



COVID-19 ASSESSMENT REPORT

Client ID _____ Client Name _____
Address _____ Date _____
City _____ State _____ Zip _____ Purpose _____
Municipality _____ Category Code _____ Assessor _____

Assessment Category	Satisfactory	Unsatisfactory
Indoor Occupancy (25%)	<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 Covering Usage By Staff	<input type="radio"/>	<input type="radio"/>
Table Service Only	<input type="radio"/>	<input type="radio"/>
Zero Tobacco Usage	<input type="radio"/>	<input type="radio"/>
Closed by 11:00 pm	<input type="radio"/>	<input type="radio"/>

Assessor _____ Contact _____
Start Time _____ End Time _____
Phone _____

Other Assessment Observations and Comments
