

 UCF	Environmental Health and Safety	Effective Date: 02/01/2021	Form Number: EHS_SOP342_ FORM_001
TITLE: Request for Exception to COVID-19 Campus Policy EP-20 1.5 Form		Responsible Authority: Biosafety Officer (BSO)	

Request for Exception to COVID-19 Campus Policy EP-20 1.5 Form

REQUESTER INFORMATION

Date: _____

Name: _____

Email: _____

Title: _____

Phone Number: _____

DESCRIPTION OF ACTIVITY

Number of employees: _____

Period of time: _____

Building Name: _____

Building Number: _____ Room Number: _____

JUSTIFICATION FOR EXCEPTION

For EHS Use Only:

Date: _____

Comments:

_____ Approved _____ Denied

EHS Representative Name: _____

Signature: _____

Emailed Requester Date: _____