

SDC COVID-19 Safety Plan Worksheet

This worksheet must be submitted to SDC for each production, along with the employer's COVID-19 Safety Plan.* Employer and SDC Member must receive an SDC-signed copy of this worksheet prior to SDC Member(s) providing *any* in-person services. A copy of the SDC contract may be attached to this worksheet, but SDC will not accept it unless SDC has first cleared the production's Safety Plan.

*If you have previously submitted a COVID-19 Safety Plan for a production that was cleared for in-person services, you may submit only this worksheet for future productions, along with any changes or alterations in the existing Safety Plan.

Theatre/Producer:	
Theatre Contact (Name/Email)	
Location (City//County/State)	
Production	
1st Reh./Performance/Closing	
SDC Member(s)	

Percent of Company Fully Vaccinated: _____ % Notes:	Name of COVID-19 Safety Officer: _____ Email: _____ Training: _____ Enforces safety protocols at all times? ____ Yes ____ No
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Current Government Policy on reopening:
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Total Company Members and Roles (e.g. 10: 4 actors, 2 SM's, 1 director, 1 choreographer, 1 dramaturg, 1 production asst.): <div style="text-align: right;">GRAND TOTAL: _____</div>
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REHEARSAL HALL ____ Indoors ____ Outdoors _____ Square feet <i>Attach detailed schematics if available.</i>

PERFORMANCE SPACE ____ Indoors ____ Outdoors _____ Square feet <i>Attach detailed schematics if available.</i>
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DAILY SCREENING ____ Temperature Checks ____ Testing ____ Health/Symptom Survey Notes:

TRAINING (How and when will the company receive COVID-19 safety training?)

TESTING (if applicable) Antigen ____ Daily ____ Days Per Week ____ Weekly	PCR ____ Daily ____ Days Per Week ____ Weekly	OTHER _____ ____ Daily ____ Days Per Week ____ Weekly	Testing costs paid by Employer? ____ Yes ____ No
Notes (include protocol RE: positive test): 			

VENTILATION

Rehearsal Room: ☐ MERV 13 or higher ☐ Other (Specify: _____)

Air Exchange/Hour (ACH): _____ % Fresh Air: _____

Performance Space: ☐ MERV 13 or higher ☐ Other (Specify: _____)

Air Exchange/Hour (ACH): _____ % Fresh Air: _____

NOTES:

COVID-19 SAFETY PROTOCOLS**MASKS REQUIRED?**

☐ In Rehearsal ☐ In Tech ☐ In Performance ☐ During Breaks/Days Off ☐ Audience

Will masks be provided to staff? ☐ Yes ☐ No To Audience? ☐ Yes ☐ No

SOCIAL DISTANCING REQUIRED?

☐ In Rehearsal ☐ In Tech ☐ In Performance ☐ During Breaks/Days Off ☐ Audience

PPE PROVIDED BY EMPLOYER

☐ Masks ☐ Hand Sanitizer ☐ Handwashing stations ☐ Other: _____

SIGNAGE reinforcing safety protocols (e.g., masks, hand hygiene, social distancing) posted throughout the building? ☐ Yes ☐ No

CLEANING/DISINFECTING PROTOCOLS

Will the building have daily cleanings per the CDC guidelines? ☐ Yes ☐ No

Will high-touch surfaces be cleaned on a more regular basis throughout the day, including before and after rehearsal and on breaks? ☐ Yes ☐ No

Proper hand hygiene accommodated via longer breaks, accessible hand sanitizing stations, etc.? ☐ Yes ☐ No

Notes:

HOUSING/TRAVEL DETAILS FOR SDC MEMBERS

Private/Single Occupancy Apartment or Hotel Room ☐ Yes ☐ No

Private Transportation To/From Theatre? ☐ Yes ☐ No

Out of town travel required? ☐ Yes ☐ No (If yes, please specify: _____)

Notes:

IN-PERSON AUDIENCE? ☐ Yes ☐ No (if no, ignore the below)

Venue Capacity _____

☐ Reduced? If so, explain _____

Audience Masks Required? ☐ Yes ☐ No Explain _____

Social Distance Provided (at least 6 feet) for SDC Members during Performances? ☐ Yes ☐ No

CURRENT COMMUNITY CONDITIONS as of _____ (date)

- 14-day trend in new cases (increasing or decreasing) _____
- Cases per 100,000 per day based on 7-day average _____
- Positivity rate based on 7-day average _____

This information may be found at www.covidactnow.org

SDC Member(s) may not provide in-person services prior to the return of an SDC-signed copy of this worksheet.

EMPLOYER certifies that the above information is complete, true and correct:

SDC acknowledges receipt and clearance of EMPLOYER's COVID-19 Safety Plan for this production only:

Date: _____

EMPLOYER

Date: _____

SDC