SKIDMORE COLLEGE

Research Facility Reactivation Plan

Please use this form to detail the needs and protocols that you will utilize to operate your individual laboratory and/or studio space(s) during the summer of 2020. Please note that competing this form is required before utilizing labs and studios at Skidmore College.

In order to ensure safety of our community, and continuity of our operations, researchers must comply with the Reopening Safety Action Plan and the Research Facility Reactivation Plan and may only access authorized areas. Once filed, this plan will be reviewed by the Research Reopening Working Group and you will be notified of approval or with requests for revisions as soon as possible. Please direct your questions to rrwg-list@skidmore.edu.

Please be aware that there may be some delays while facilities are prepared for occupation (cleaning, flushing water systems, testing ventilation, delineating pathways, and posting signage).

Faculty Member: _____ Email address: _____

Department: _____ Phone No. (cell or lab/studio): _____

Lab/Studio Building & Room No. (s): _____

1. What days do you anticipate using your lab/studio this summer? *Check all that apply.*

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning (6am – 12pm)	☐	☐	☐	☐	☐	☐	☐
Afternoon (12pm – 6pm)	☐	☐	☐	☐	☐	☐	☐
Evening (6pm – 9pm)	☐	☐	☐	☐	☐	☐	☐
Night (9pm – 6am)	☐	☐	☐	☐	☐	☐	☐

2. Enter any comments about your overall lab use schedule (e.g. “July only” or “any 3 of the days indicated”).

3. Are any of the spaces you identified above used by more than one person at a time?
   - ☐ Yes
   - ☐ No
   - ☐ Other : _____

4. If yes, who else uses the lab/studio(s)?

5. For each space listed above, explain how physical distancing requirements will be maintained and how scheduling procedures will be used if there are multiple people in the room.

6. Please describe any activities where physical distancing cannot be followed. What measures will be put into place to limit contact between individuals?

7. Explain how will you comply with safety checks when working alone in the lab/studio?

8. Your work spaces will need a sink, liquid hand soap, paper towels, and a lined garbage can. Does your space have all of these items? If not, explain.

   ☐ Yes

   ☐ No: _____

9. Do you require disinfecting solutions that are not identified by the Environmental Protection Agency (EPA) as effective against COVID-19? If yes, please explain.

   ☐ No

   ☐ Yes: _____

10. Describe the disinfection protocol lab/studio workers will use when entering their workspace, before beginning work, and when exiting the workspace.

11. Describe the personal protective equipment (PPE) lab/studio workers and essential visitors will wear.

12. Will you be working with/around flammable materials or open flames?

   ☐ Yes

   ☐ No

13. What measures will be put into place to limit the sharing of objects?

14. Identify any on-campus resources outside of your lab/studio(s) that will be required for the work (e.g. shared equipment spaces, mail room, supply rooms, etc.).

15. What other support do you need to carry out your work?

16. Reopening research facilities at Skidmore College will require substantial adjustments to everyday activities. A change in routine will be necessary and should only include research-related activities (i.e. not informal socializing). I agree to the following:

	Yes	No		Yes	No
I will comply with the Skidmore College Reopening Safety Action Plan	☐	☐	I have reviewed the CDC guidelines for proper use of PPE	☐	☐
I will comply with the Research Facility Reactivation Plan	☐	☐	I will comply with necessary safety checks when working alone in the lab/studio	☐	☐
I will complete the mandatory daily health screening per the Reopening Safety Action Plan	☐	☐	I will keep a cleaning log for each lab/studio space	☐	☐
I will have a mask with me at all times, and I will wear the mask any time there is more than one individual working in the lab/studio	☐	☐	I will keep a close contact log and e-mail it to HR (hr@skidmore.edu) weekly	☐	☐
I will limit travel within Skidmore College facilities to my designated labs/studios, restrooms, and necessary research related locations	☐	☐	I will inform individuals that work in the vicinity of my lab/studio of essential visitors coming to campus at least 12 hours in advance	☐	☐
I will not participate in or hold in-person meetings on campus	☐	☐	I will have essential visitors complete the mandatory health screening prior to coming to campus	☐	☐
I will not allow non-essential visitors to enter my lab/studio	☐	☐	I will have essential visitors review the CDC guidelines for proper use of PPE	☐	☐

☐ By checking this box and *typing my name* below, I am electronically signing *this form.*

Full Name: _____

Date: _____

E-mail your completed form to the Research Reopening Working Group at rrwg-list@skidmore.edu.