**25 August 2020**

**Purpose**

All events are expected to submit an event safety management plan to ensure that appropriate guidelines and procedures are in place which ensure the health and wellness of the Lehigh community. The safety management plan is intended to assist the university in planning for fall events, and to confirm procedures are in place to ensure the execution of a safe and socially distant event.

Once completed, please submit to the Scheduling Office for approval. The Scheduling Office will submit a copy for review to inreopen@lehigh.edu. You may also use this email address for any questions about the safety management plan.

**Event Safety Management Plan Steps**

1. **Event Title and Description**

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| --- | --- |
| **Event Sponsor (Individual or Organization)** |  |
| **Event Title** |  |
| **Event Description** |  |
| **Event Date(s)**  |  |
| **Event Time(s)** |  |
| **Event Location(s)**  |  |

1. **Event Sponsor Point of Contact**

**Please designate a primary and secondary contact for items related to event safety management plan:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name / Title** | **Email** | **Dept Phone** | **Mobile** |
| **Primary** |  |  |  |  |
| **Secondary** |  |  |  |  |

1. **List of Participant(s)**

Provide a list of all event participants that will be attending the event.

*Note that all events held inside are limited to a maximum of 25 participants. For larger groups, a separate list may be submitted as an attachment to this document.* ***Reminder: Students who have elected to be fully remote are not allowed to attend events on campus.***

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| **Name** | **Email** | **Phone** |
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1. **List of any outside Participant(s) or Vendor(s) and confirmation that individuals have completed submission of the** [**COVID-19 Visitors Policy / Screening Form**](https://facilities.lehigh.edu/sites/facilities.lehigh.edu/files/200816_Visitors%20Screening%20Form.pdf)**.**

List all outside participants and/or vendors that will be in attendance at the event. Include the completion and submission of the COVID-19 Visitors Policy / Screening form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outside Participant / Vendor**  | **Primary Campus Contact** | **Phone** | **Email** | **Submission of COVID-19 Visitors Policy / Screening Form (Y / N)** |
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1. **Event Safety Measurements Plan**Consider how the event organizers will modify the event space to practice social distancing guidelines. Please outline these steps below:

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1. **Supporting materials**

Please attach any supplemental materials or additional planning documents that are relevant to your plan. This may include specific guidelines from outside agencies or organizations related to your event.

*Please refer to the* [*Covid-19 Information Center*](https://coronavirus.lehigh.edu) *for additional information on Helping Keep Lehigh Safe.*

1. **Approvals**

|  |  |
| --- | --- |
| **Event Sponsor Name** |  |
| **Event Sponsor Signature** |  |
| **Date** |  |
| **Scheduling Office Approval** |  |
| **Date** |  |

*For Facilities Use Only*

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| --- | --- |
| *Date Received* |  |
| *LU Facilities Approval* |  |