

CITY OF TORRANCE INTEROFFICE COMMUNICATION

Date: June 21, 2021

TO: All City of Torrance Employees

FROM: Aram Chaparyan, City Manager

SUBJECT: Administrative Order to All Employees regarding revised Face Covering requirements and Vaccination Self Attestation

On June 17, 2021, Governor Gavin Newsom signed an executive order enabling Occupational Safety and Health Standards (Cal/-OSHA) Board adopted revised COVID-19 Prevention Emergency Temporary Standards (ETS) to take effect immediately.

In alignment with the revised ETS, this Administrative Order provides that City of Torrance employees can now remove their face covering under certain conditions as described in this order. This Administrative Order takes effect **June 21, 2021** and remains in effect until further notice.

Face Covering

- ✓ Fully vaccinated employees who properly complete and submit the vaccination self-attestation form to their supervisor do not have to wear a face covering.
- ✓ Non-vaccinated employees must wear face covering indoors. When non-vaccinated employees are outdoors, face covering is recommended if six feet of distance between people cannot be maintained.
- ✓ All employees can continue to wear face coverings regardless of vaccination status.
- ✓ Industry specific masking requirements must be adhered to including Transit operations, Emergency Medical Services and others. Please consult with your supervisor for guidance.

Acceptable Face Coverings: Tightly woven fabric or non-woven material of at least two layers. A face covering has no visible holes or openings and must cover the nose and mouth. N95 respirators are also acceptable and available to employees to wear on a voluntary basis. Please contact your supervisor.

Not Acceptable Face Coverings: A scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

How to Complete Vaccination Self-Attestation Form

Instruction for Staff

- (1) Complete the Vaccination Self-Attestation Form attached to this memo or access it on CityofTorranceCA.com under employee resources.
- (2) Complete the form, sign and submit to your direct supervisor.

Instruction for Supervisors/Managers

- (1) Accept the properly completed form from Staff. Do not make copies or duplicates.
- (2) Scan and email or securely deliver to Department Human Resource Analyst.
- (3) Human Resource Analyst will archive forms and track status.

City of Torrance prohibits discrimination, retaliation and/or harassment based on medical status, disability or other qualified status. Violations of this policy will be monitored and compliance will be strictly enforced.

Once you have signed and submitted your Vaccination Self-Attestation form, each day you report to any Torrance worksite or facility, you are self-certifying that you have completed the self-screen, will continue to maintain all previously required work area cleaning protocols and are approved to work onsite.

Please stay safe,

A handwritten signature in black ink that reads "Aram Chaparyan". The signature is written in a cursive, flowing style.

Aram Chaparyan
City Manager

Attachment: Vaccination Self-Attestation Form



Self-Attestation of Vaccination Status



Department:	
Employee First Name:	
Employee Last Name:	
Employee ID Number:	



Under CALOSHA Covid-19 Emergency Temporary Standards (ETS), employers are required to determine the COVID-19 vaccination status of their employees (as well as contractors, volunteers, and others who regularly work onsite). In light of this requirement, you are being asked to provide the information requested below.

Please note that you are required to provide accurate information about your vaccination status in response to the questions below, or alternatively may decline to provide your vaccination status. If you decline to provide information about your vaccination status, we will be required to assume you are unvaccinated for purposes of rules or requirements in the workplace that are different for vaccinated or unvaccinated employees. For example, if requirements on face coverings allow fully vaccinated employees not to wear face coverings in certain settings, the information collected below will be used to determine whether you will be required to wear a face covering in those settings.

For purposes of this attestation, you are considered “fully vaccinated” if you received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

Please select the statement below that accurately describes your vaccination status:

<input type="checkbox"/>	I am fully vaccinated.
<input type="checkbox"/>	I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine less than two weeks ago on
<input type="checkbox"/>	I received my first dose of Moderna or Pfizer, and my second appointment is scheduled for
<input type="checkbox"/>	I have not been vaccinated.
<input type="checkbox"/>	I decline to answer.

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, my employer may request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

Signature:

Date:

Please sign, date and submit it to your direct supervisor. Do not make copies. Supervisors must email or interoffice mail to Human Resources for secure filing.