



ALEX PADILLA | SECRETARY OF STATE | STATE OF CALIFORNIA
ELECTIONS DIVISION

1500 11th Street, 5th Floor, Sacramento, CA 95814 | Tel 916.657.2166 | Fax 916.653.3214 | www.sos.ca.gov

September 3, 2020

County Clerk/Registrar of Voters (CC/ROV) Memorandum #20195

TO: All County Clerks/Registrars of Voters

FROM: /s/ Jana M. Lean
Chief, Elections Division

RE: General Election: Worksite Specific Action Plans Template

On July 21, 2020, the Secretary of State issued CCROV #20154, which provided the November 3, 2020, General Election Administration Guidance under COVID-19. CCROV #20154 may be found on the Secretary of State's website at: <https://elections.cdn.sos.ca.gov/ccrov/pdf/2020/july/20154jl.pdf>.

One of the elements of the Election Administration Guidance is for county elections officials to create worksite specific action plans (beginning on page 4 of the November 3, 2020, General Election Administration Guidance under COVID-19).

County elections officials shall create a written worksite specific COVID-19 prevention plan for every worksite and voting location ("worksites"). Worksite specific plans may differ depending on the level of county control over and duration of use of a particular worksite. To assist with the assessments of each voting locations, the Secretary of State has developed the attached template for use by county elections officials.

In preparing the plans, elections officials should begin with a comprehensive risk assessment of all worksites. The comprehensive risk assessment may include the following considerations:

1. Does this location require a high density of people in an enclosed space at the same time?
2. Does this location have workers who routinely touch clients, customers, or other members of the public?
3. Do the activities at this location require the handling and transfer of goods or other products between clients, customers, or other members of the public?

4. Does this location have high-touch surfaces that are required for operations?
5. Does this location require prolonged close contact between employees, clients, customers, or other members of the public?
6. Do the workers at this location interact with any clients, customers, or other members of the public on a daily basis?
7. Do the workers at this location interact with a large number of clients, customers, or other members of the public in person, on a daily basis?

If you have any questions regarding the template, please contact Robbie Anderson at aanderso@sos.ca.gov. Thank you.

Attachment

Worksite Specific Action Plan

1. Worksite or Voting Location Information

Worksite or Voting Location Name		Location ID Number
Address		
City	Zip Code	Phone Number

2. Contact information for each individual responsible for implementing the worksite or voting location action plan

Name and Title	Name and Title
Address	Address
City	City
Zip Code	Zip Code
Phone Number	Phone Number

3. For a non-voting location site, the contact number for the local health department and the contact name, if known, in the event a worker at the site has COVID-19 (or symptoms of COVID-19)

Health Department Contact	Health Department Contact Phone Number
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4. If a worker at the site has COVID-19 (or symptoms of COVID-19), the following information shall be gathered to share with the local health department: (The Secretary of State recommends that the local health department be contacted during the plan development to determine any additional information that may be needed.)

a) Date of discovery of COVID-19 infection or symptoms of COVID-19:

b) Worker's Name:

c) Work Hours:

d) Work location:

e) Last date and time worker was at worksite:

f) Names and phone numbers of other workers who work within six feet of the worker identified in (b) for more than 15 minutes at a time:

g) Has the worker completed a daily COVID-19 symptom questionnaire?

_____ YES _____ NO

5. COVID-19 Safety Instructions and Training

a) All workers onsite have been provided safety instructions and training on COVID-19 safety:

_____ YES _____ NO

(i) Location of safety instructions and/or training materials at the worksite:

(ii) Name and contact information of person who can answer questions on safety instructions and/or training:

b) All workers onsite have been provided instruction on the proper use of PPE:

_____ YES _____ NO

(i) Name and contact information of person who can answer questions on proper use of PPE:

c) PPE is available at this worksite:

_____ YES _____ NO

(i) Location of additional PPE supplies at this worksite:

(ii) Name and contact information of person who can supply additional PPE supplies:

6. Cleaning and Safety Protocol

a) All workers onsite have been provided training on cleaning and safety protocols:

_____ YES _____ NO

(i) Location of information on cleaning and safety protocols at the worksite:

(ii) Name and contact information of person who can answer questions on cleaning and safety protocols:

(iii) Location of cleaning and safety supplies at the worksite:

(iv) Name and contact information of person who can supply additional cleaning and safety supplies:

7. Worksite Configuration

a) A detailed description of the configuration for physical distancing at the worksite, traffic flow guidelines, and placement of physical barriers where distancing is not possible is as follows (or is attached to this worksite specific plan):

7. Worksite Configuration (Cont.)

- (i) Location of configuration plan at the worksite:

- (ii) Name and contact information of person(s) responsible for implementing the configuration plan:

8. Behaviors Required of Workers

- a) All workers onsite have been provided training on proper behavior at the worksite:
 YES NO

 - (i) Name and contact information of person who can answer questions on required behavior:

9. Implementation Plans

- a) Workers have been trained on the implementation plan:
 YES NO

 - (i) Name and contact information of person who provided the training:

 - (ii) Name and contact information of person who can answer questions on training:

9. Implementation Plans (Cont.)

(iii) Name and contact information of and procedures for investigating any COVID-19 illnesses to determine whether work-related factors contributed to risk of infection:

(iv) Name and contact information of person responsible for updating the worksite specific plan as needed:

b) Schedule for regular evaluations of the worksite for compliance with the plan:

(i) Name and contact number for person conducting the evaluation:

c) Description of deficiencies found during a worksite evaluation and explanation of how those deficiencies will be addressed: