

Propmodo Webinar COVID Cleaning Capacity Assessment **C3A**

Microshare | August 2020



Clean ⇒ Safe



Smart Facilities solutions from Microshare:

The six steps to occupant safety and facility resilience

Microshare solutions are in demand the world over as public and private sector officials responsible for the health and safety of workers, tenants, customers and others who pass through their facilities. Our Universal Contact Tracing and Touchfree Feedback solutions were designed specifically for the COVID-19 emergency. But like buildings themselves, data solutions are only as strong as the foundations they rest on. Here are six Microshare solutions that transform inert brick-and-mortar structures into safer, more efficient, more sustainable assets.

Occupancy Monitoring

1

Predictive Cleaning

2

Indoor Air Quality Monitoring

3

Touchfree Feedback

4

Asset Zoning

5

Universal Contact Tracing

6

For additional shifts (add 2nd and/or 3rd sheet)

Question	Shift: Day Shift	Total Incremental Hours					
4	What are your new cleaning requirements due to Coronavirus?	Incremental Hrs Rqd for High Touch Surfaces (High Touch Space x frequency = hrs)	Incremental Hrs Rqd for High Density Areas (High Density Space x frequency = Hrs)	Incremental Hrs of Cleaning Required in Restrooms (Restroom space x frequency = Hrs)	Incremental Hrs of Cleaning Rqd in Conference Rooms (Conf Rm x frequency = Hrs)	Other Incremental Cleaning Required (Hrs)	15
	High Touch Surfaces	1					
	High Density Area Cleaning		2				
	Extra Cleaning Required in Restrooms			3			
	Extra Cleaning Required in Conference Rooms				4		
	Extra Cleaning Required in Other Rooms					5	
	Total	1	2	3	4	5	

For additional shifts (add 2nd and/or 3rd sheet)

Question	Shift: Day Shift	% of Staff returning to work by stage Aligned with Local Regulations (to meet social distancing guidelines)						Average 6 month Occupancy
5	What is your organization's current re-occupancy plan?	Aug	Sep	Oct	Nov	Dec	Jan	33%
	Current Occupancy (at July 15, 2020)	10%	10%	10%	10%	10%	n/a	
	Return to Work: Stage 1							
	Dept X, Y & Z (Mon, Wed)	0%	20%	20%	30%	30%	50%	
	Dept A, B, C (Tues, Thur)		20%	20%	30%	30%	50%	
	Description							
	Total	10%	30%	30%	40%	40%	50%	

For additional shifts (add 2nd and/or 3rd sheet)

- Question 1: What is your current custodial resource commitment?
- Question 2: Number of Floors and/or Sq Footage
- Question 3: How do you currently allocate your custodial resources by type of space?
- Question 4: What are your new cleaning requirements due to Coronavirus?
- Question 5: What is your organization's current re-occupancy plan?

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USE CASES:

- Office with a **customary Return-to-Work (RTW) Plan**
- Office that anticipates a more **aggressive RTW Plan**
- Hospital with a **high-demand use** with more COVID cleaning


Smart Facilities
COVID Cleaning Capacity Assessment **C3A**


Company Name: **Your Company** Contact Person: **Your Name** Email: **yname@ycompany.com** Phone: **234.456.6789** Facility ID: **1900 Building - Medical Center - Day Shift**

Instructions: TO DETERMINE IF YOU HAVE CLEANING RESOURCE CAPACITY TO MEET THE ADDITIONAL DEMANDS RESULTING FROM THE CORONAVIRUS

- 1) Complete the 5 questions below (if you have additional shifts and/or stages print the form and complete additional sheets)
- 2) Complete the Hours by staff member and allocate their weekly time by type of space.
- 3) Identify the amount of new cleaning time required due to the Coronavirus by type of cleaning space.
- 4) Include a brief description of your re-occupancy plan. Most importantly, identify the % of staff to be returning to work by stage (for additional stages complete a separate sheet)

