

“Show-Me Strong Recovery Order” Requirements

- Proper spacing of at least six feet (6') of distance is maintained between tables; and
- Communal seating areas can not be offered to parties that are not connected; and
- A single table must not consist of more than ten (10) people.

**Note: The limit for number of occupancy for retail sales does not apply to restaurants, as long as they adhere to the above requirements.*

Cole County Health Department Restaurant Recommended Guidance

Social Distancing

- Continued use of drive-thru, pickup, or delivery options is encouraged.
- Regulate how many people are at self-serve stations, such as salad bars and buffets, at a time.
- Provide personal protective equipment, such as masks, to employees to wear while working.

Managing Operations & Hygiene

- Offer plenty of hand sanitizer in various locations and encourage usage.
- Clean and disinfect tables, tablets/ziosks, booths, chairs, and menus between customers.
- Use disposable menus, if available, and discard after customer use.
- Routinely clean and disinfect restrooms.
- Pre-screen employees before their shift.

COVID-19 EMPLOYEE ENTRY SCREENING QUESTIONNAIRE

In order to be allowed to work, the following questions should be asked of an employee prior to their entry into the facilities. If the employee answers that they exhibit symptoms or are at risk of exposure due to travel or proximity to an infected person, they should be denied entry. For your protection it is suggested that you retain this form, should an employee begin to show symptoms.

SYMPTOM & RISK CHECKLIST

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have or have you had a fever of over 100.4 in the last 72 hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a cough that is not normal for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing shortness of breath or difficulty breathing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing body aches or chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sore throat? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing a loss of smell? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you traveled outside of Central Missouri in the last two weeks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been exposed to someone diagnosed with COVID-19 in the last two weeks? |

EMPLOYEE NAME AND DATE

EMPLOYEE SIGNATURE

Entry will be denied to any individual who refuses to complete the questionnaire in its entirety, any individual who is positive for any three (3) screening questions, and/or with new onset of the following symptoms: 1) Fever \geq 100.4 in past 72 hours. 2) Persistent cough, that is not normal for you. 3) Shortness of breath.