



AGENCY INFORMATION

AGENCY		REQUESTER/TITLE	
BUILDING		CAMPUS/LOCATION	
PHONE		EMAIL	
DATE SUBMITTED		AGENCY POINT OF CONTACT	

OPERATIONAL INFORMATION

Please describe any operational changes you are making as a result of COVID-19 that will impact facilities' design. Provide your best estimates to the questions below.

Number of workstations that need modification: _____

Are they back office or public-facing work-stations: _____

How many of each type: Back Office _____ Front Office _____

Avg. number of employees in the office/workspace per day: _____

Number of days employees are present in the office: _____

Number of employees with special needs (e.g. wheelchair access): _____

Any changes to the use/access of high traffic areas or touchpoints in office space (e.g.: copiers):

ADDITIONAL INFORMATION

Please share any additional information useful for us to have before we conduct an assessment of your space.

NEXT STEPS

Please submit this form via email to DOA.DCAMMInfo@DOA.RI.Gov. DCAMM will assign a Project Manager (PM) who will contact your agency and set up a time to perform an assessment of your space. The PM will collaborate with you to develop recommendations for appropriate physical distancing modifications in your workspace.