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| --- | --- | --- |
| **Business Type:** |  | |
| **Business Name:** |  | |
| **Business License #:** |  | |
| **Business Owner Name First: Last:** |  | |
| **Business Owner Phone:** |  | |
| **Business Website (optional):** |  | |
| **Business Address Street: City: State / Zip** | / | |
| *All individuals (and businesses) must follow County and State Health Officer orders which are issued under the authority of California law. As a condition of re-opening, current orders +15105043284 require, among other things, local business compliance with state and local industry-specific guidance and submission of self-certification forms. State Statute explicitly provides that Health Officer orders may be enforced by the local sheriff or other peace officers of the County. Violation of the Orders may subject a person or business to criminal or civil penalties, as well as other legal consequences. In particular, any business that violates the Health Officer's orders risks committing negligence per se, may expose itself to civil liability for all damages created by any viral transmission that occurs at their place of business. \**  I read and understand the foregoing. | | |
| **Minimizing In-Person Interactions** | | |
| Encourages employees to work remotely to promote social distancing in the workplace when feasible | | Yes  No  N/A |
| Re-engineered/restructured operations to provide for six feet distancing | | Yes  No  N/A |
| When feasible products and services are offered online | | Yes  No  N/A |
| When products or services cannot be offered online, physical contact is limited between employees and customers | | Yes  No  N/A |
| The number of people allowed in a business at a given time has been limited | | Yes  No  N/A |
| **Daily Monitoring of Employee Health Requirements** | | |
| Employee’s temperature is verified to be below 100.0 degrees Fahrenheit | | Yes  No  N/A |
| Employees are required to conduct self-assessments using an online tool such as <https://www.mayoclinic.org/covid-19-self-assessment-tool> | | Yes  No  N/A |
| Implementation of personal protective equipment such as gloves, masks and other protective measures deemed appropriate for the nature of the business operations | | Yes  No  N/A |
| **Safe Business Practices Requirement** | | |
| Communicates and educates employees and management to carry out COVID-19 mitigation plans and protocols | | Yes  No  N/A |
| Makes available to all employees hand sanitizer and other sanitation products for the frequent cleaning of employee and customer work spaces | | Yes  No  N/A |
| Wipes down doors, handles, and surfaces on a very frequent basis and between customers | | Yes  No  N/A |
| Provides training to employees on COVID-19 mitigation measures for customer-facing activities (e.g. cleaning and sanitizing standards, etc.) | | Yes  No  N/A |
| **Signature:**  **Date:** | | |

**Mail this completed certification form (with any required attachments) to:   
County of Mendocino Environmental Health, 860 N. Bush Street, Ukiah, CA 95482**