

Activity Questionnaire

This form is to be completed by students, faculty, or staff requesting to have any on campus activity 2 weeks prior to the commencement of the activity. The CRT will use this form to evaluate the activity's planned procedures and make recommendations on any protocols that need to be improved upon or followed before the activity may be held.

Activity (brief title):
Date:
Start/End Time:
Location (Building/Room number):
Size of location (if known):
How many people will be in the room at one time?
Please describe the purpose of this on campus activity.
What PPE will be worn/used?
How long is the event expected to last?

Where will people wait if they come early? How is social distancing being enforced?
(Especially if there is an applicable waiting area.)

What type of equipment (medical equipment, microphones, cameras, etc.) will be used; how will these items be cleaned? (If applicable)

I acknowledge that all attendees must complete the Daily Self-Screening Questionnaire.

The CRT will acknowledge the submission of this Activity Questionnaire within 1-3 business days. Submission of this questionnaire does not constitute approval. The CRT will provide approval in writing once the questionnaire has been reviewed and finalized.

CRT Use only: Yes No Return to Requester In Process

Date of Approval: _____