

GRANGER FARMERS MARKET VENDOR COVID-19 SAFETY PLAN

Name of Busi	mess:
l. Please prov	vide a description of the essential service that you provide.
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2. How do yo	ou plan to protect your own health (such as hand hygiene, sneeze barriers, etc.)?



3. How do you plan to protect customers from exposure while at your beautiful to the second of the s		osure while at your booth?
4.	 What is your plan to reduce touch points in the booth, including: Keeping designated "Display Only" items for customers to view or handle, when possible. Pre-bagging/pre-packaging/pre-weighing food when possible. Discontinuing all product sampling and self-serve areas. 	
<u>c.</u>	CD : D	D. /
51	gnature of Business Representative	Date