

*This form should be completed and approved before the troop meets in a private residence.  
Troops may only meet in-person during a **Green** or **Yellow** threat phase, as determined by the Council.  
Please visit our website for the weekly phase level, [fairbanksgirlscouts.org](http://fairbanksgirlscouts.org).*

Troop Leader's name \_\_\_\_\_ Troop # \_\_\_\_\_

Address of troop meeting location \_\_\_\_\_

Name of homeowner, if other than Troop Leader \_\_\_\_\_

**Safety and Health Checklist**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does the home have enough space for all troop members to sit at least 6 feet apart? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Will the space be clearly marked with designated spots for troop members to sit?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the home have an HRV air circulation system?                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Will the space be clean, and all surfaces sanitized before every meeting?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are any of the household members at higher risk for contracting COVID-19?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the house stocked with cleaning and sanitizing products?                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Will there be hand sanitizer at the entrance for girls to use upon entry?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have a back-up plan for meeting virtually?                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

As the Troop Leader, I understand that I am responsible for a group of girls and their health and safety during a troop meeting within my home. I agree to follow all safety guidelines within the current COVID-19 threat phase, as determined by the Council, as well the guidelines above. If I cannot meet all the safety guidelines, I may be asked to halt all troop meetings in my home and find an alternate way to meet safely with my troop.

Troop Leader name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*For in office use only below this line*

Date Received \_\_\_\_\_ Approved YES  NO  Staff initials \_\_\_\_\_