

ELIZABETHTOWN COLLEGE

COVID-19 EVENT PRE-APPROVAL FORM

PURPOSE

This form is intended for event planners to provide detailed information on how they plan on putting the health, safety and overall well-being of our event attendees at the forefront of their efforts.

An in-person event is defined as any planned or spontaneous gathering of individuals, indoors or outdoors, where any portion of the event will be held on campus owned property. Outdoor events are *highly* encouraged, as COVID-19 spreads more easily indoors than outdoors. Though being outdoors does not prevent the transmission of COVID-19 from one person to another, it does reduce the risk of such transmission.

The Scheduling Office will review your 25Live request in addition to the information submitted on this form and will follow-up with any additional questions or clarity of answers. Decisions of approval will be made upon a case-by-case basis, depending on crowd size and space availability. Please be as detailed as possible when filling out this form. Any sections not completed will be returned and will be asked to be resubmitted.

GENERAL REMINDERS

- Catering Services have resumed in a limited capacity for the Spring Semester. No off campus food is permitted for the safety of our community
- All non-instructional meetings by faculty, staff, or student groups will be conducted remotely (i.e. Zoom or Team Meetings)
- No off-campus guests are allowed
- Indoor events are limited to no more than 10% of the municipal fire code. Please email the Scheduling Office for location specific capacities. *PLEASE NOTE: Max capacities listed in 25Live are for academic classes, which are not the same as 10% capacity*
 - Number is subject to change due to State and Local guidelines
- Masks are required, and social distancing practices should be practiced at all times
- Students in quarantine or isolation are not permitted to participate in in-person events
- Room or location layouts are not to be changed

EVENT NAME & DATE(S)

EVENT INFORMATION

Name of Event: _____

Date of Event: _____

If your event repeats, please list the reoccurring dates: Ex: every Tuesday until 11/17 _____

IN-PERSON LOCATION INFORMATION

LOCATIONS INTENDED FOR USE

Please list the location(s) requested in your 25Live reservation, how many participants will be located in each location, and a description of planned programming for each:

Location	# Individuals in Room	Description of Programming
<i>Ex: H 110</i>	<i>16</i>	<i>Students will pair into groups of two and work together to create masks and distribution plans</i>

It is the responsibility of the event organizer(s) to clean and disinfect *each* of the above listed locations after the end of the event. Additional support from Facilities and/or Environmental Services will not be provided unless preapproved by those departments and confirmed through the Scheduling Office.

SAFETY PREPARATIONS & PRECAUTIONS

What types of personal protective equipment (PPE) will you be providing and/or requiring for participants?

How do you plan to provide the above listed materials?

Please provide a detailed explanation of your plan for cleaning and disinfecting practices for both pre and post event:

Outline your plan for maintaining proper social distancing during your event:

Who will be in charge of enforcing the above precautions and what is their contact information?

If your event is scheduled for outdoors, please describe the plan in case of inclement weather:

48 hours prior to the event, provide the Scheduling Office with a list the names and their phone numbers or email addresses of the individuals scheduled to participate in the event for contact tracing purposes.

Please visit the [Scheduling Office website](#) to access the form for contact information collection.

THE NAMES AND CONTACT INFORMATION SHOULD BE SUBMITTED TO THE SCHEDULING OFFICE 48 HOURS PRIOR TO THE EVENT AND WILL NOT BE CONTACTED UNLESS ABSOLUTELY NECESSARY. AN UPDATED LIST MUST BE SUBMITTED AGAIN TO THE SCHEDULING OFFICE WITHIN 24 HOURS AFTER THE EVENT TO CONFIRM WHICH INDIVIDUALS ATTENDED THE EVENT AND ANY UN-REGISTERED ATTENDEES. THIS LIST SHOULD ALSO CONTAIN ANY STAFF, FACULTY, AND STUDENT EMPLOYEES WORKING THE EVENT.

Name of individual submitting this form:

Name of main contact person for this event:

Please initial below:

_____ I acknowledge that no off campus guests are permitted. Any off campus guests discovered at the event will be required to provide their name and contact information for contact tracing and removed from campus by Campus Security

_____ I understand that my request for in-person events is not confirmed until I receive an email confirmation and PDF attachment from the Scheduling Office

_____ This form has been completed to the best of my ability and knowledge. Any changes or updates will be reported to the Scheduling Office prior to the start of the event and will be subject to review