



## Social Distancing Plan – Retail Food Establishments

Establishment Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

License number(s): \_\_\_\_\_

Owner / Operator: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please initial each item below indicating your understanding of the requirement.*

### Plan to increase the distance between patrons or groups of patrons to an acceptable distance:

\_\_\_\_\_ There must be *tangible evidence of actions* to optimize the distance between patrons or groups of patrons. (*drawing of the facility layout and equipment maybe required for better explanation of your plan*)

#### *Examples of acceptable actions to meet this requirement include but are not limited to:*

- Removing half or more tables from a dining area and spreading remaining tables throughout the available seating space.
- Removal of chairs from every other table.
- Blocking entrance to every other booth (e.g., by visible tape).
- Affixing a sign on every other table or booth stating clearly that it is closed and not available for patrons' use.
- No table may accommodate more than six (6) patrons and tables cannot be combined to accommodate more than six (6) patrons.
- For gaming areas, disabling machines to allow at least 6 feet between players.
- Plans and processes are in place to limit waiting areas to no more than five (5) people.
- Sitting or standing at bars or counters is not allowed.

\_\_\_\_\_ Examples of *unacceptable* actions to meet this requirement include but are not limited to:

- A sign or statement to the effect of “We will seat patrons apart from one another” *without definitive action*.
- A sign or statement to the effect of “Please practice social distancing and sit apart from other patrons or groups” *without definitive action*.
- Closing one section of the establishment but keeping the same concentration of in-use tables and booths within the section that is open.

### Plan for enhanced cleaning:

\_\_\_\_\_ There must be an enhanced cleaning plan available to all staff or patrons.

#### *Examples of acceptable actions to meet this requirement include but are not limited to:*

- Frequency of cleaning (e.g., before opening, after each patron / group of patrons).

- Extent of cleaning (e.g., table tops, chair seats and backs, arm rests, gaming machines, knobs and handles, and equipment).
- Cleaning products including type of cleaning product and type of cleaning cloth used.

\_\_\_\_\_ Self-service operation such as buffets or self-service beverage areas must be closed.

\_\_\_\_\_ In bars, drinks, and food must be served to customers at a table.

\_\_\_\_\_ There must be a written training plan for all existing and new staff on cleaning protocols. Records of training must be retained by the owner / operator and be made available to the Health Officer or his designee upon request.

**Employee illness requirements:**

\_\_\_\_\_ Written policy on employee Health. Plan to include how staff is trained and notified of health policies.

\_\_\_\_\_ Employees who have fever, cough, or shortness of breath will not be allowed to work until symptoms are resolved.

**Required signage**

\_\_\_\_\_ All entrances must have a sign, provided by the Butte-Silver Bow Health Department, placed on every exterior entrance to the establishment that provides general infection prevention messages.

\_\_\_\_\_ A copy of the re-opening plan approval notification from the Health Officer must be placed on every exterior entrance to the establishment.

**Attestation:**

**By my signature below, on behalf the establishment(s) identified on this plan, I commit to comply with the plan shown above, as approved by the Butte-Silver Bow County Health Officer. I acknowledge that failure to comply with the approved plan may result in closure by order of the Health Officer for an indeterminate time.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return complete plan to the Butte-Silver Bow Health Department:

- E-mail: [environmentalhealth@bsb.mt.gov](mailto:environmentalhealth@bsb.mt.gov)
- Phone: 406-497-5020
- In person: 25 W Front St, Butte MT 59701
- Fax: 406-497-5095