# COVID-19 Room Entry Requirements

**PI Name:** ____________________ **Room #________

**Social Distancing Occupancy Limit:** ________

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Face Covering</td>
<td>Safety Glasses</td>
<td>Face Shield</td>
<td>Gloves</td>
</tr>
</tbody>
</table>

- [ ] Cloth mask
- [ ] Surgical mask
- [ ] Other: ________

**Sanitize**
- [ ] By day
- [ ] By shift
- [ ] By use

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**Safety is a community responsibility.**

**Questions or concerns?**
Contact EH&S at (858) 534-3660 [http://blink.ucsd.edu/go/safetyconcern](http://blink.ucsd.edu/go/safetyconcern)

**Report noncompliance anonymously** to the UC Whistleblower Hotline: (800) 403-4744 or [www.UniversityofCalifornia.edu/Hotline](http://www.UniversityofCalifornia.edu/Hotline)
COVID-19

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☐ Cloth mask
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Sanitize

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Example