COMPLETING THE FORM SHOULD TAKE LESS THAN 10 MINUTES

Question	2	2	2						
1 What is your current custodial resource commitment?									
Question	# of Floors	Sq Ft per floor							
2 Number of Floors and/or Sq Footage	5	22,000							
Question	Shift: Day Shift	Hours	Avg \$ Rate	% of time by Type of Space					
3 How do you currently allocate your custodial resources by type of space?				Restrooms	Offices	Workstations	Conference Rooms	Other	Hard Surfaces
Qty:1 Custodial Staff 1	37.7	22,000		50%			30%	20%	
Qty:1 Custodial Staff 2	37.7			50%			30%	20%	
Qty:0 Custodial Staff 3					4%		60%		
Qty:0 Custodial Staff 4		67000							
Qty:0 Custodial Staff 5									
Qty:0 Custodial Staff 6									
Qty:2 Total	75.4	67000		100%	4%	0%	60%	40%	0%
For additional shifts (add 2nd and/or 3rd sheet)									Total Incremental Hours
4 What are your new cleaning requirements due to Coronavirus?									15
High Touch Surfaces	1								
High Density Area Cleaning		2							
Extra Cleaning Required in Restrooms			3						
Extra Cleaning Required in Conference Rooms				4					
Extra Cleaning Required in Other Rooms					5				
Total	1	2	3	4	5				
For additional shifts (add 2nd and/or 3rd sheet)									Average 6 month Occupancy
5 What is your organization's current re-occupancy plan?							33%		
Current Occupancy (at July 15, 2020)	Aug	Sep	Oct	Nov	Dec	Jan			
	10%	10%	10%	10%	10%	n/a			
Return to Work: Stage 1									
Dept X, Y & Z (Mon, Wed)	0%	20%	20%	30%	30%	50%			
Dept A, B, C (Tues, Thur)		20%	20%	30%	30%	50%			
Description									

Use Case: High-demand Hospital

- Pockets of under-utilized space
- Provided cleaning capacity for COVID.
- New capacity isn't transparent without the space utilization data.



Next Steps: Simple.....

- Take assessment
- Post-Assessment Action Plan
- Take advantage of the Webinar Special Offer
- **Tom Jackson**, tjackson@microshare.io
- **Michael Kallmeyer**, mcallmeyer@microshare.io

Smart Facilities COVID Cleaning Capacity Assessment **CSA** Clean⇒Safe

Company Name: Your Company Contact Person: Your Name Email: yname@yourcompany.com Phone: 234.456.6789 Facility ID: 1900 Building - Medical Center - Day Shift

Instructions: TO DETERMINE IF YOU HAVE CLEANING RESOURCE CAPACITY TO MEET THE ADDITIONAL DEMANDS RESULTING FROM THE CORONAVIRUS

1) Complete the 5 questions below (if you have additional sites or stages just the form and complete additional sheets)
 2) Complete the hours by shift section and ensure their weekly time by type of space
 3) Identify the amount of new cleaning time required due to the Coronavirus by type of cleaning space
 4) Include a total percentage of your re-occupancy plan. Most importantly, identify the % of staff to be returning to work by stage (for additional stages complete a separate sheet)

COMPLETING THE FORM SHOULD TAKE LESS THAN 10 MINUTES

Question	1	2	2	2
1 What is your current custodial resource complement?				
2 Number of Floors and/or Sq Footage	5	22,000		

Question	Shift: Day Shift	hours	Avg # Rate	% of time by Type of Space					
				Restrooms	Offices	Workstations	Conference Rooms	Other	Hard Surfaces
3 How do you currently allocate your custodial resources by type of space?	City 1 Custodial Staff 1	37.7	22,000	50%					
	City 1 Custodial Staff 2	37.7		50%			30%	20%	
	City 0 Custodial Staff 3	37.7		50%	4%		60%		
	City 0 Custodial Staff 4		67,000						
	City 0 Custodial Staff 5								
	City 0 Custodial Staff 6								
	City 2 Total	75.4	67,000	100%	4%	0%	60%	40%	0%

For additional shifts (add 2nd and/or 3rd shift)

Question	Shift: Day Shift	Incremental Hours of Cleaning Required (High Touch Surfaces)	Incremental Hours of Cleaning Required (High Density Area)	Incremental Hours of Cleaning Required (Restrooms)	Incremental Hours of Cleaning Required (Offices)	Other Incremental Cleaning Required (hrs)	Total Incremental Hours
4 What are your new cleaning requirements due to Coronavirus?							15
High Touch Surfaces		1					
High Density Area Cleaning			2				
Extra Cleaning Required in Restrooms				3			
Extra Cleaning Required in Conference Rooms					4		
Extra Cleaning Required in Other Rooms						5	
		1	2	3	4	5	

Average 6 month Occupancy: 33%





Philadelphia | Boston | London

Contacts

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