ATTACHMENT C

KIT CARSON COUNTY RESTAURANT RE-OPENING PROTOCOL

Restaurant Name:		
Restau	rant Address:	
Approx	imate square footage of space open to the public:	
below b protoco from tl	quested and advised that restaurants located in Kit Carson County implement the measures listed to mitigate the spread of the COVID-19 virus. If you have already completed the general business of, this is in addition to the items you indicated previously and based on Reopening Guidance he National Restaurant Association (while waiting for rules from the Colorado Dept. of Public and Environment.) Should official rules be released, they will supercede these protocols.	
you, yo policies	protocols are designed to provide you with practices that can be used to help mitigate exposure by our staff and your guests to the COVID-19 virus. Please combine these protocols with your existing of for restaurant licensure in the State of Colorado. Check the strategies that you are or plan to nent when reopening your in-house dining.	
[]	You have prepared to reopen by following existing policies and operating procedures in accordance with the latest FDA, Centers for Disease Control and Prevention, and Environmental Protection Agency guidance and in accordance with local and state officials regarding:	
	 Social distancing and protective personal equipment for employees and guests Employee health Cleaning/sanitizing/disinfecting 	
[]	Modifications have been made to assure no salad bars, self-serve buffets, or self-serve drinks are allowed.	
[]	Procedures are in place in order to thoroughly detail-clean and sanitize entire facility, especially if it has been closed. Focus on high-contact areas that would be touched by both employees and guests. Do not overlook seldom-touched surfaces. Follow sanitizing material guidance to ensure it's at effective sanitizing strength and to protect surfaces.	
[]	Procedures are in place to assure that food contact surfaces are avoided when using disinfectants.	
[]	Procedures are in place to clean and sanitize reusable menus. If you use paper menus, discard them after each customer use.	
[]	Procedures are in place to clean and sanitize surfaces in the back-of-house.	
[]	A cleaning schedule has been put into place for restrooms.	

[]	Hand sanitizer is readily available to guests and use is enforced prior to guest entering the dining area. Signs are clearly visible that indicate this requirement.		
[]	Protocols are in place and per existing FDA Food Code requirements to disallow employees who are sick from working.		
	Protocols are in place that address if an employee becomes ill or presents signs of illness, the operator will identify the signs during a pre-work screening. Protocol will include taking an employee's temperature at the beginning of their shift. (See Health Screening Form). A fever is identified as 100.4 degrees or higher. Employees who are suspect of COVID-19 must self-isolate for seven days from the onset of symptoms and be symptom-free for three days without medication in order to return to work.		
[]	Protocols are in place for all workers to wear a face covering while in close contact with guests, or when they cannot maintain 6 foot distance between coworkers.		
[]	Protocols are in place that will assure that face coverings are clean/new at the beginning of each shift.		
[]	Retraining of staff has been accomplished regarding hand hygiene, cough/sneeze etiquette.		
SOCIAL DISTANCING			
[]	Floor plans have been redesigned to ensure at least six feet of separation exists between table setups. Party size at tables shall be no more than 10.		
[]	Social distancing measures are based on square footage of guest and service areas (10 people per 500 square feet of space).		
[]	Signage has been posted at the entrances that states that no one with a fever or symptoms of COVID-19 is to be permitted into the restaurant.		
[]	Procedures are in place that limit contact between wait staff and guests.		
[]	Procedures are in place for guests to wait in their vehicle if the	re is a waiting line to be seated.	
Signatu	ature of Restaurant Owner or Manager Date		
Contac	act information:		
Name:	e:		
Telenh	phone number:		