**UW College of Engineering**

**Fall Quarter on-campus activity information sheet**

This document is intended to provide information to UW College of Engineering administration regarding on-campus activities taking place during fall Quarter that are outside of established research lab or classroom teaching activity. Groups or individuals engaged in on-campus activity during fall quarter must complete this document as well as the attached COVID-19 Prevention Plan, and return it to engineeringuw@uw.edu for review at least one week prior to the start of the activity.

Please note that this document must be completed **in addition to** relevant UW-, department-, and/or site-specific trainings, guidelines and attestations required for faculty, staff and students.

Completed By:

Date:

Name of group or activity:

Start and end dates of this activity:

On-campus location(s) where this activity will take place:

Dates (or days of week) and times when individuals will be on campus for this activity:

Faculty or personnel supervisor name, phone number and email address:

Will the supervisor be on site during this activity? \_Yes \_No

*Please note that if “No” is checked, the faculty/personnel or site supervisor will be required to conduct regular, on-site audits in order to ensure that the requirements in the relevant COVID-19 Prevention Plan checklists are being followed.*

Names, email addresses and phone numbers for all individuals who will come to campus for this activity. Please note that per Phase 2 guidelines, gatherings of more than 5 people are not permitted:

1)

2)

3)

4)

5)

**Individual attestation (must be completed by all individuals engaged in on-campus activities):**

\_\_I confirm that I have read and will follow all policies and guidelines outlined in my group/department’s COVID-19 Prevention Plan.

\_\_I confirm that I will wear a face covering at all times while indoors where other people are present and in all common areas, such as hallways, stairways, restrooms and elevators, and outdoors whenever keeping a 6-foot distance from other people may not be possible.

\_\_I confirm that I will practice physical distancing and cleaning and disinfection of surfaces/equipment

\_\_I confirm that I will stay home if sick or experiencing even mild symptoms of COVID-19, will leave campus if symptoms of illness are experienced while on campus, and will notify my supervisor of my absence from campus.

Name:

Signature: Date: