## Safer Hudson Initiative Survey of Your Business Safety Practices

Business Name and Address: SPRING CREEK DENTAL
Please check all that apply to your business:   Application of STMEET  Please check all that apply to your business:   Application of STMEET  Application of STM
Please check all that apply to your business: / W = 9
Regularly sanitizes surfaces Provides sneeze/cough (Plexiglass) shields for staff and customers Requires masks for staff and employees when not eating or drinking Requires and enforces masks for customers while not eating or drinking Has capacity limits Able to meet social distancing guidelines of 6 feet between groups of guests Screens staff for illness prior to beginning of their shift Provides contactless transactions Has inspected ventilation systems and made modifications if deemed necessary to increase airflow or filter air
Please list or describe any additional safety practices you use relating to COVID-19 that you would like posted on our city website:
Alternatives for your customers:  Dining:
Provides outdoor dining options Provides takeout Provides curbside In Person Dining with the above noted safety precautions
Retail:  Provides curbside Provides home delivery Provides online orders Provides virtual resources Provides in person Provides by appointment
Other businesses:  Encourages virtual meetings  Has in-person meetings only with scheduled appointments  Has in-person meeting on a drop in basis