



**CSU
PUEBLO**

COVID-19 RESPONSE & PLANNING | ADM 304
OFFICE OF THE PRESIDENT
(719) 549-2282 | COVID@csupueblo.edu
www.csupueblo.edu/coronavirus

COVID-19 Request for Exception: On-Campus External/Internal Events or Activities

Small meeting rooms and some common areas may be closed across campus, on a building by building basis. Whenever possible, or for groups of 10 or more, meetings should be held via zoom or other online distance platform.

External events for fall 2020 must be scheduled with the pre-approval of the COVID-19 Response and Planning Team (COVID RPT) and the area appointing authority. Requests must be submitted at least two-weeks before the event, and must follow all published maximum capacity limits and guidelines required by state and local public health officials. **No event (internal or external)—non-instructional — may exceed 10 people without the approval of the COVID-19 Response and Planning Team.** Repeated, essential events or activities may qualify for a “blanket approval.” Please ask if you are unsure if your event or activity meets these standards. All events are subject to cancellation or change without notice. Complete this form, attach any supporting documentation, and submit to COVID@csupueblo.edu at least 14 days prior to the event. **Approval must be received BEFORE any promotion or marketing of the event occurs.**

TODAY’S DATE: _____ **YOUR NAME:** _____

CSU PUEBLO DEPARTMENT/UNIT/ORGANIZATION/DIVISION SUBMITTING REQUEST

FILL OUT EACH BLANK, UNLESS NOTED. PLEASE ATTACH ADDITIONAL OR SUPPORTING DOCUMENTATION, AS NECESSARY.

1. ARE YOU MAKING THIS REQUEST ON BEHALF OF AN **EXTERNAL** PARTY? YES NO
HAS THIS EVENT BEEN BOOKED IN EMS TO RESERVE THE SPACE? YES NO

2. IF YES, WHO IS THE **EXTERNAL** ENTITY? **IF NO, SKIP TO QUESTION 5** _____

3. WHO IS THE CONTACT PERSON FOR THE **EXTERNAL** ENTITY? _____

EMAIL: _____ PHONE: _____

4. WHO IS THE RESPONSIBLE PERSON FOR THE **EXTERNAL** ENTITY? _____

EMAIL: _____ PHONE: _____

5. IS THIS A REVENUE-GENERATING EVENT OR ACTIVITY? YES NO

6. AMT. OF REVENUE: _____ ACCOUNT: _____

7. CUSTODIAL NEEDS? YES NO

CUSTODIAL NEEDS DURING EVENT (BATHROOMS): YES NO POST-EVENT: YES NO

8. CSU PUEBLO STAFFING NEEDS? YES NO

DESCRIBE STAFFING NEEDS: _____

9. LOCATION(S) OF EVENT/ACTIVITY: _____

PRE-COVID MAXIMUM CAPACITY OF SPACE(S): _____ ADJ MAX CAP: _____

10. INTERNAL EVENT OR ACTIVITY? WHO IS HOSTING? SKIP THIS QUESTION IF EXTERNAL.

11. EVENT NAME: _____

12. EVENT DATE(S): _____

13. HOW DOES THIS EVENT SUPPORT THE CORE MISSION OR GOALS OF CSU PUEBLO?

14. HOW MANY ATTENDEES? _____ OPEN TO THE PUBLIC? YES NO

15. WILL ALCOHOL BE SERVED? YES NO WILL FOOD BE SERVED? YES NO

16. CSUP STUDENTS/EMPLOYEES ATTEND? YES NO ATTENDANCE MANDATORY? YES NO

17. GUESTS OR VISITORS? YES NO

18. CONFIRMED AVAILABILITY OF SCREENING FOR THESE DAYS/TIMES YES NO

19. DOES THIS EVENT/ACTIVITY REQUIRE SUBMISSION OF VARIANCE REQUEST TO PDPHE? YES NO

20. PROCESS IN PLACE TO MONITOR SOCIAL DISTANCING AND MASK-WEARING YES NO

21. DESCRIBE ENFORCEMENT PROTOCOLS: _____

22. ACCOUNT # RESPONSIBLE FOR COST OF SCREENING, CUSTODIAL, OR OTHER SAFETY MEASURES?

_____ FISCAL OFFICER: _____

23. OTHER COMMENTS: _____

REVIEWED BY:

DATE: _____

CSU Pueblo COVID-19 Response and Planning Team

Dr. Donna Souder Hodge, Chief Strategy Officer / COVID-19 Coordinator

Craig Cason, Associate Vice President Facilities Management

Dr. Marie Humphrey, Associate Vice President of Student Affairs and Dean of Students

Niki Toussaint, Chief of Staff

Carol Daugherty, Director of Wolfpack Wellness Center

Kat Abernathy, Executive Director Human Resources

Jennifer Martin-White, Employee Relations Specialist Human Resources

David Herman, Environmental Health and Safety Officer

Laurie Kilpatrick, Parking and Safety Manager / Health Screening Team Lead

Haley Sue Robinson, Director Communications/Public Information Officer

Chris Fendrich, Director of Auxiliary Services

Devin Hart, Director of Sports Medicine

APPROVED: YES NO

TEAM RECOMMENDATIONS: _____

SIGNED, COVID-19 RPT COORDINATOR: _____

APPOINTING AUTHORITY SIGNATURE: _____

AREA VP/PRESIDENT: _____

VARIANCE APPROVAL: YES NO DATE: _____ CONTACT: _____

IF APPROVED, NEXT STEPS:

1. IF INTERNAL, PROVIDE ATTENDEES LIST, WITH CONTACT INFORMATION, TO COVID-19 TEAM **NO LATER THAN 2 DAYS** AFTER EVENT. **Note:** It is the responsibility of the host to track and process method for appropriate collection of names and contact information for any event.
2. COORDINATE WITH THE COVID-19 RPT IN ORDER TO PROCESS AND CONFIRM VARIANCE APPROVAL FROM PUBLIC HEALTH, AS NECESSARY.