

Addendum VI Department Self Certification



COPIES OF THIS CERTIFICATE
SHALL BE POSTED AT ENTRANCES
OF EVERY OFFICE LOCATION

DEPARTMENT SELF-CERTIFICATION FORM WORKSITE PROTOCOL COMPLIANCE

Certification instructions: Department Heads please review the Protocol, sign, and repost this Certification Form each time it is amended.

I, _____ hereby certify that I am the Department Head of the
_____ Department, of the County of Lake and I have
authority to bind this office to the requirements of this Self-Certification Form:

Address of Office: _____

I hereby declare under penalty of perjury under the laws of the State of California that the following is true and correct:

1. I have reviewed and I understand the terms and conditions of the County of Lake COVID-19 Worksite Protocol.
2. I have implemented all terms and conditions for the reopening of this office as detailed in the County of Lake Return to Work – Worksite Prevention Protocol and I shall continue to do so for the extent of the COVID-19 Public Health emergency, unless or until this protocol is modified or determined by the County Health Officer, or by the Lake County Board of Supervisors, to no longer be necessary.
3. In addition to my compliance, I ensure that this protocol has been reviewed with all employees in my department and re-reviewed each time it is amended. On an ongoing basis, I shall ensure compliance with the terms and conditions protocol by all employees in my department.
4. My department shall also adhere to and remain in compliance with all state and local laws, including but not limited to the Executive Orders of the Governor issued consequent to the COVID-19 emergency.
5. Any concerns or complaints regarding my department's implementation and ongoing compliance with the County of Lake Worksite Prevention protocol should be submitted to:

Name: _____ Email: _____

Address: _____

Phone: _____