

COVID-19 Control plan



All businesses in the state of MA must develop a written control plan outlining how its workplace will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement. Control plans **do not** need to be submitted for approval but must be kept on premise and made available in the case of an inspection or outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

BUSINESS INFORMATION | please provide the following information

Business name: Young Dentistry, PC Check if part of a larger corporation
Address: 674 Rogers Street, Lowell, MA 01852
Contact information (Owner/Manager): Young K Son, DMD
Contact information (HR representative), if applicable: _____
Number of workers on-site: Total number = 7; Phase 1 Opening = 4

SOCIAL DISTANCING | check the boxes to certify that you have:

- Ensured that all persons, including employees, customers, and vendors remain at least six feet apart to the greatest extent possible, both inside and outside workplaces
- Established protocols to ensure that employees can practice adequate social distancing
- Posted signage for safe social distancing
- Required face coverings or masks for all employees
- Implemented additional procedures. Please describe them here: _____
Please refer to 'Post COVID-19 Office Re-opening Plan' on file

HYGIENE PROTOCOLS | check the boxes to certify that you have:

- Provided hand washing capabilities throughout the workplace
- Ensured frequent hand washing by employees and provided adequate supplies to do so
- Provided regular sanitization of high touch areas, such as workstations, equipment, screens, doorknobs, restrooms throughout work site
- Implemented additional procedures. Please describe them here: _____
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STAFFING & OPERATIONS check the boxes to certify that you have: _____

- Provided training for employees regarding the social distancing and hygiene protocols
- Ensured employees who are displaying COVID-19-like symptoms do not report to work
- Established a plan for employees getting ill from COVID-19 at work, and a return-to-work plan
- Implemented additional procedures. Please describe them here: _____
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CLEANING & DISINFECTING check the boxes to certify that you have: _____

- Established and maintained cleaning protocols specific to the business
- Ensured that when an active employee is diagnosed with COVID-19, cleaning and disinfecting is performed
- Prepared to disinfect all common surfaces at intervals appropriate to said workplace
- Implemented additional procedures. Please describe them here: _____
Please refer to 'Post COVID-19 Office Re-opening Plan' on file