

## COVID-19 | Event Plan

Event Details	Response			
Name of Event				
Submitted by				
Reviewer and Tracking	Name	Approved on [date]	Notes	
Labor reviewer				
Health & Safety reviewer				
HR reviewer				
Legal reviewer				
Security reviewer				
Task Force				
Approved/SLT/Sponsor				
Additional Authorization, if any				
Description of Event				
Location of Event				
Type of Venue				
Audience?				
If Outdoors, Weather				
Contingency?				
If audience, approximate size?				
Dates/Times of Event				
Internal or 3rd Party Production				
Responsible Production Group				
Leader				
COVID Compliance Officer(s)				
Production Timeline	Exhibit 1. Please attach.			
Staffing	Exhibit 2. Break up into Zones and Pods, and attach.			
Vendors, if any	Exhibit 3. List vendors, if any, and attach their COVID plans.			
Eligibility and Screening	<b>Exhibit 4</b> . Unless otherwise noted, it is assumed that you will register all employees with the GSOC and will use the PASS system. If that is not the case, please describe eligibility and screening protocols for your production/facility and attach. If allowed by local law, for example, temperature screenings and/or health questionnaires will be administered on location.			

Testing	<b>Exhibit 5</b> . Based on the jurisdictional requirements and your discussions with Law/Labor/HR, please attach the		
, and the second	testing approach you will use for your project or production. Identify testing facility, testing frequency, and other details. If the testing protocol is not yet determined for your production/project, please list as "TBD".		
COVID Supplies	<b>Exhibit 6</b> . List what special supplies will you be using to comply with the Protocols while this work is being done during this project/production? See Instructions for how to respond to this question.		
Location Preparation	Exhibit 7		
Travel	<b>Exhibit 8 Please list anticipated travel needs.</b> Note re Travel: If travel is involved, once the Task Force has given final approval, please route this completed/approved form to the following: (1) For CBS, hal.rudy@cbs.com; (2) For VIA/PPC, globaltravelservices@viacom.com		
COVID Case Mgmt/Notif. Process	Exhibit 9		
Disinfection/Handwashing/ Hygiene	Exhibit 10		
Training Plan	Exhibit 11		
NY and CA	Los Angeles County: Attach a COMPLETED LA County Appendix J form for any work to be completed in Los Angeles County.  New York: Submit the Affirmation associated with the "Interim COVID-19 guidance for Media Production"		
Event breakdown and Attachments for Event	<b>Exhibit 12</b> . Attach a description of each "component" of the event. For example, Red carpet, Pre-show, Client VIP party, Main event, Guest interaction, VIP area, Catering, etc. <b>FOR EACH COMPONENT, SUBMIT A</b>		
Components	<b>SEPARATE EVENT PLAN</b> unless that component is already represented within this document. Attach them to this submission with lettered exhibits (A,B C, etc.)		
Maps, Schematics, Engineered Drawings	Exhibit 13. Attach the layout of the entire project/event space; specific elements/locations/areas; maps		
Event Safety Management	Exhibit 14. Attach weather contingencies, crowd management, etc.		
Security	<b>Exhibit 15.</b> (1) Identify all security vendors; and (2) Attach the security vendors' COVID planning documentation; (3) Confirm that Security vendor is on the approved vendor list, and provide details		
Safety Consultant	Exhibit 16. Identify the Safety Consultant.		
Country-specific Risk Assessment	Exhibit 17. If the country or jurisdiction requires, please provide Risk Assessment		

