

COVID-19 Exposure Control, Mitigation, and Recovery Plan Submittal Form

Project Information	Project Title/Name: _____ Permit Number(s): _____ Address/Location: _____ Contact Person: _____ Company: _____ Email: _____ Phone: _____
COVID-19 Site Supervisor	Name: _____ Email: _____ Phone: _____
COVID-19 exposure control, mitigation, and recovery plan	<input type="checkbox"/> Posted at job site: <u>COVID-19 exposure control, mitigation, and recovery plan</u> <input type="checkbox"/> Attached: <u>COVID-19 exposure control, mitigation, and recovery plan</u>
<p>Contractor certifies that the plan submitted with this form complies with the requirements for a comprehensive <u>COVID-19 exposure control, mitigation, and recovery plan</u> in accordance with Governor Inslee’s Proclamation 20-25 and as described in the <i>Phase 1 Construction Restart COVID-19 Job Site Requirements</i>. Contractor agrees that it, and all of its subcontractors will adhere to the plan and the <i>Phase 1 Construction Restart COVID-19 Job Site Requirements</i>. Contractor acknowledges that the City of Auburn is not responsible for reviewing, verifying, or approving the Contractor’s plan. The Contractor bears all risk and responsibility for the plan and its implementation. The City of Auburn is not making a determination that the contractor’s plan complies with the requirements and the city’s decision whether to issue permit(s) or authorization for a construction project to commence should not be construed as a determination that the plan and the construction work is compliant with the <i>Phase 1 Construction Restart COVID-19 Job Site Requirements</i>. Contractor acknowledges that the City of Auburn may issue a stop work order if the Contractor is not in compliance with the plan but that the City of Auburn has no responsibility to do so.</p> <p>Contractor Signature: _____ Date: _____</p> <p>Title: _____</p>	