

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.com

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: _____

_____ Date: _____

EMPLOYER

SDC