

P1 - COVID-19

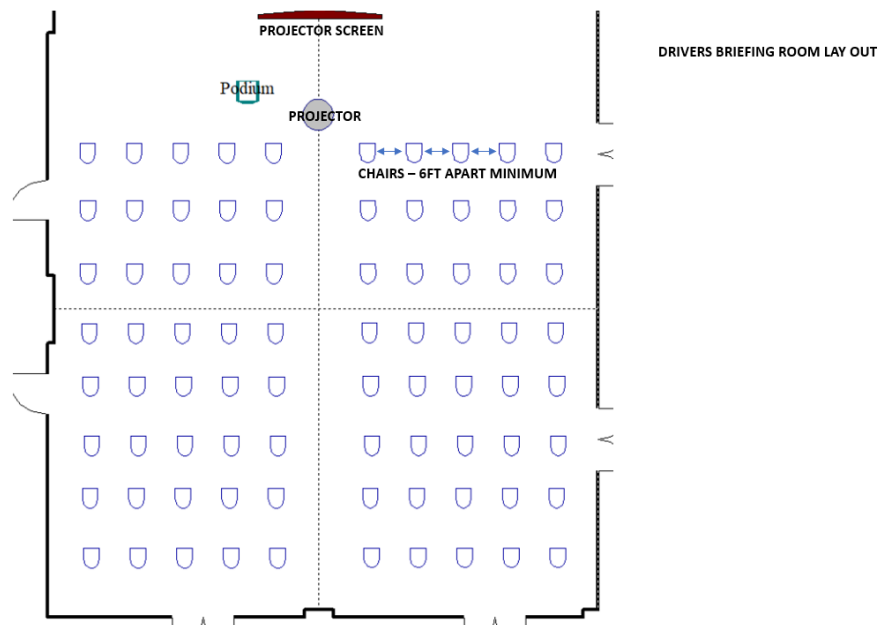
Due to COVID-19, we will be following the following guidelines for all our events:

REGISTRATION:

- 1) P1 will have a person who will be dedicated to COVID protocols.
- 2) Signs will be posted at registration and throughout the pits outlining COVID protocol. (Masks, Social distancing, groups sizes.)
- 3) All competitors, pit crew and staff will be required to fill out the attached COVID-19 screening questionnaire at registration when they arrive to the event site. Screening will include recording of each competitor and pit crew temperature with a no-contact thermometer.
- 4) All competitors will be given their own hand sanitizer to be used during the weekend.
- 5) Masks are required to be worn while indoors and near other people where social distancing is not possible.
- 6) When signing in at registration, pens will be sanitized after each use. There will be a basket where used pens can be deposited for cleaning and a basket for sanitized pens.
- 7) Hand sanitizer will be on the registration desk.
- 8) While in line for registration, all competitors will be required to stay at least 6ft from each other. The floor will be marked every 6ft.
- 9) Hotel COVID-19 guidelines will be observed.

BRIEFINGS:

- 1) The briefing room will be set up in theatre style with all chairs at least 6 feet from each other.
- 2) Depending on entries, briefings may be staggered by class to minimize the number of people in the briefing room. See example of layout below.
- 3) If there are time constraints, a recorded virtual driver briefing may be held via Zoom. Roll call will be made if the driver and throttleman does not respond, they will be recorded as absent.



PITS:

- 1) All teams will be set up the in the pit area. Each pit area will be a minimum 6 ft away from the next team. No more than 10 people will be permitted to be in any team pit area.
- 2) All competitors and pit crew must have gone through the COVID screening at registration.
- 3) Each pit must have hand sanitizer readily available.

COVID-19 SCREENING QUESTIONNAIRE

DATE: _____

TEMPERATURE: _____

- 1) **DO YOU HAVE A FEVER, COUGH, SHORTNESS OF BREATH NOW OR IN THE LAST WEEK?**
 - a. YES
 - b. NO
- 2) **HAVE YOU TRAVELED OUTSIDE THE USA WITHIN THE LAST 14 DAYS?**
 - a. YES
 - b. NO
- 3) **HAVE YOU HAD CLOSE CONTACT WITH A LABORATORY CONFIRMED COVID-19 PATIENT IN THE LAST 14 DAYS?**
 - a. YES
 - b. NO
- 4) **HAVE YOU BEEN TESTED FOR COVID-19?**
 - a. YES IF YES – DATE TESTED _____
 - b. NO WAS TEST POSITIVE OR NEGATIVE? _____

SIGNATURE

PRINTED NAME