**Faculty Member/Principal Investigator Re-entry Request Form**

**\*NOTE: those PIs who received research exemptions also need to complete this application to update/confirm continual access needs and requirements**

**Faculty Member Information**

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| **Name of Principal Investigator** |  |
| **Lab name/ clinical trials program/ department** |  |

**Research Projects**

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| **Project title**  | **List titles of all projects that need resumption in lab:** |
| **Required on-site activities** |  |
| **Rationale for why these activities cannot be performed remotely** | **Description per project, if applicable:** |
| **Specific time sensitivity requirements**  | **Provide reasons why this work be done now:** |
| **Impact to research program if not resuming on-site work in Stage 1** |  |

**Building Access Request**

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| **Which spaces do you need access to?** | **Please complete for each space requested for access:**[ ]  Building Specify: \_\_\_\_\_\_[ ]  Floor(s) Specify: \_\_\_\_\_\_[ ]  Room(s) Specify: \_\_\_\_\_\_[ ]  Bay(s) Specify: \_\_\_\_\_\_ |
| **When do you/ your research staff or trainees need to be on-site?** **Maximum number of people on site from my lab/ program at any given time** | **Please provide specific days and hours for each individual who needs to be on site for each location noted above.** **Complete this section using the spreadsheet (Attachment 2)**Information for this section includes:* Names and titles of all staff requiring site access
* Days of the week (e.g. every Monday; Monday to Friday)
* Hours (e.g. 8am – 10am)
 |
| **Which research core facilities do you/they need to access?** | **For each facility noted in this section, indicate the frequency of access/use.**[ ]  Shared resources (e.g. microscopes, tissue culture rooms) Specify: \_\_\_\_\_\_[ ]  Animal facilities  Specify: \_\_\_\_\_\_[ ]  Core platforms (e.g. sequencing, imaging) Specify: \_\_\_\_\_\_[ ]  Stores Specify: \_\_\_\_\_\_[ ]  Shipping/ receiving Specify: \_\_\_\_\_\_[ ]  Library Specify: \_\_\_\_\_\_[ ]  Shared facilities in other units or buildings Specify: \_\_\_\_\_\_[ ]  Others (e.g. in some clinical divisions, there may be shared clinical spaces): Specify: \_\_\_\_\_\_ |

**Safety Plans**

* UBC building safety plan guidelines (**Attachment 3**)
* Safety online training course offered by UBC Safety and Risk Management Services will likely be ready the week of May 25th

Indicate the safety protocol within the laboratory or clinic for the requested individuals as well as the agreement from the individuals granted access to follow physical distancing protocols, handwashing, and all safety protocols (including sanitation during the day for high-touch access points, shipping/receiving and other delivery activities) compliant with University and Health Authorities policies.

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* PPE - Please refer to UBC and Health Authorities policies on PPE usage (<https://srs.ubc.ca/health-safety/research-safety/general-lab-safety/>)

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| **Regular PPE requirements**  | Please include quantity and justification:[ ]  Gloves Specify: \_\_\_\_\_\_[ ]  Masks Specify: \_\_\_\_\_\_[ ]  Gowns Specify: \_\_\_\_\_\_[ ]  Other: \_\_\_\_\_\_ |
| **New or additional PPE requested for infection control** | Safety plans should not be dependent on PPE unless explicitly required by policy. If requested, explain why PPE is required and whether activities can proceed if no PPE is available.[ ]  Gloves Specify: \_\_\_\_\_\_[ ]  Masks Specify: \_\_\_\_\_\_[ ]  Gowns Specify: \_\_\_\_\_\_[ ]  Other: \_\_\_\_\_\_  |

I acknowledge that we will be compliant with to the BC Public Health Officer, UBC and Health Authorities policies and guidelines wherever applicable.

Access to research facilities will be revoked if these policies and guidelines are not adhered to.

**Signature on submission:**

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| Faculty Member / Principal Investigator | Date: |
|  |  |
| Operations Manager, Medical Animal Facilities (if using animals) | Date: |

**ON APPROVAL** **of research resumption, counter-signed copy of the re-entry request form will be sent back to the PI.**

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| Appropriate Unit Lead  | Date: |

*(Centre/Institute Director OR Department Head/School Director)*