

MEETING SAFETY PROTOCOL

(to be returned to the Health Center after the end of the event)

Organizer _____

Activity _____ Location _____

Date: ___/___/202__ . Time from _____ to _____

Event coordinator: _____ ID# _____

e-mail: _____

HEALTH CENTER APPROVAL:

Date: ___/___/202__ .

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Safety measures *(check each box after completing the step):*

1. Preliminary disinfection of the space _____
2. Prepare the list of all participants* _____
3. Check-up at the entrance _____
 - a. Temperature _____
 - b. Face masks _____
 - c. Hands disinfection _____
4. Physical distancing of at least 2 meters _____

After the meeting:

5. Clean and disinfect the surfaces and the space as a whole _____
6. Collect safely all the debris (if any) and put in a covered bin _____
7. Air the space/room _____

****Event coordinator:**

*ATTACH LIST OF THE PARTICIPANTS WITH THEIR SIGNATURES!

** With your signature you are confirming that ALL steps of this protocol have been followed and completed

Organizer _____

Activity _____ Location _____

Date: ___/___/202__ . Time from _____ to _____

Event coordinator: _____ ID# _____

LIST OF PARTICIPANTS (*attach additional pages if necessary*):

No	Name	ID	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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9.			
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18.			
19.			
20.			

Event coordinator: