

Ontario Tech Request to Initiate Essential Research and Lab Activation Form

This form must be completed and submitted in order to initiate on-campus research and laboratory activities during a period of essential activities only. Please submit this form at least 48-hours in advance of required campus access to allow the coordination of research support. Please submit one form for each project to Research Services (see Approvals Section). Follow-up will be provided by Risk Management.

Criteria of Approval: The criteria for approval of laboratory activities must include the following:

- Adequate personnel available to conduct the research and/or activity while respecting public health recommendations:
 - o practice proper hygiene (wash your hands, cough or sneeze into a tissue or the bend of your arm, dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards)
 - o maintain physical distancing of at least 2 metres,
 - avoid crowding and non-essential gatherings while working,
 - o no more than 5 people for essential gatherings,
 - o avoid common touch greetings, such as handshakes,

Last Name

- o stay home if you are ill.
- All laboratory rules and procedures to be followed, and
- A demonstrated critical need to initiate on-campus lab activities, which must be clearly justified in this form

Principal Investigator:	Department:					
Title of Project:						
Level of Project:	Faculty	Post-Doctoral Fello	w Graduate Stu	ıdent		
If this research is funded (inc	cluding from	n internal sources	e.g. start-up) ple	ase list:		
Sponsor (NSERC, University, etc.)		Program (Alliance, Sta				
Is the research specific to CO	OVID-19?	Yes	No			
Persons who will be using th		cluda rola: Post-Doctor	ral Graduata Student	Visiting Scholar, etc.)		
i cisclis will be using th	ic space. (iiic	nado roio. I dal-Docioi	ai, Graduate Student,	violing outloal, etc.)		

Cell phone Number:

Project Role

Contact Email and/or

Req	uired Access	(Camp	us Security	req	uires	all roor	ns MUS1	be	listed	otherwis	e access	will	not be	gran	nted)):
-----	--------------	-------	-------------	-----	-------	----------	---------	----	--------	----------	----------	------	--------	------	-------	----

1.	Building:	Room(s):	2.	Building:	Room(s):
3.	Building:	Room(s):	4.	Building:	Room(s):

Ontario Tech On-campus Resources Being Used for Project:

Laboratory Space	Office	X-Ray Laboratory	Laser Laboratory
Biosafety 1/2 Laboratory	Radiation Laboratory	Animal Facilities	Other (please specify):

First Name

Human Biosafety Animal Radiation/X-Ray/Laser Other (Please specify):

(Please Contact the Research Ethics/Biosafety/Radiation Safety Officer if you require an update on the status of your project/permit: researchethics@onariotechu.ca, radbio@ontariotechu.ca)

Please check all the services that you require to support your project:

Research should not proceed without appropriate administrative support (custodial, administrative, financial, and others needed to sustain the research activities)

Science Stores Procurement Shipping/Receiving Autoclave

Hazardous Waste Disposal Other (please specify):

Rationale For Re	quest to Initiate	Research	and/or	Lab Ac	tivity:
-------------------------	-------------------	----------	--------	--------	---------

Principal Investigator Acknowledgement:

Required Certifications or Permits for Project:

I, as well as others using the space, have read and understood the information on the <u>Health and Safety Emergency Preparedness Website</u>.

I, as well as others using the space, have read and understood the research facilities and lab safety information on the research-related FAQs.

I, as well as others using the space, will follow all <u>laboratory rules</u>, <u>procedures</u>, and public health recommendations during the period of essential work only on-campus.

Approvals:

1. Please send to your Faculty Dean for review and signature:

2. Please send to <u>research@ontariotechu.ca</u> for review and signature:

LES JACOBS

FACULTY DEAN VICE-PRESIDENT RESEARCH AND INNOVATION

Signature: Signature:

Date: Date:

3. VPRI to Forward Completed Signed Form To:

Risk Management: Jacquelyn Dupuis <u>Jacquelyn.Dupuis@ontariotechu.ca</u>

cc: Health and Safety Office: Maureen Calhoun Maureen.Calhoun@dc-uoit.ca

cc: Research Services: research@ontariotechu.ca

cc: Principal Investigator