

EMPLOYEE COVID-19 TRAINING CERTIFICATION FOR LABORATORY RESEARCH

On _____, I, _____, acknowledge receipt of employee training on COVID-19 laboratory and research practices. I agree to make a reasonable and good-faith effort to follow the training instruction and guidance.

Specifically, I have been instructed on the public health and safety precautions, practices, and guidance of the CDC, OSHA, Massachusetts Department of Public Health, and University of Massachusetts Dartmouth procedures that must be followed for campus and workplace health and safety. I understand the importance of the using PPE to protect myself and my fellow workers from exposure to COVID-19. I have been instructed and understand how to clean and disinfect my laboratory and work area(s).

I acknowledge that this training included information from the CDC about people at higher risks for serious illness from COVID-19 infection and have been advised that should I have additional questions to seek information and answers from my physician. I have been informed and understand that if I am a member of a population at increased risk for COVID-19 infection that the University strongly recommends and advises against my return to campus and resumption of on-campus research. If I am at higher risk for serious illness due to COVID-19, I may seek an accommodation to remain off campus during this initial phase of the reopening and that my decision to do so will have no negative impact upon my employment with the University. To seek an accommodation, please contact Human Resources at benefits@umassd.edu.

Prior to returning to campus and resuming research activities, I acknowledge that University has advised, encouraged, and afforded me an opportunity to ask any questions I may have about the training and COVID-19 risks. I understand that, if at any time, I have any questions or concerns with respect to the training or COVID-19 I may direct them to Amy Pacheco or Marianne Sullivan, respectively.

I understand that it is my daily responsibility, prior to reporting to campus, to complete the health monitoring screening COVID-19 self-assessment. I understand that if I'm experiencing any of the self-assessment's symptoms or situations, I should not report to work, and I will promptly notify my supervisor and call or email Marianne Sullivan. Finally, I understand that if I start to feel sick while I'm at work, I will to notify my supervisor, immediately go home, and call or email Marianne Sullivan.

Employee Signature _____ Date _____