



# COVID-19 ASSESSMENT REPORT

Client ID \_\_\_\_\_ Client Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Priority Code \_\_\_\_\_ Category Code \_\_\_\_\_

Actual Capacity # \_\_\_\_\_ Covid Capacity # \_\_\_\_\_

Complaint # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ HH \_\_\_\_\_ MM  AM  PM

## COVID-19 Assessment

Assessment Category	Satisfactory	Unsatisfactory	Comments
Indoor Occupancy 25% or 50% with proof of satisfying PA Self-certification protocol	<input type="radio"/>	<input type="radio"/>	_____
Tables 6 Feet Apart	<input type="radio"/>	<input type="radio"/>	_____
Closed Bar Seating	<input type="radio"/>	<input type="radio"/>	_____
Face Coverings By Staff	<input type="radio"/>	<input type="radio"/>	_____
Table Service Only	<input type="radio"/>	<input type="radio"/>	_____
11 p.m. Cutoff for Alcohol Sales for On-Premise Consumption	<input type="radio"/>	<input type="radio"/>	_____

## General Comments

---

---

---

---