**RETURN TO OPERATIONS PLAN TEMPLATE**

**General Information**

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| Date: |  | | | School/College: | |  |
| Department: |  | | | | | |
| Building: |  | | Room(s): | |  | |
| Hours of Operations: | |  | | | | |
| Primary Point of Contact: | |  | | | | |
| POC Email Address: | |  | | | | |
| Building/Common Space POC: | |  | | | | |
| Email Address: | |  | | | | |

**Request Details**

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| What is your requested date for re-entry? | |  |
| How many individuals will be accessing the space for this request? | |  |
| Does this request meet the criteria for Phase 1? (Phase 1 Return to Operations Readiness Check Flowchart) | | Y / N |
| Have all individuals taken the UNM required training for COVID-19? | | Y / N |
| Does this request require the bldg to be unlocked for some part of the day? | | Y / N |
| If yes, what hours? |  | |
| Rational for Phase 1 Request: | | |
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What arrangements have you made to ensure occupancy limits are maintained? (example: written schedule, etc.)

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Have workspaces been arranged to provide a minimum of 6 feet of distance between individuals?

Y / N

Please describe any layout adjustments you have made to prepare for re-entry.

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Have common areas where personnel are likely to congregate been closed or modified to minimize contact? Y / N

Please describe:

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How will routine and regular disinfection of common contact sites take place (who will do the work? How often?)

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Have you developed SOPs for disinfecting lab spaces?

Y / N

Do you have, readily available, a supply of masks for employees, visitors and vendors who may arrive to the facility without one? Y / N

Units are responsible to stock critical housekeeping supplies (apart from Facilities Management) including things such as hand sanitizer, cleaning supplies, paper towels, gloves, etc. Do you have, readily available, a supply of these items? Y / N

Please describe:

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How to you plan to monitor adherence to the protocols of this operational plan?

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**Plans for Addressing Students or Employees who Disclose they Have Tested Positive for COVID-19**

Please describe your plans for personnel screening for COVID-19

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Has a log of reported symptoms and individuals who went home been developed?

Y / N (Please attach copy)

Have all employees and supervisors been trained on what to do if someone in the facility discloses they have tested positive for COVID-19? Y / N

Special Considerations & Associated Protocols

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