



COVID-19 Prevention Checklist for Events

Event name:	Event Location:
Event Date(s):	Event Time: Start: _____ End: _____

Will the event be indoors, outdoors or both? Indoors Outdoors Both

OCCUPANCY & CAPACITY (INDOOR) CALCULATOR

Maximum Occupancy	Allowable Indoor Rate
Determined by building code	25% of Maximum Occupancy

What is the maximum indoor occupancy? (Number only, no comma) _____ *If unknown, please contact building code officials.*

Maximum Indoor Occupancy *X 25% = Allowable Indoor Rate* *people*

OCCUPANCY & CAPACITY (OUTDOOR) CALCULATOR

Please establish occupancy as 67 people per 1,000 square feet and then apply the maximum occupancy calculator.

Maximum Occupancy	Allowable Outdoor Rate
Determined by calculation below	50% of Maximum Occupancy

What is the Total Square Footage of your outdoor event area? (Number only, no comma): _____

Total Square Footage _____
1000 **X 67 = Maximum Outdoor Occupancy** people

Maximum Outdoor Occupancy **X 50% = Allowable Outdoor Rate** people

Using the maximum occupancy calculator, what is the capacity for your event?

What is the expected number of attendees? Total (All days) _____ Daily Average _____

How will the event's occupancy limit be communicated to the public?

Limited Ticket Sales Posting at entrances Other (specify): _____

How will the event's occupancy be monitored and enforced? _____

How will you maintain a list of guests in attendance? _____

FACE COVERINGS

What is your policy requiring face coverings (masks/face shields)?

- Food workers must wear face coverings
- Offer alternative service to individuals unable to wear face coverings
- Other: _____
- Provide masks to guests who do not have a mask
- Patrons must wear face coverings (except when eating food)

Is a sign requiring face coverings posted at all entrances? Yes No

Who is responsible for monitoring the use of face coverings? _____

How will mask wearing be monitored and enforced? _____

How will you offer your services to individuals who are unable to wear face coverings?

- Curbside pickup
- Other (specify): _____

HEALTH & SAFETY

Who is your designated COVID-19 Pandemic Safety Officer? *The person who is creating your COVID19 plan.*

Name: _____ Phone: _____

Is the "[COVID-19 Safety Procedures for Businesses](#)" flyer posted at the main entrance? Yes No

What is your procedure for monitoring employees or volunteers' health? (Check all that apply)

- Temperature check
- On-site screening with thermometer* *At home self-screening with thermometer*
- Wellness check
- On-site screening, questionnaire based* *At home self-screening, questionnaire based*

Will you be screening patrons coming to your event?

- Yes No How will you be screening them? _____

What health and safety materials will you have available to the public?

- Masks Gloves Hand sanitizer Sanitizer wipes Other (specify): _____

What health and safety materials will you have available to the staff/volunteers?

- Masks Gloves Hand sanitizer Sanitizer wipes Other (specify): _____

How will you minimize contact among staff/volunteers and guests during food service and transactions?

- Physical distance Plexiglas Retractable N/A

Other (specify): _____

What is your procedure for disinfecting frequently touched surfaces in both customer and work areas (restrooms, doorknobs, touchscreens, condiment bottles, refrigerator handles)?

TRAVEL

Will vendors or participants be traveling to your event from outside the State of Pennsylvania? Yes No

DINE-IN (IF NOT OFFERING, MARK N/A)

Eating and Drinking MUST ONLY occur in a designated Eating and Drinking Area. Patrons CANNOT walk around the premises eating and drinking, and can only eat and drink in these designated areas

How will tables and chairs be arranged?

What is the procedure for disinfecting tables and chairs between uses?

TAKE-OUT (IF NOT OFFERING, MARK N/A)

How will take-out be ordered? (Check all that apply)

By phone Online In person Other (specify): _____

How will you maintain physical distance between guests placing orders and waiting for take-out? (Check all that apply)

Floor Markers Signs Curbside Pickup Other (specify): _____

ALCOHOL

Will alcohol be served? Yes No

ENTERTAINMENT

Will there be entertainment at this event? es ~~NO~~

If yes, what are the types of entertainment? _____

Your event is fully subject to prevailing state regulations regarding COVID-19, including maximum number of attendees, social distancing and universal face coverings. A failure to make reasonable, good faith efforts to enforce/comply with these requirements may have several serious consequences. If either the event organizer or any participating organizations or individuals are subject to state or County licensing requirements, those licenses may be jeopardized. If you have liability insurance for your event, depending on the terms of your insurance policy, you may be rendering the coverage ineffective since some policies contain a condition that insured activities or events be conducted in a lawful manner. Finally, citations carrying financial penalties may be assessed, and/or court action initiated by the state or county departments of health.

I understand that additional precautions and crowd-capacity measures must be taken to prevent the spread of COVID19. These processes are subject to change based upon the development of COVID-19 disease in the community and state and/or local requirements. I understand that this checklist is only one part of event planning. Application for Temporary Food Facilities, Temporary Campgrounds or Temporary Body Art Facilities must be filed with Erie County Department of Health. Additional licenses or permits may be needed from the PA Liquor Control Board and/or the municipality where the event is being held.

Any event, no matter if all these guidelines are followed, does carry inherent risk involved in the spread of COVID-19. **This checklist is not to be used for approval, but to ensure that the State's orders and guidances, which fall under the Disease Prevention and Control Law, 35 P.S. § 521.5; sections 2102(a) and 2106 of the Administrative Code of 1929, 71 P.S. §§ 532(a), and 536 relating to disease control measures are abided by.**

Prepared by (print name): _____ Date: _____

Signature: _____

Please email form to events@eriecountypa.gov or mail to the address below. If emailed, please be sure to include your event name in the Subject Line. Once the checklist is reviewed, a follow up email or letter may be sent containing more information on whether further action is required.

Erie County Department of Health
Attn: COVID Response Team
606 W 2nd St.
Erie, PA 16507

For Internal Use Only

Date Received: _____ **Reviewed By:** _____ **Date Reviewed:** _____

Event Risk Level: Low Low w/Recommendations Medium High

Deficiencies communicated with event coordinator: Yes No

Inspection Requested: Yes No Inspection Recommended: Yes No

Please attach additional correspondence regarding event.

Form Updated: 3/19/2021, V5 Eff. 4/4/21