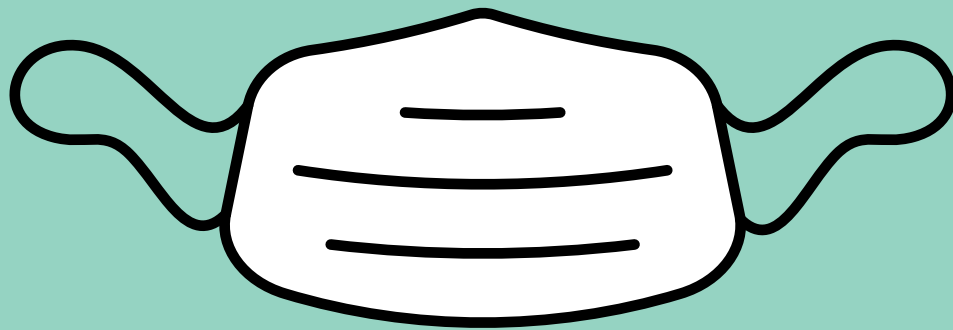


**ALL CREW
MUST WEAR
FACE COVERING**



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ROOM

CAPACITY _____



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COVID-19

COMPLIANCE

OFFICER:

NAME

PHONE

EMAIL



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YOU ARE NOT PERMITTED TO ENTER SET IF:

- **You are ill with signs of COVID-19**
- **You have tested positive within 14 days**
- **You are still under a 14 day quarantine**



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PROCEDURE FOR SYMPTOM CHECKS

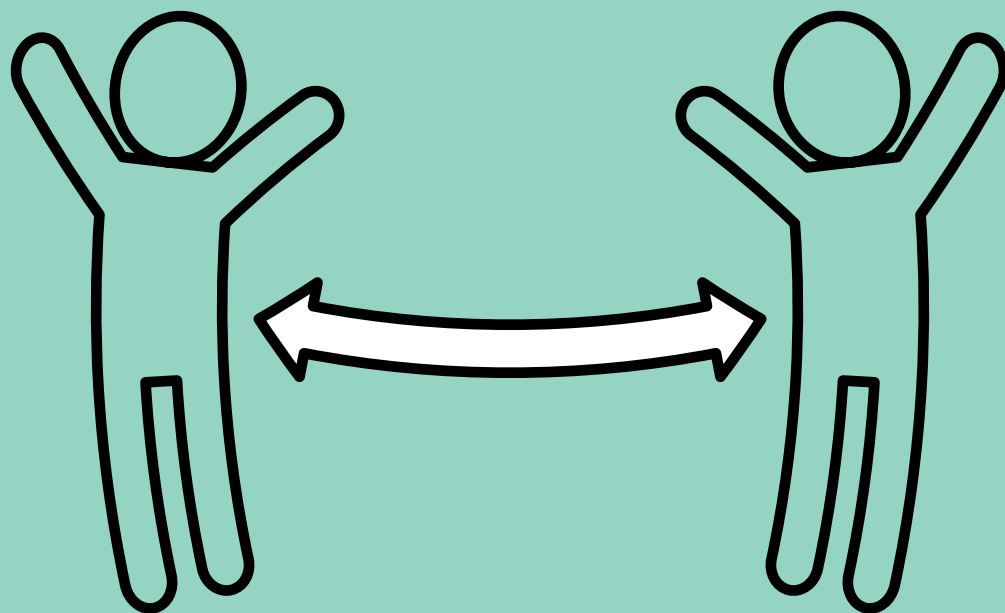
- **Wash or sanitize hands**
- **Apply provided mask**
- **Allow temperature check**
- **Answer questions**
- **Sign and date Symptom Survey**
- **Sign Daily Attendance Roster If Cleared**



PRACTICE

SOCIAL DISTANCING

6 FEET APART



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**REGULARLY WASH
OR SANITIZE
YOUR HANDS FOR
20 SECONDS**



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