

# Research Exemption Authorization Employee Questionnaire

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Give a brief description of the work/research you will be doing?

What will your weekly work schedule be for this work/research?

What will be the duration (wks/mos) of this research?

What location(s) will you be working in?

Campus(s) \_\_\_\_\_

Research Station(s) \_\_\_\_\_

Plot locations(s) \_\_\_\_\_

Building(s) \_\_\_\_\_

Room/Lab(s) \_\_\_\_\_

What restroom or break room facilities will you be using?

How many people will need to work in your proximity during this work/research?

How many people will need to work in the same proximity the following day(s)? \_\_\_\_\_

Will your work/research require using state vehicles or equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Will other people be using the same vehicles or equipment during the following day? Yes \_\_\_\_\_ No \_\_\_\_\_

Will other people share the hand tools that you use? Yes \_\_\_\_\_ No \_\_\_\_\_

What **work related** PPE is required for your research?

Gloves \_\_\_\_\_ Spray Suits \_\_\_\_\_ Respirator (Type) \_\_\_\_\_

Due to current supply chain disruptions, do you have enough supplies and **work related PPE** to continue this work/research for an extended period of time? Y \_\_\_\_\_ N \_\_\_\_\_ Approx how long? \_\_\_\_\_

What PPE supplies do you think you will need to order?

## COVID Protection Procedures for workers and researchers

### Protecting your health and the health of others while you work on-site:

**-Daily health checks are required.** You are required to take your temperature and communicate the results with your supervisor. Have you discussed this with your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

-Minimize contact. Keep a 6' distance from people and wear a **mask** while working around others (**this is not optional**). Do you have access to masks? Yes \_\_\_\_\_ No \_\_\_\_\_

- Only one person authorized per vehicle. Will you be able to comply with this guideline? Yes \_\_\_\_\_ No \_\_\_\_\_

-You must wash your hands regularly and a program to **sanitize surfaces, vehicles, equipment, tools and spaces** on a regular basis and between shifts must be in place, especially if these items are to be used by others within a 3 day period.

Do you have appropriate cleaning supplies and sanitizing equipment available to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly share your planned process for cleaning and sanitizing your equipment and the spaces you will be in:

### Communication about your work and location(s)

**-If you are travelling, coordinate in advance** with the staff at the ARS or property cooperators to ensure that all health and safety requirements for yourself and their staff will be maintained with your arrival. Do you have the contact information for the locations you will be working? Yes \_\_\_\_\_ No \_\_\_\_\_

-Coordinate your work in campus buildings with your department. Let them know when you will be there and if any changes occur in your schedule. Who is your department building contact?

-If you will be working alone, it is critical to observe the OSU Working Alone Policy. Working alone presents its own ~~of~~ risks, so it's important that the policy is followed. Have you read the policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a plan in place to have your supervisor or coworkers check on you? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe this plan:

### Additional Information:

-Be prepared to show your work authorization letter and your ID while on OSU properties or in OSU buildings. OSU Police and CFAES Safety members might ask for this information, while observing research or inspecting facilities.

Have you received your authorization letter? Yes \_\_\_\_\_ No \_\_\_\_\_

### Other suggestions for reducing COVID Risk

Break rooms or lunchrooms should not be used or used sparingly and need to be sanitized regularly.

Work outside in the fresh air or increase ventilation rates in buildings as much as possible.

Stagger shifts and lunch and break times.

Office personnel should work remotely if possible, spread out remaining staff and not hold in-person meetings. All meetings should be virtual.

Engineer walls or partitions to separate people during work.

## Questionnaire Review and Recommendations

### Based on the responses of the questionnaire...

Please share any risks or concerns for the **work-place safety** of this individual.

Please share any risks or concerns for **elevated COVID-19 exposure** during this work.

Does this work group have a satisfactory plan to communicate with each other? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this work group have a plan to communicate with those at ARS and campus locations? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this group have adequate PPE for their work/research? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this group have adequate PPE and sanitizing supplies for COVID-19 protection? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this group have adequate supplies and a plan to sanitize equipment and spaces? Yes \_\_\_\_\_ No \_\_\_\_\_

List any recommendations to forward to the PI or Supervisor in order to reduce work safety risks.

List any recommendations to forward to the PI or Supervisor in order to reduce COVID-19 exposure and/or work related safety risks:

Did Supervisor or PI agree to make changes or offer other options? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you see any reason that this employee or group should not proceed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

\_\_\_\_\_ Approved for Research Exemption Application

Comments: