**Faculty Request to Access Off-Campus Research Facilities**

TEMPLATE June 3/20

Please submit this form to your Unit Head.

Before completing this document, please refer to the following documents

* [Principles for Research Recovery and Adaptation](https://research.utoronto.ca/recovery-and-adaptation/principles)

* [Approach for Research Recovery and Adaptation](https://research.utoronto.ca/approach-research-recovery-adaptation)
* [COVID-19 Guideline Reopening Research Spaces](https://research.utoronto.ca/guideline-reopening-research-spaces)
* [School of Graduate Studies Information and Forms](https://www.sgs.utoronto.ca/reengagement/)
* [UTSC Research Restart Guidelines](https://hive.utsc.utoronto.ca/public/research/Documents/Draft%20UTSC%20Restart_31May2020.pdf)

Please note:

* Postdoctoral Fellows and students should work with their Principal Investigator/faculty member/supervisor if requesting access.
* The public health directives of these sites or facilities must be followed and if permission from the site is required, it must be granted before proceeding with research.

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| **Principal Investigator Information** |
| Name: Date Submitted:  |
| Department/Unit/School:  | Faculty:  |
| U of T email:  | Cell Phone (for emergency contact): |
| **Contact information for ALL team members requesting access to off-campus site.** (add rows as needed) |
| Name: | Dept/Unit: | Cell Phone #: | Email: | Status (faculty, student, staff, post-doc, visitor): | Year of Program (graduate students): |
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| **Provide a rationale for requesting approval to access research off-campus site / facilities by briefly addressing why the research cannot be continued/done remotely and why this is time sensitive (e.g., work needed for manuscript revisions, critical time issues, specific to period of year, to maintain experiments, to meet contract deadline):**  |
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| **Research Location(s)** |
| Field site: |  |
| Affiliated institution: |  |
| Private-sector organization: |  |
| Community-based organization: |  |
| Other: |  |
| **Location(s) of space that will be accessed** (includes office spaces that are used for research): |
| Brief description: |
| Building (if applicable): | Room Number(s) (if applicable): |
| **Third-Party Sites** |
| If your project involves research at a third-party site, such as a community organization, Indigenous community, private sector partner, or affiliated hospital, please describe (or provide the website link) additional safety measures to UofT guidelines or any issues or restrictions at the third-party site(s) that may affect the proposed work: |
| **If your proposed research activities involve shared facilities, have you confirmed the feasibility/ acceptability of your research restart plan with the managers/directors of all relevant facilities?** |
| [ ]  YES. [ ]  NO |

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| Is travel required? Is accommodation required? If yes, please describe. |

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| **How long access is required (e.g. # days, #months) (e.g. #hours/day, # days, # days/week)**  |
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| **Provide details of the planned staggered work schedule**  |
| Location: | Days: | Times: | Personnel present: |
| **Permits, Protocols and Approvals** |
| Human participants research (yes/no): | Animal research (yes/no): |
| Chemicals (yes/no): |
| Radioactive materials (yes/no): |
| Biohazard level of research laboratory (NA/CL-1/CL-2/CL2+/CL-3 in vivo/CL-3 in vitro/Other): |
| Permit/protocol number(s) and date(s) of approval if relevant (REB, LACC, Biosafety, Radiation, Laser (yes, no, pending): |
| **Support Service Needs** |
| Brief description of support services needed (e.g. procurement, shipping/receiving, biological/chemical/hazardous waste disposal, equipment calibration/maintenance, IT, off-campus overnight accommodations, kitchen facilities, supplies from local communities): |
| **Plan for COVID-19 safety measures** (see [Approach for Research Recovery & Adaption and Guideline for Reopening Research Spaces](https://research.utoronto.ca/covid-19-research-innovation-updates/covid-19-research-innovation-updates)) |
| Describe plans to implement COVID-19 related safety measures (i.e. physical distancing, disinfection, PPE usage, site/host organization requirements, etc.): |
| **Do you have plan to return safely from the field/third-party site if any member of the research team becomes ill or injured . Please describe** |
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| **Do you have a Plan for rapid shutdown/halting of research, if needed?** |
| [ ]  YES. [ ]  NO |
| **External Collaboration** |
| If this project involves collaboration with external researchers or partners, please describe the nature of the collaboration. |
| **Cross-Divisional Considerations** |
| If this project involves research in other academic divisions and/or campuses, please describe the nature of the activity that requires coordination and/or requires physical presence:  |

**Attestations:**

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| **[ ]** I have read, understand, and will comply with the University of Toronto COVID-19 General Workplace Guidelines |
| [ ]  I will ensure that my research personnel and I observe physical distancing and any requirements for specific personal protective equipment (PPE), and understand their importance for the safety and welfare of myself and others |
| [ ]  I have read, understand, and will comply with the University of Toronto [COVID-19 Guideline for Reopening of Research Spaces](https://research.utoronto.ca/guideline-reopening-research-spaces) |
| [ ]  I acknowledge that staff and postdoctoral fellows should be permitted to continue working remotely to the extent they are effectively able to do so and that I need to explore, and provide where applicable, individualized accommodations for staff and postdoctoral fellows at a high risk of COVID-19 related impacts or who have additional childcare/eldercare obligations as a result of COVID-19. |
| [ ]  I acknowledge that the research described above can only be performed in the field, and all research personnel will only come to campus or be in the field for the minimum time required to conduct their research work. |
| [ ]  I can obtain all necessary consumables and supplies needed to resume the research operations described above |
| [ ]  I will immediately report any issues to my Department/Unit or Academic Division |
| [ ]  I understand I will comply with other applicable directives or guidelines of a third-party host organisation |

**Signature:**

**X**

Principal Investigator Date

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| **Comments from Unit Head** |
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**X**

Unit Head approval Date

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| **Additional comments from Vice-Principal Research & Innovation (or delegate), if needed.** |
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**X**

Vice-Principal Research & Innovation Date

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| **Additional comments from Principal, if needed.** |
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**X**

Principal Date