**Revision 2.0**

**9 October 2020**

**Purpose**

As a result of the recent decision to reduce on-campus activity, we are requiring any department that engages undergraduates to submit this safety plan supplement prior to restoring access to the undergraduate students. This would include lab researchers, work-study students, or other situations where an undergraduate needs to keep working during this period.

Please use this form to assist your department/unit/center in assessing what changes may be needed. Once completed, please submit to [inehslab@lehigh.edu](mailto:inehslab@lehigh.edu). You may also use this email address for any questions about this supplement.

1. **Department and Location**

|  |  |  |
| --- | --- | --- |
| **Department** |  | |
| **Location**  **Building & Room(s)** |  | |

1. **Department Point of Contact**

**Please designate a primary and secondary faculty/staff contact for activity**

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

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

Provide a list of all undergraduates who will be accessing the space

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **email** | **phone** | **LIN** | **When will UG be in space?** | **Is space private/shared?** |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |

1. **Approvals**

|  |  |  |
| --- | --- | --- |
| **Chair or Department /Unit/Center Head** |  | |
| **Signature** |  | |
| **Date** |  | |
| **Dean or AVP** |  | |
| **Signature** |  | |
| **Date** |  | |

*For LU CRT/EHS Use Only*

|  |  |  |
| --- | --- | --- |
| *Date Received* |  | |
| *LU CRT Review* |  | |
| *EHS Review Approval* |  | |