

VEHICLE CURBSIDE PICK UP/DROP-OFF EVENT PLAN

EVENT NAME:	
DESIGNATED LOCATION	
CAMPUS APPROVAL	
DATE SHARED W/LASD	
DATE SHARED W/LACCD EOC	
LOCATION FOR POSTING OF PLAN	

EVENT DESCRIPTION	
EVENT DATE AND ESTIMATED LENGTH OF EVENT (START AND END TIMES)	
MAIN CONTACT NAME	
MAIN CONTACT PHONE NUMBER	
MAIN CONTACT EMAIL ADDRESS	
ALTERNATE CONTACT NAME	
ALTERNATE CONTACT PHONE NUMBER	
ALTERNATE CONTACT EMAIL ADDRESS	
TOTAL NUMBER OF PERSONNEL NEEDED FOR EVENT	
ESTIMATED NUMBER OF VEHICLES	
HOW WILL VEHICLES LINE UP FOR DESIGNATED LOCATION?	
HOW WILL SUFFICIENT SPACE BE PROVIDED TO ALLOW FOR EMERGENCY ENTRANCE AND EXITS FROM VEHICLES?	
WILL VEHICLES OCCUPANTS BE ALLOWED TO EXIT VEHICLE?	
IF YES HOW WITH THIS BE MONITORED TO KEEP SUCH ACTIVITY LIMITED TO ONE VEHICLE, EXCEPT FOR EMERGENCIES?	
ESTIMATED NUMBER OF PEDESTRIANS	
DESCRIBE THE SOCIAL DISTANCING SET UP FOR PEDESTRIANS	

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ARE RESTROOMS GOING TO BE PROVIDED?	
HOW WILL PERSONNEL MONITOR THE FOR SOCIAL DISTANCING FOR USE OF RESTROOMS	
PROVIDE CLEANING/DISINFECTION SCHEDULE FOR RESTROOMS	
MISC INFORMATION	