**University Planning Form as approved by Harvard Medical School, Harvard School of Dental Medicine, Harvard TH Chan School, Faculty of Arts and Sciences (FAS Science and SEAS) PI Lab Re-Occupancy Planning Form**

**Faculty/PI Information**

|  |  |
| --- | --- |
| Name (Last, First) |  |
| HUID |  |
| Department(s) |  |
| Email Address |  |

**Laboratory Information**

|  |  |
| --- | --- |
| Building(s) |  |
| Room Numbers |  |
| Core Facilities or other units  |  |

**Laboratory COVID-19 Safety Officer**

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| Email address  |  |

**Key Personnel who will prepare the lab for re-entry (Phase 1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Last, First) | HUID | Position/Appt Type | Email Address | Cell Phone number |
| *Harvard, John* | *12345678* | *G4 Student* | *johnharvard@harvard.edu* | *617-555-5454* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Lab Personnel (Phase 2)**

Identify all personnel who will be performing research or essential services on-campus. Those who can continue to work remotely should do so.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Last, First) | HUID | Position/Appt Type | Email Address | Cell Phone number |
| *Harvard, John* | *12345678* | *G4 Student* | *johnharvard@harvard.edu* | *617-555-5454* |
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**Lab Schedule**

Provide the frequency and duration of work on campus for each lab member. Membership should not overlap across different shift teams.

|  |  |  |
| --- | --- | --- |
| Shift | Proposed Work/Access Times | Name |
| *Shift team 1* |  |  |
|  |  |  |
|  |  |  |
| *Shift team 2* |  |  |
|  |  |  |
|  |  |  |
| *Etc.* |  |  |

**Shared Research Space Use**

(1) Identify procedure rooms, equipment rooms, tissue culture rooms, microscopy suites, environmental rooms, autoclave and glass washing facilities, etc. Describe distancing plan for these spaces.

(2) Identify facilities/spaces shared by groups outside your lab which may need centralized scheduling system to be coordinated by department or School.

(3) Please list anticipated Core facility usage here. We expect that Core facilities will be establishing independent scheduling systems.

**Shared Office Needs**

To the extent possible, all planning and analysis should take place off-campus to limit the amount of time lab members spend on campus. If your lab has a common desk area outside the lab, please note that below and estimate its use per person.

**Ancillary Space Considerations & Schedule**

Please identify common areas that will be reserved as designated places for meals as assigned by your lab or department.

*For Admin Use*

|  |  |
| --- | --- |
| Department(s) Chair Approval |  |
| School-level Approval |  |