



Public Health

Prevent. Promote. Protect.

Decatur County Health Department

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801 N. Lincoln St.

Greensburg IN, 47240

Event Information:

Type of Event: _____

Name: _____

Location: _____

Date/Dates: _____

Organizer/Sponsor: _____

Phone:(____) _____ Fax: (____) _____

Email: _____

Please supply the following information and submitted to the Decatur County Health Department 14 business days prior to event for approval with Covid-19 Event Requirements:

Capacity Limits: Outline steps that will be taken to assure capacity does not exceed 250 and social distancing will be achieved? _____

Guest Information: Signage and tools to make guests aware of Covid-19 precautions?

Staff and Volunteer Screening: Measures that will be taken to screen staff and volunteers for Covid-19 symptoms?

Social Distancing Measures: Identify measures to ensure attendees will practice social distancing?

Increased Sanitation: Steps that will be taken to ensure event space is clean and sanitized?

How will face coverings be enforced? **Per IN Executive order 20-37, face coverings are required.**

Will all staff /volunteers be trained to monitor the event and assure compliance? Yes _____ No _____

Who will be the compliance contact person? _____

Attach additional information.

Approved: Date _____ Name: _____ Title: _____