



(719) 689-2988 www.co.teller.co.us Fax (719) 686-7900

June 4, 2020

Local Businesses and Organizations

Re: Teller County Board of Health review of COVID-19 suppression plans for events and activities within Teller County pursuant to guidelines in the Colorado Department of Public Health and Environment (CDPHE) approved variance from the most current Public Health Order (PHO).


Teller County's request for a variance was approved on May 22, 2020. The variance approval contains specific guidance and guidelines to be used for the reopening of our businesses, facilities, or events.

For businesses, facilities, or events that cannot meet the guidelines as written or feel that an exception is warranted, the following form and process has been developed (form attached). A complete description of the planned event including actions to be taken to suppress the spread of COVID-19 at the event will be forwarded to Teller County Administration. Requests received prior to 12:00 noon on Friday will be reviewed by County Staff and returned to County Administration by 12:00 noon the following Thursday for inclusion in the next Board of Health meeting scheduled to be held on each Tuesday at 10:00 a.m. A cutoff schedule is attached to provide clear deadline information.

We have requested that each municipality review the COVID-19 suppression plan for planned events, pursuant to the current guidance in the variance from the most current PHO, that lie within their city jurisdictions, to assure awareness and support of the event as it relates to the COVID-19 suppression planning.

If CDPHE health orders or State of Colorado Executive Orders change in a more restrictive

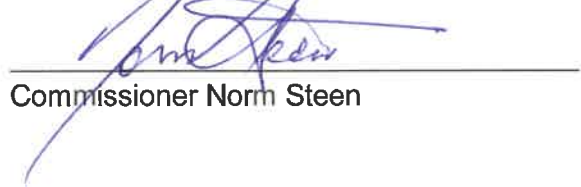
manner, *prior to the planned event or reopening*, the request may need to be resubmitted for reconsideration.



Commissioner Marc Dettenrieder, Chairman



Commissioner Bob Campbell, Vice Chair



Commissioner Norm Steen

**COVID-19
TELLER COUNTY BOARD OF HEALTH
APPLICATION FOR SUPPRESSION PLAN REVIEW**

***Teller County does not review or approve private events on private property.
Teller County encourages social distancing and wearing masks where appropriate.***

Name of Organization: _____

Primary Contact Name: _____

Mailing Address: _____

Email Address: _____

Phone Number(s): _____

Name of Proposed Activity or Event: _____

Date(s) of Event: _____

Event Location: _____

Expected Number of Participants: _____ **Spectators:** _____

Municipal Contact (if applicable): _____

Description of Safety Measure to be implemented during the event (Attach Additional pages if necessary to be as specific as possible):

Attach any and all guidance being relied upon to develop the submitted Suppression Plan.

Attach any additional information that could be useful in understanding the event and how it will be managed.

Return the fully completed application and any additional documents via mail, fax, deliver OR email to:

**Mail to: Teller County Administration
P.O. Box 959
Cripple Creek, CO 80813**

**Hand Deliver to: Teller County Administration
112 North A St.
Cripple Creek, CO 80813**

Fax to 719-686-7900

Email to: sep@co.teller.co.us

If you have any questions regarding this application, you may contact 719-689-2988. Thank you.

***Applicant listed as the Permittee is responsible to assure adherence to the suppression/mitigation efforts described in this application of any and all attendees/participants of the event.**

The most current Public Health Orders can be found at <https://covid19.colorado.gov/safer-at-home>

I have read and agree to abide by the most current Colorado Public Health Order, unless provided an exception as a result of this application. I understand I am responsible for my own actions and the actions of the parties represented as a result of this permit. I agree to indemnify and hold harmless the Teller County Board of Health and its officers, insurers, volunteers, and representatives, agents, employees, heirs, and assigns from and against all claims, liability, damages, losses, expenses and demands, including attorney fees, on account of injury, loss, or damage including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with this Agreement if such injury, loss, or damage is caused in whole or in part by, the act, omission, error, professional error, mistake, negligence, or other fault of the Applicant, or any guest of the Applicant.

Applicant Name (Please Print): _____
(Person responsible for Event or Responsible Permittee*)

Applicant Signature: _____ **Date:** _____

Board of Health Meeting Dates	Packet Material to Administration Cut Off
every Tuesday at 10:00 a.m.	every Friday By Noon
June 9, 2020	May 29, 2020
June 16, 2020	June 5, 2020
June 23, 2020	June 12, 2020
June 30, 2020	June 19, 2020
July 7, 2020	June 26, 2020
July 14, 2020	Thursday, July 02, 2020
July 21, 2020	July 10, 2020
July 28, 2020	July 17, 2020
August 4, 2020	July 24, 2020
August 11, 2020	July 30, 2020
August 18, 2020	August 7, 2020
August 25, 2020	August 14, 2020

Board of Health Meeting Dates	Packet Material to Administration Cut Off
every Tuesday at 10:00 a.m.	every Friday By Noon
September 1, 2020	August 21, 2020
September 8, 2020	August 28, 2020
September 15, 2020	September 4, 2020
September 22, 2020	September 11, 2020
September 29, 2020	September 18, 2020