



After Hour Access to TW Kambule Laboratories

I hereby agree to adhere to COVID-19 protocols established for the University as described at <https://www.wits.ac.za/covid19/wits-resources/>.

Furthermore, I understand that use of the TW Kambule Laboratories has unique risks, and extra caution needs to be taken. I understand the following additional precautions.

Monitor yourself. If you are not feeling well in any way, do not come to the Laboratory. Instead report to the Campus Health and Wellness Centre.

Remain task-focused. Decide in advance what needs to be accomplished, do that, and leave back to a safer space.

Masks must be worn at all times. Your mask must cover both your nose and mouth at all times.

You are responsible for your hygiene. Regularly maintain the hygiene of your workstation, your hands, and your belongings.

You are responsible for your social distancing. Ample space will be provided for this. Once a venue reaches 50% capacity, additional venues will be opened. A venue may not exceed 50% capacity.

No group meetings. Avoid gathering in a group inside of the Laboratory.

Access is restricted to protect you. Security violations involving ICAM access (for example, swiping another student into the building using your student card) will be treated as extremely serious.

No eating or storage of food is allowed in the labs. Sharing of eating areas is currently not considered safe. Furthermore, only bottled water may be consumed in the Laboratory.

You are responsible for reporting violations. If you observe a fellow student behaving in an unsafe manner, you must report this to the laboratory managers .

No natural ventilation. The Laboratory was not designed or built with natural ventilation. This poses unique risks. It is your responsibility to read about and understand the potential risks.

Zero-tolerance Policy A zero-tolerance policy has been approved by the Director of Mathematical Sciences. A case for disciplinary action will be opened for any student found behaving in an unsafe manner.

Name: _____

Surname: _____

Student Number: _____

Mobile Number: _____

Date: _____

Signed at: _____

Signature: _____

Witness Name: _____

Witness Surname: _____

Signed at: _____

Witness Signature: _____