

# Worksite Repopulation Safety Plan-EVENT

Deadline to Complete: Monday, May 10

[CSUSB COVID-19 Prevention Plan](#)

**Department or Area:**

**Department:**

**Applicable Buildings and Room Numbers:**

**Manager/Director:**

**E-mail:**

**Department Safety Liaison\*:**

**E-mail:**

Assigned by the appropriate administrator, please identify a Department Safety Liaison (DSL) to serve as an additional contact between your department and Risk Management/EH&S to stay abreast of new changes to COVID-19 guidance and this Department Repopulation Safety Plan. This person may be a department staff member or the manager/director may also serve in this role.

**AVP/Dean's Office Approval**

**Name:**

**E-mail:**

**Phone:**

**Signature:**

**Date:**

## User Instructions:

1. Event organizer should obtain permission from their respective administrator and consult with Parking and Transportation Services and Special Events.
2. Complete this safety plan. We recommend that you reference the [Worksite Repopulation Safety Plan Example](#) or consult with an EH&S Specialist by submitting a [service request](#).
3. Submit your completed plan for signature from the next level supervisor and Associate Vice President or Dean using the Adobe Sign button.
4. Once the workflow has been completed and all signatures completed, please file your completed plan with EH&S using the online [submission form](#). Supporting documents (e.g. map) should be provided to EH&S for review.
5. Once complete and approved by Risk Management/EH&S, share the plan and supporting documents with employees and submit your 213 Form for supplies prior to repopulating the workspace. It is the responsibility of the Department to document receipt and retain all safety records.

**Resources:** The following resources will be helpful in completing your plan.

- [COVID-19 Website and FAQ](#)
- [EH&S COVID-19 Prevention and Planning](#)
- [Signage Templates](#)

## I. Area Risk Assessment

Please complete the following risk assessment to help identify control measures used to create safer workspaces. Please check all that apply.

<b>Date of Event:</b>	<b>Time of Event:</b>
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Location/Activity	Risk Factors	Control Measures
<input type="checkbox"/> Events (e.g., indoor- outdoor, distribution, drop-off, etc.)	<ul style="list-style-type: none"> <li>▪ Multiple people in an indoor space at one time.</li> <li>▪ Exposure to large number of people within less than 6-feet for greater than 15-minutes cumulative.</li> <li>▪ Handling of equipment (computers, etc.)</li> <li>▪ Outdoor hazards (temperature, air quality, etc.)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct event outside when possible.</li> <li><input type="checkbox"/> Develop a one-way direction flow of traffic (Pedestrian and or vehicle).</li> <li><input type="checkbox"/> Wear appropriate protective equipment and face coverings during event.</li> <li><input type="checkbox"/> Have ample supply of face coverings, and cleaning supplies present at the event.</li> <li><input type="checkbox"/> Sanitize hands and equipment as often as possible.</li> <li><input type="checkbox"/> Mitigate high to low-risk tasks with task-specific protection appropriate for risk level.</li> <li><input type="checkbox"/> Coordinate with Parking and Guest Services.</li> <li><input type="checkbox"/> Other</li> </ul>

## II. Social Distancing Procedures

The following measures will be taken to ensure workstations provide for maintaining appropriate social distancing between employees, customers, visitors, and vendors. Do not exceed 50% of typical office occupancy. For situations where, strict compliance interferes with the continued delivery of critical services, please consult with EH&S and Risk Management.

a. **Contactless/Social Distance:**

Please detail the events efforts it will take to keep participants socially distanced.

b. **Shared Equipment:**

Please list necessary shared office equipment and indicate how and when it will be disinfected between uses. You may use the [CDC Disinfectant Plan](#) for guidance.

c. **Map:**

Please provide a map of the set-up of your event. This can be uploaded to the EH&S online submission form.

### III. Disinfection Procedures & PPE

Disinfecting supplies and PPE (masks, hand sanitizer, disinfectant wipes) are available at no charge to the Department through Facilities Management by completing an [ICS 213 Form](#). It is recommended that orders are placed early with appropriate time for processing. Please list the supplies that will be provided

