



RECEIVED  
UKIAH

JUL 01 2020

MENDOCINO COUNTY  
ENVIRONMENTAL HEALTH

### COVID19 SELF-CERTIFICATION FORM

<b>Business Type:</b>	Restaurants - we wish?! BODY MECHANICS
<b>Business Name:</b>	Integral Health Care
<b>Business License #:</b>	9902008812
<b>Business Owner Name</b> First: Last:	DARCA NICHOLSON
<b>Business Owner Phone:</b>	707 462.3547
<b>Business Website (optional):</b>	www.darcaleenicholson
<b>Business Address</b> Street: City: State / Zip	798 s. spring street UKIAH CA / 95482

AKA → therapeutic massage

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

sole proprietor

- Yes
- No
- N/A

Re-engineered/restructured operations to provide for six feet distancing

- Yes
- No
- N/A



## COVID19 SELF-CERTIFICATION FORM

When feasible products and services are offered online	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
When products or services cannot be offered online, physical contact is limited between employees and customers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The number of people allowed in a business at a given time has been limited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Daily Monitoring of Employee Health Requirements</b>	
Employee's temperature is verified to be below 100.0 degrees Fahrenheit <i>sole proprietor temp taken</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Employees are required to conduct self-assessments using an online tool such as <a href="https://www.mayoclinic.org/covid-19-self-assessment-tool">https://www.mayoclinic.org/covid-19-self-assessment-tool</a> <i>sole proprietor uses self assessment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Implementation of personal protective equipment such as gloves, masks and other protective measures deemed appropriate for the nature of the business operations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Safe Business Practices Requirement</b>	
Communicates and educates employees and management to carry out COVID-19 mitigation plans and protocols	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Makes available to all employees hand sanitizer and other sanitation products for the frequent cleaning of employee and customer work spaces	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wipes down doors, handles, and surfaces on a very frequent basis and between customers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



### COVID19 SELF-CERTIFICATION FORM

Provides training to employees on COVID-19 mitigation measures for customer-facing activities (e.g. cleaning and sanitizing standards, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>self</i>	
<i>sole proprietor</i>	
Signature: _____	<i>Darca Lee Nicholson</i>
Date: _____	<i>6.22.2020</i>

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

*Katie - 6.23.2020  
234.6052. 8:50 Am.*



## COVID19 Business Specific Health & Safety Form THERAPEUTIC SERVICES

**NOTE:** In order to self-certify compliance at [www.mendocinocountybusiness.org](http://www.mendocinocountybusiness.org), you must **read and implement** the County of Mendocino-specific guidelines for Campgrounds, RV Parks and Outdoor Recreation issued in the June 12, 2020 Public Health Order.

In order to fill out this form and create a health and safety plan for your business, refer to the [State of California Guidelines for Therapeutic Services](#), the [County of Mendocino Public Health Order dated June 19, 2020](#) and the [County of Mendocino Facial Coverings Order dated June 19, 2020](#). A health and safety plan is required to operate.

1. Describe the type of signage you will have and locations.

The signage described in State of Ca. Guidelines, Co of Mendo Health Order, Co of Mendo Facial Covering Order will be posted at Mailbox & front door with instructions to go to separate entrance deemed appropriate for client only. Signage will be posted at client entrance. Other doors will be marked PRIVATE.

2. Describe the PPE you will provide to your employees and clients. PPE in the forms of masks, disinfectants, sanitation wipes & sprays will be available upon entrance to separate work space. Restrictions to one client per morning hour & one client per afternoon hour.
3. Describe your plans for training employees and temporary workers on the use of PPE; disinfection; sanitation and other cleaning techniques.

There are no employees or temporary workers. I am sole proprietor. I clean after every treatment.

The professional who 'deep cleans' the treatment room & bathroom has been following PPE since February.

4. Describe your plans for protecting your employees' health. There are no employees or temporary workers. I am sole proprietor. note answer to #3,

5. Describe your plans for protecting the health of clients. Clients health protection: A. ask clients to have a nasal swab test at the Redwood Fairgrounds before making an appointment. B. ask client to take temperature for the few days before appointment. C. Take temperature from remote thermometer when client arrives. D. go over CLIENT ARRIVAL: check-in Screening Protocol & fill in paper sheet with Client signature & date. In addition, if there is any notes about work session or information client shares with me, I will add them to the back of the paper CLIENT ARRIVAL sheet after appointment.
6. Describe how you will prevent crowds gathering at your facility. This facility is a wing of my personal dwelling. I have a permit for residential work space. There are no crowds.
7. Describe how you will enforce physical distancing at your facility. This is a classification of Therapeutic services. Both client & sole proprietor will wear masks for the entire treatment/ appointment time.
8. Describe the payment methods you will use (contactless is preferred). Payment is preferred with a check. Sole proprietor does not use paypal or other forms of wireless transactions.

*Your Business Specific Health & Safety Plan will become public record.*