



## Shared Office Space Use Log and Turnover Checklist

**Instructions:** Use this form to document use and turnover of shared office space, in compliance with N3B-AP-0003, COVID-19 Resumption of Operations. A copy of this form shall be maintained at each shared office space. Enter date, name, and Z# at the start of work. Complete the checklist at the conclusion of work activities, prior to leaving the office, to document disinfection of each applicable checklist item. Once all lines on the form have been used, provide the form to the Responsible Line Manager for retention as a short-term record.

**Section 1 – Location**

Building:	Office/Cube #:	Owning Organization:
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**Section 2 – Office Use Log and Turnover Disinfection Checklist** *(Mark checklist items as Yes when complete or N/A if not applicable).*

Date	Name	Z#	Doorknob(s)		Light Switch(s)		Desktop(s)/ Table(s)		Desk and Cabinet Handles		Hard-backed Chairs/Arm Rests		Telephone(s)		Keyboard(s)/ Mouse(s)		Tablet(s)/ Touch Screens		Other (Describe in Notes)		Other (Describe in Notes)	
			Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notes:**