

University of Massachusetts Medical School

University PI Lab Return to Work Planning Form

Faculty/PI Information

Name (Last, First)	
UMMS ID	
Department(s)	
Email Address	

Laboratory Information

Building(s)	
Room Numbers	
Core Facilities or other units	

Lab COVID-19 Designated Safety Officer (selected by the PI)

Name	
Phone number	
Email address	

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

Name (Last, First)	UMMS ID	Position/Appt Type	Email Address	Cell Phone number
<i>Last, First</i>	<i>12345678</i>	<i>Faculty/Student</i>	<i>name@umassmed.edu</i>	<i>508-555-5555</i>

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
<i>Shift team 1</i>		
<i>Shift team 2</i>		
<i>Etc.</i>		

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 laboratory has a common desk area outside the laboratory, 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 Chair(s) Approval	
School Approval	