

# COVID FACILITY USE FORM

## GENERAL INFO

REQUESTER NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
NAME OF GROUP: \_\_\_\_\_  
PURPOSE: \_\_\_\_\_  
NUMBER OF PEOPLE: \_\_\_\_\_  
DATE OF EVENT/MEETING: \_\_\_\_\_  
TIME REQUESTED: \_\_\_\_\_ example: 1:00 PM to 4:00 PM  
ROOM(S) REQUESTED: \_\_\_\_\_

\*Please indicate if this is a reoccurring meeting, thus form only needs to be submitted once

## GUIDELINES

This completed form to be submitted to the church office to be approved prior to the event  
Use only one entrance to facility and use the same location to exit the building  
Restrict participants to room(s) listed above and bathrooms  
Used surfaces must be sanitized before leaving

## EXPLAIN HOW EACH OF THE CDC 5 PILLARS BELOW WILL BE FULFILLED

### **1. Social Distancing (How will participants maintain 6 feet between people)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **2. Enhanced cleaning/disinfection (What will be done to have participants sanitize and disinfect the room)**

Use hand sanitizer as you enter building,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **3. Temperature screening (What will be done to ensure no one attending has a fever or doesn't feel well)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **4. Face masks**

Everyone must wear a face mask while inside the building. Please list any exceptions below.  
Exceptions: \_\_\_\_\_  
\_\_\_\_\_

### **5. Screening procedures**

Leader ensures all these steps are followed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If more space is needed, please continue responses on a second page.

Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_