

UMA ASSURCLEAN ACKNOWLEDGEMENT

_____ does hereby confirm on the _____,
(Name of Individual) (Day)

_____ 20____ that _____ has:
(Month) (YR) (Name of Company)

- Designated an individual to be responsible for responding to SARS-CoV-2 (COVID-19) concerns. Furthermore, all employees know who the designee is and how to contact them.
- Provide all employees with information about SARS-CoV-2 (COVID-19), how it spreads, and risk of exposure, training on proper hand washing practices and other routine infection control precautions. access to soap, clean running water, and drying materials or alcohol-based hand sanitizers containing at least 60% alcohol at their worksite.
- Conduct worksite assessments to identify SARS-CoV-2 (COVID-19) prevention strategies.
- When practical, provide products as recommended by the Centers for Disease Control, Environmental Protection Agency, and other applicable government agencies so that surfaces commonly touched by passengers and staff can be cleaned periodically.
- Use disinfectant products that meet Environmental Protection Agency's List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19) and provide employees training on manufacturer's directions.
- Coordinate with local and/or state public health officials to establish ongoing communications to facilitate access to relevant information.
- Monitor federal regulations and public health agency guidelines as appropriate.

(Signature of Company Official)

(Title)

(Date of Signature)

U.S. DOT Number

AssurCLEAN is a program for UMA Operator Members only. To inquire about Membership, contact UMA's Membership Manager, Antonio Thomas at athomas@uma.org.

RETURN your **AssurCLEAN Acknowledgement** to UMA:

- Email to athomas@uma.org
- FAX to (703) 8382-2950