed diagnosis of COVID-19; is under investigation for COVID-19; or is ill with a respiratory illness.

Additional Comments:

Date: _____, 2020

BUSINESS NAME/TRADE NAME/DBA

Business/Organization Name

_____, _____, TX _____
Physical Address City

_____, _____, TX _____
Mailing Address City

OWNER/OPERATOR/REPRESENTATIVE'S SIGNATURE certifying the Work Safe Measures

Owner/Operator/Representative Printed Name: _____

Title: _____

Office Phone Number: _____ Personal Cell Number: _____

Work Safe Plans should be available upon request at the business location and may additionally be submitted via email to WorkSafePlan@co.hidalgo.tx.us