

ATTESTATION

RESTAURANT NAME: _____ certifies:

That it has completed the following measures in accordance with requirements from the **California Department of Public Health, Orange County Health Care Agency** and **Industry-Specific Guidelines** at <http://covid19.ca.gov/industry-guidance> as follows:

- ✓ **RISK ASSESSMENT AND PROTECTION PLAN.** Performed a detailed risk assessment and implemented a site-specific protection plan.
- ✓ **EMPLOYEE TRAINING TO LIMIT SPREAD.** Trained employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home if they have them.
- ✓ **CONTROL MEASURES.** Implemented individual control measures and screenings.
- ✓ **SANITIZE AND DISINFECT.** Implemented disinfecting protocols for keeping workstations sanitized.
- ✓ **SOCIAL DISTANCING.** Implemented physical distancing guidelines for employee and public safety.

Manager/Owner: (signed) _____

Date: _____

Name:

Address:

Telephone:

Email: