I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to comply with all safety protocols in place in my Department / Faculty while conducting research and scholarly activity on the UBC-Okanagan or UBC-Vancouver campus. I understand that permission to conduct on-campus research, scholarship and creative activity is limited to those who require on-site resources, and cannot work remotely.

I confirm that safety protocols to address the following issues are available and have been implemented in rooms and spaces bearing this notice (*indicative list*):

1. In keeping with guidance from the Provincial Health Officer:
	1. Personnel will stay at home if they are sick with cold or flu symptoms
	2. Physical distancing: all people present in this space will respect physical distancing by keeping two meters (six feet) away from one another at all times;
	3. Personal hygiene: regular hand washing, covering coughs and sneezes
	4. Regular and thorough cleaning, particularly of high-touch, high-traffic points;
2. Personal protective equipment: Any PPE required to undertake this research is available to meet the needs of the people present;
3. The maximum number of personnel in ROOM # \_\_\_\_\_ at any one time will be no more than

X People

1. *Space is left for the PI and/or Department to add unique elements of the safety protocol for this space.*

**ACKNOWLEDGEMENT**

By signing this form, I acknowledge that the health and wellbeing of our university community is paramount, and we will follow guidance from the Provincial Health Officer, the University, WorkSafe BC, and other relevant authorities.

I also acknowledge that:

* Failure to uphold the commitment confirmed here could result in the loss of research access privileges.
* Non-compliance in my research setting could jeopardize the ability of on-campus activity to continue during the COVID pandemic.
* It is my responsibility as the Principal Investigator to ensure that I along with all faculty, staff and students engaged as part of my research activities are aware of and comply with the relevant COVID-19 and other safety protocols.
* Only those people essential for the activity to be performed in this space will be asked to return to work;

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | Signature | Date |

Department / Faculty Approval

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | Signature | Date |