



BUSINESS READINESS TO REOPEN COVID-19 SELF-EVALUATION & CERTIFICATION

Business Name: Cuesta College **Business Sector:** Schools

Facility Address: Highway 1, San Luis Obispo, CA 93403

Contact the following person with any questions or comments about this protocol:

Business Contact Person: Dr. Jill Stearns **Phone Number:** 805.546.3118

Prior to reopening, businesses owners or managers must complete and sign this **COVID-19 Self-Evaluation & Certification form for each facility**. By signing this form, the business owner/manager acknowledges the need to comply with the State’s Resilience Roadmap and to implement all applicable State guidance documents to help workplaces reopen and operate safely. Businesses must retain a copy of this completed and signed form on-site at all facilities or business locations and provide to County or City officials upon request.

Detailed information regarding the State’s Resilience Roadmap and all State guidance that has been issued for each business sector is available at: <https://covid19.ca.gov/roadmap>

Implemented at Business	Category of State Requirements and/or Guidance <i>(review State details: https://covid19.ca.gov/roadmap)</i>	Notes if related measures not fully implemented
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Performed a detailed risk assessment and implement a site-specific protection plan in accordance with the State guidance documents issued for my business sector.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay at home if they have any of the symptoms.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Implement individual control measures and screening processes as defined by the State.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Implement cleaning and disinfecting protocols.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Implement social/physical distancing guidelines.	

The undersigned hereby self-certifies that my business has or will implement applicable measures detailed checked above and any applicable State guidance documents issued for my business sector, or I have noted why any measure that is not implemented is inapplicable to my business:

Signature: **Date:** 7.17.2020

Name: Dr. Jill Stearns **Phone:** 805.546.3118

Role/Position with Business: Superintendent/President

Dated 05/12/20 – Disclaimer: County's recommended form; may be replaced as State documents become available.