

**USD 330 MISSION VALLEY  
HEALTH SAFETY PLAN FOR FACILITY USAGE**  
(Approval is required prior to activity/event)

<b>Person Making Request</b>	
<b>Date of Request</b>	
<b>Activity Name</b>	
<b>Activity Date(s)</b>	
<b>Activity Time(s)</b>	
<b>Activity Purpose</b>	
<b># of Participants</b>	
<b>Area/Room of Facility Needed</b>	
<b>Equipment Needed</b>	
<b>Other information (if needed)</b>	

**Description of Activity/Event**  
(Describe what will be occurring)

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**Health & Safety Plan**

(Describe how the following will be addressed prior, during and/or following the activity to make this activity as safe as possible)  
6-ft Social Distancing    Cleaning & Sanitation    Personal Contact    Use of Personal Protective Equipment    Etc..

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<b>Approved by Administrator</b> (Yes/No)	<b>(Signature)</b>	<b>(Date)</b>
<b>Approved by Superintendent</b> (Yes/No)	<b>(Signature)</b>	<b>(Date)</b>
<b>Approved by WABCO Health Dept</b> (Yes/No) **If needed	<b>(Signature)</b>	<b>(Date)</b>