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## CLEANING PROTOCOLS:

- ┌ ┐ The frequency of cleaning and sanitizing in all public spaces, with an emphasis on frequent contact surfaces, is increased.
  
- ┌ ┐ EPA approved cleaning and sanitizing protocols are in place to clean guest rooms, with particular attention paid to high touch items. HEPA filters are to be utilized in vacuum cleaners.
  
- ┌ ┐ Rooms are 'sealed' or mechanisms such as enhanced key control via property management systems and/or notices are in place for clean rooms not to be entered between guests.
  
- ┌ ┐ All bed linens and laundry are washed at the hottest temperature in accordance to CDC guidelines, and dirty laundry is bagged/contained in the guest room to eliminate excess contact while be transported.
  
- ┌ ┐ Rooms are left vacant for 24-72 hours prior after a guest has departed. (Optional)
  
- ┌ ┐ The frequency of cleaning and sanitizing in all high traffic back of house areas, with an emphasis on employee dining rooms, locker rooms, restrooms and kitchens, is increased.
  
- ┌ ┐ Shared tools and equipment are cleaned and disinfected during and after each shift or anytime the equipment is transferred to a new employee.



### CLEANING PROTOCOLS:

- The use of shared food and beverage equipment, including shared coffee/tea service, has been discontinued (optional).
  
- In the case of a presumptive COVID-19 positive guest, the guest's room is removed from service and quarantined and the guest room is not returned to service until case is confirmed or cleared. In the event of a positive case, the room is only returned to service after undergoing an enhanced sanitization protocol (per county regulations, if applicable)
  
- The frequency of air filter replacement and HVAC system cleaning is increased to maximize fresh air exchange.
  
- Suppliers, delivery drivers, and other individuals from third-party companies are reminded of symptom screening and social distancing requirements.

I, \_\_\_\_\_, the \_\_\_\_\_

PRINT NAME

JOB TITLE

at \_\_\_\_\_ located at \_\_\_\_\_,

PROPERTY NAME

PHYSICAL ADDRESS

certify that the above checked items are correct and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**COVID-19**

# CLEAN + SAFE CHECKLIST