## Yale Environmental Health & Safety

## Phase 3 Registration for In-Person Non-Lab Undergraduate Courses

Please review the EHS Guidance for In-Person Undergraduate Arts Courses.

Submit the completed registration form to <u>ehs@yale.edu</u>.

Faculty Name:					
Faculty Email:	Faculty Phone #:				
Subject Code:	Subject Course #:				
Class Location (note building & room number or location of outdoor venue):					
How many sessions will be conducted in person?					
What is the schedule for the in-person sessions?					
What is the enrollment and teaching support (instructors, staff, TF, TA) for each class?					
List the names of the teaching support staff:					
Please describe how accommodations will be made to ensure work is conducted with a six-foot boundary between each person:					
Are there any components of your class for which you requ	est persmission to violate the six-foot social distancing				
between individuals (e.g., evaluating a piece of artwork with					
<b>If Yes</b> , please describe why you believe this is necessary, anticipated length of time of these interactions and what procedures will be employed to minimize proximity work:					
How will you monitor/record the amount of time for each p	erson when six-foot social distancing cannot be maintained?				

Have you considered the use of technology such as cameras, Zoom, etc. to eliminate proximity work? 🗌 Yes 🗌 No
If Yes, please note which technology will be used:
Are you considering the use of Plexiglass barriers in any of your instruction? Note: The use of Plexiglass shielding does not have any impact on the need for wearing masks, occupancy limits nor
six-foot social distancing requirements. If you feel that Plexiglass shielding is appropriate for your situation, please
review with your departmental business office and EHS prior to acquisition.
If Yes, briefly describe the need for barriers such as Plexiglass shielding:
Describe the disinfection processes that will be used:
Will teaching/instructional activities take place in shared spaces (e.g., a classroom that is used to hold more than one class)?  Yes No
If Yes, briefly describe the activities:
Deep your deportment have a shorted space plan that you are using $2 \Box V_{22} \Box V_{23}$
Does your department have a shared space plan that you are using?  Yes No
If Yes, provide the plan with this registration.
Please describe how shared spaces (other than offices) will be managed (e.g., utilizing a reservation system to use the space by individuals):

Will teaching/instructional activities require the use of shared equipment (e.g., departmental equipment or equipment	
shared between a small number of classes)?  Yes No	

Please provide your specific shared facility (dark rooms, printing facility, spray booths) or equipment plan. This question applies to equipment or tools that are used by multiple people.

Shared facility and equipment plan: Sample Text: Mitigation approaches might involve limiting use to certain individuals (who might undertake for others), decontamination, or other approaches. For difficult to decontaminate or sensitive equipment, consider quarantining for a period of time inbetween uses. Consult with EHS on appropriate quarantine time. Also consider traffic of students to shared instruments/ equipment – which might necessitate their relocation.

I attest that all instructors, staff, and TFs/ULAs/UTAs, that are known to me, have been listed in this registration and I will update this information as details change or becomes available.

I attest that I understand these conditions and will work with all others covered under this registration to adhere to these requirements.

Other notes: Use this section to for comments or details that was not covered in above questions.

REGISTRATION APPROVAL					
Approver Type	Approver Name	Approval	Date		
Dean's Office		Approved			
		Sending back for more information			
Comments:					
Department Chair/DUS		Approved			
		Sending back for more information			
Comments:					
EHS Reviewer		Approved			
		Sending back for more information			
Comments:					
Other		Approved			
		Sending back for more information			
Comments:					