

Wayne State University Specialized Research Instrument Service Provider

**Before your visit, the WSU host must supply the service provider with:**

1. The WSU Covid-19 safety requirements.
2. Guidance and instructions for completion of the WSU daily health screen and authorization (see below).
3. Building-specific instructions regarding:
   1. Host escort to the work site from the building entrance. Service provider must be escorted from the building entrance to the work site. The service provider must be provided with the name of the escort and information for notification of the host upon arrival.
   2. Designated entry times.
   3. Designated entry and exit doors.
   4. Traffic flow patterns (hallways and stairways).
   5. Elevator usage.
   6. Restroom usage.
   7. Wearing masks.
4. Room/lab-specific procedures to maintain social distancing, including:
   1. Temporary relocation of occupants (e.g. to access specific equipment for repair or testing).
   2. Contactless interactions (client signatures, etc.).
   3. Limited direct interactions and communications.
5. A request for service providers to provide a statement of the safety measures implemented by the vendor to protect customers*.*

**Before the visit, the service provider must supply WSU with:**

1. A copy of the service provider’s customer protection measures (personal protective equipment, health screens, etc.).
2. A daily copy of the WSU health safety survey for each worker visiting campus (see below).
3. Certification of approval to enter the WSU campus.

**WSU Safety Requirements**

In accordance with the required elements encompassed in theMichigan Governor’s Executive Order 2020-90 – “*Resumption of laboratory research activities”* -- released May 16, 2020, (<https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-529454--,00.html>) and the Wayne State University Preparedness and Response Plan posted on our web page (<https://research.wayne.edu/coronavirus/wsucovid-19preparednessandresponseplan>), all individuals visiting the campus must complete a daily health screen before coming on site. This request and approval form is valid only for this date. Please complete a new form each day before you visit the campus.

Instrument Repair/Service Workers must complete and submit electronically to your WSU host the completed document outlined below for review and approval by the Office of the Vice President for Research in accordance with university guidelines. This document must be completed daily and submitted each day before visiting the campus. Individuals who have flown for on-site services are not allowed into facilities at this time barring exceptional circumstances.

**Specialized Instrument Service Provider - Daily Screening Document**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

SERVICE PROVIDER AND COMPANY NAME DATE\*

BRIEFLY OUTLINE BELOW THE PURPOSE OF YOUR VISIT:

DOES YOUR COMPANY HAVE ESTABLISHED DAILY HEALTH SCREENS IN PLACE?

– IF YES PLEASE PROVIDE SPECIFICS.

Fields with asterisks (\*) are required.

Contact phone number *\**

Building(s) to access

In the past 48 hours, or since your last visit to a university facility, have you experienced any of the following symptoms? (please check all that apply)

 A new fever (100.4 F or higher) or a sense of having a fever?

 A new cough that you cannot attribute to another health condition?

 New shortness of breath that you cannot attribute to another health condition?

 A new sore throat that you cannot attribute to another health condition?

 New muscle aches that you cannot attribute to another health condition or that may have been caused by a specific activity, such as physical exercise?

 New respiratory symptoms such as sore throat, runny nose/nasal congestion or sneezing that you cannot attribute to another health condition?

 New chills or repeated shaking with chills that you cannot attribute to another health condition?

 New loss of taste or smell that you cannot attribute to another health condition?

Have you had close contact in the last 14 days with an individual diagnosed with COVID-19? *\**

 Yes  No

Have you flown internationally or domestically in the last 14 days? *\**

 Yes  No

Have you had a COVID-19 test and are awaiting results? *\**

 Yes  No