## Welcome



Please know that we take our responsibility to keep Massachusetts safe very seriously. Be assured we have taken the following steps to comply with state mandatory safety standards for workplaces:





We provide hand washing capabilities and we are regularly sanitizing high-touch areas



Our staff has received training regarding social distancing and hygiene protocols



We have established thorough cleaning X and disinfecting protocols



We ask you to do your part as well by wearing your face mask and maintaining social distance. Thanks—and we hope to see you again soon.

## COVID-19 Control plan



All businesses in the state of MA must develop a written control plan outlining how its workplace will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement. Control plans **do not** need to be submitted for approval but must be kept on premise and made available in the case of an inspection or outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

BUSINESS INFORMATION | please provide the following information

dusiness name:	Check if part of a larger corporation
ddress:	
Contact information (Owner/Manager):	
Contact information (HR representative), if applicable:	
lumber of workers on-site:	
SOCIAL DISTANCING   check the boxes to certify t	hat you have: ————————————————————————————————————
Ensured that all persons, including employees, customers, and to the greatest extent possible, both inside and outside world	
Established protocols to ensure that employees can practice	e adequate social distancing
Posted signage for safe social distancing	
Required face coverings or masks for all employees	
Implemented additional procedures. Please describe them h	nere:
HYGIENE PROTOCOLS   check the boxes to certify	y that you have:
Provided hand washing capabilities throughout the workpla	ce
Ensured frequent hand washing by employees and provided	adequate supplies to do so
Provided regular sanitization of high touch areas, such as wo	orkstations, equipment, screens,
doorknobs, restrooms throughout work site	

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AFFING	OPERATIONS check the boxes to certify that you have:
Provided tra	ning for employees regarding the social distancing and hygiene protocols
Ensured emp	oyees who are displaying COVID-19-like symptoms do not report to work
Established	plan for employees getting ill from COVID-19 at work, and a return-to-work plan
Implemente	additional procedures. Please describe them here:
-	& DISINFECTING check the boxes to certify that you have:
EANING	& DISINFECTING check the boxes to certify that you have:
<b>EANING</b> Established	
<b>EANING</b> Established and that	& DISINFECTING check the boxes to certify that you have:  and maintained cleaning protocols specific to the business