**NYS ESD Limited Laboratory Reopening Request**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Explain how the proposed Laboratory Access meets the exception criteria as stated in our letter from NYS Empire State Development (i.e., support U.S. DOD, U.S. DHS, or other NYS essential industries such as healthcare).**

**2. Specific Details Regarding Access (append additional sheets if necessary).**

a) What Labs/Rooms will be needed (please include building and room numbers):

b) List of all the individuals who will be accessing the above areas (faculty, students, and staff):

c) Specific activities to be performed:

d) Sources of financial support:

e) Lab specific safety measures:

f) Planned use of PPE due to Covid-19 and for lab specific activities

g) Any additional lab specific safety considerations

h) Plans for cleaning/sanitizing labs and research work spaces

i) Plans for reducing density of personnel in the labs and ow social distancing will be maintained

**3. Compliance (EH&S Cleaning Training, WHO training** <https://www.youtube.com/watch?v=8dlUqlMDkR4>)

a) Affirmation that all personnel listed above have completed the W.H.P. Covid-19 safety training and EH&S cleaning training. Initial \_\_\_\_

b) Affirmation that logs of personnel entering labs will be maintained (who, where, when). Initial \_\_\_\_\_

**4. Approvals and Commitment Signatures**

PI/Lab Director Dean

|  |  |
| --- | --- |
| X  Date | X  Date |

|  |
| --- |
| X  Vice President for Research Date |