

Lab Personnel Form

Employee Information

Name:

uNID:

Department:

Lab supervisor:

Email:

Phone:

I confirm that I have read and will comply with the University's guidelines for physical distancing and hygiene.

Yes

I confirm that I have spoken with my lab supervisory about specific hygiene and sanitization plans, and procedures for ensuring physical distancing (6 ft. minimum) in the lab.

Yes

I will wear a face mask covering at all times in the lab, and I will not prepare food in the building.

Yes

Signature

Date

INSTRUCTIONS: Please submit this form to your PI or Lab Manager. Contact your department chair/director if you have any about working in your lab.