**Faculty Request to Access On-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](https://research.utoronto.ca/guideline-reopening-research-spaces) 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(s)/faculty member/supervisor for the form completion if requesting access.

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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 campus.** (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 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) on campus** | | | | | | | | |
| Academic Division: | | | | | Department/Unit: | | | |
| Location(s) of research  STG  UTM  UTSC  Downsview | | | | |  | | | |
| **Location(s) of shared or common facility/equipment space that will be accessed** (includes office spaces that are used for research): | | | | | | | | |
| Brief description: | | | | | | | | |
| Department/Unit (if applicable): | | | | | | | | |
| Building: | | | | Room Number(s): | | | | |
| **If your proposed research activities involve intradepartmental or interdepartmental shared facilities, have you confirmed the feasibility/acceptability of your research restart plan with the managers/directors of all relevant facilities?** | | | | | | | | |
| YES.  NO | | | | | | | | |
| **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** | | | | | | | | |
| On-Campus 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, kitchen facilities): | | | | | | | | |
| **Plan for COVID-19 safety measures (see** COVID-19 Guideline Reopening Research Spaces**)** | | | | | | | | |
| Describe plans to implement COVID-19 related safety measures (i.e. physical distancing, disinfection, PPE usage, etc.): | | | | | | | | |
| **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 on campus and all research personnel will only come to campus 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.** |
|  |

**X**

Principal Date