

Academic Space Utilization Form

Please use this form to detail the needs and protocols that you will follow while on campus for teaching or scholarship purposes (excluding personal office space). Please note that competing this form is required before you utilize academic spaces at Skidmore College.

In order to ensure safety of our community, and continuity of our operations, individuals must comply with the Reopening Safety Action Plan and the COVID-19 Safety Guidelines for Academic Spaces. Once filed, this utilization form will be reviewed and you will be notified of approval or with requests for revisions as soon as possible. Please direct your questions to ehs@skidmore.edu.

	Name:					Email	address	s:	
	Department:				_	Ph	one No	.:	
Е	Building & Room No. (s):				_				
1.	What days do you anticipate w		-				ly.		
		Sun	Mon	Tue	Wed	Thur	Fri	Sat	
	Morning (6am – 12pm)								
	Afternoon (12pm – 6pm)								-
	Evening (6pm – 9pm)								_
	Night (9pm – 6am)								
2.	Enter any comments about you	ır overall	schedu	ıle (e.g.	"Janua	ry only"	or "any	y 3 of th	ne days indicated").
3.	Are any of the spaces you ident	tified abo	ove used	d by mo	ore thar	one pe	rson at	a time	?
	No								
4.	If ves. who else uses the space(s)?							

5.	-	xplain how physical distancing requirements will be maintained and how used if there are multiple people in the room.			
6.	Please describe any activities place to limit contact between	where physical distancing cannot be followed. What measures will be put into individuals?			
7.	Which of the following hand hall that apply.	ygiene and disinfection supplies do you have available in your workspace? Check			
	sink	lined garbage can			
	hand soap	Oxivir® peroxide wipes			
	hand sanitizer	Germisept® alcohol wipes			
	paper towels	EcoLab® peroxide multi surface spray disinfectant			
8.	Do you require any additional disinfecting supplies/products not already available (see #7 above) or currently provided by Skidmore College? If yes, please explain.				
	No				
	Yes:				

9.	Describe the disinfection and hand hygiene protocols you will use when entering your workspace, before beginning work, and when exiting the workspace.
10.	Beyond the required face covering, describe the personal protective equipment (PPE) needed to carry out the activities in your workspace.
11.	Will you be working with/around flammable materials or open flames?
	Yes No
12.	What measures will be put into place to limit the sharing of objects?
13.	Will you, or do you anticipate the need to, bring essential visitors (i.e. 3 rd party repair services and contractors) to campus? If yes, please explain.
	No
	Yes:

order to ensure the safety of our co cilities and must take precautions to		-	d continuity of our operations, all indiv against the spread of COVID-19.	iduals	utilizing (
understand and agree to the ollowing, <i>I have</i> :	YES	NO	I understand and agree to the following, <i>I will</i> :	YES	NO			
lead the College's Reopening afety Action Plan			Complete the mandatory daily health certification screening before coming to campus					
lead the COVID-19 Safety Guidelines for Academic Spaces			Wear a face covering at all times in public spaces					
Reviewed the HR face covering and land washing video			Keep a <u>close contact log</u> and e-mail it to HR (<u>hr@skidmore.edu</u>) weekly					
n understanding of the xpectations when essential isitors are brought to campus			Keep a <u>cleaning log</u> for all non-community spaces I occupy					
			Not participate in or hold in-person meetings on campus					
			Not allow non-essential visitors to come to campus					
By checking this box and <i>typing my name</i> below, I am electronically signing <i>this form</i> .								
			Date:					

14. Identify any on-campus resources or support you will need to carry out your work (e.g. shared equipment

spaces, mail room, supply rooms, etc.).

revised 11.24.2020 Page **4** of **4**