**Post-work survey form:**

**On campus work report. In the event of an emergency, contact your supervisor immediately via email, text, or phone (home: 405-701-1736 or cell: 405-219-5852).**

1.         **Date and time of campus activities:**

2.         **Provide a brief description of the activities:**

3.         **Were any problems encountered related to COVID-19 safety protocols (Y/N):**

4.         **If you answered “yes” to question #3, describe the nature of problem and/or the names of the individuals involved:**

5.         **Is a follow-up phone call required to discuss any non-emergency issues or challenges unrelated to COVID-19 safety protocols (Y/N):**

6.         **Anticipated date and time for next entry into the SLSRC:**

**NOTES (optional):**