



**EVENT PLAN REVIEW QUESTIONNAIRE**  
**for Special or Seasonal Events**  
Tipton County Health Department

**Instructions:**

1. Please answer the following questions and return this form to our office.
2. If you have questions, please call 765-675-8741.
3. This questionnaire is not designed as a complete list of requirements and should be used as a guideline only.
4. For events scheduled July 23-26, 2020, this questionnaire must be returned at least 72 hours in advance of the event.
5. For events scheduled on or after July 27, 2020, this questionnaire must be submitted at least 7 days in advance of the event.
6. The requirements noted are pursuant to the Governor's Executive Order 20-36, released on July 16, 2020.
7. Attach pages as necessary to complete this questionnaire.

Event Name: \_\_\_\_\_ Date of Event \_\_\_\_\_

Name of facility and/or location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

1. What steps have been taken to ensure that that overall capacity does not exceed allowable limits?

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2. How will social distancing be achieved at this event?

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3. How will guests be informed that, if they are sick or part of a vulnerable population, they should stay home?

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4. How will guests be informed about social distancing, increased handwashing, etc.?

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5. What measures will be taken to appropriately screen staff and volunteers for COVID-19?

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6. Identify measures to be employed to ensure attendees engage in social distancing (ex: use of multiple entrances, designated seating, one-way flow of attendees, ground markings, etc.).

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7. Outline steps to be taken to ensure the event space is appropriately cleaned and sanitized, that high touch areas have increased cleaning, and that additional handwashing or hand sanitizing is available.

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8. Will face coverings recommended for this event's staff, volunteers, and attendees? If "no," why not?

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9. Identify the number of event staff or volunteers who will be available and sufficient to monitor and ensure compliance with the approved plan and other Executive Order directives.

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Applicant's Signature

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Date

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Applicant's Printed Name

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For Office Use Only

I, \_\_\_\_\_, a representative of the Tipton County Health Department, do hereby accept/reject (circle one) the above plan review in accordance with the Executive orders of the Governor of the State of Indiana on this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

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Signature

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Dr. Mary Compton, County Health Officer

If this plan review has been rejected, it has been rejected for the following reason(s):

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