Name of the event:
Room: 
Date: Time from — to: 
Organizer (Full Name, Email, Phone number)
The organizer is responsible for people to obey to the hygiene concept!

Possibilities for hand cleaning and disinfection before starting the meeting are given:
Yes ☐
No ☐

The minimum distance between persons in the room is ensured by:
Seating plan ☐  Other, please explain: ________________________________

The room will be ventilated before, during and after the event by
Air ventilation system ☐
Opening the windows to the outside ☐
Open doors into the hallway ☐
Event takes place outside the building ☐

Please stick to the individual times ventilation for each room: To be calculated by SiFa before approval!

Registration of participants and the traceability of contact persons during the event is guaranteed by:
List of guests with names / Email ☐
Other: please explain: ________________________________

Catering is supplied:
Yes ☐
No ☐

Please note: Food may not be shared, individual portions only. Participants may bring their own food.

Director / groupleader responsible
____________________________________________________________________________________

Date  Name  Signature

Plan approved on______________  Dr. B. Walderich______________________________