***Request for On-Site Access Form***

Please submit this form to b2wcom@cs.queensu.ca

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| **Principal Investigator/Faculty member Information** |
| Name: Date Submitted:  |
| Department:  | Faculty:  |
| Cell Phone (for emergency contact):  | Email:  |
| **Contact Information for ALL team members requiring access to facility.****Include:** * **Name**
* **Department/School**
* **Cell Phone (or other means of emergency contact)**
* **Email**
* **Status (Principal Investigator/faculty/post-doctoral fellow/graduate student/staff)**

(add rows as needed) |
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| **Provide planned work schedule in facility** |
| Dates: | Times: |
| **For each person listed above, provide a rationale for requesting an exemption by briefly addressing why research cannot be completed remotely, is time sensitive, and/or of a critical nature. Please reference applicable points in the** [**priority 1 and 2 research timelines**](%28https%3A/www.queensu.ca/vpr/covid-19/research-facility-start-and-requests-site-access) **or the need to prepare course materials for Fall remote delivery in your rationale. (300 words max).**  |
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| **Location(s) of facility where access is being requested** |
| Faculty: | Department: |
| Building: | Room Number: |
| Please identify any “pinch points” (i.e, room with a single door or tight spaces):  |
| **Location(s) of shared or common facility/equipment space that will be accessed** |
| Brief description: |
| Department: |
| Building: | Room Number(s): |
| Please identify any “pinch points” (i.e, room with a single door or tight spaces):  |
| **Additional Considerations** |
| Human research (yes/no): \***If yes, please stop filling out form** – human research is approved central (see https://www.queensu.ca/vpr/covid-19/human-participant-research-guidelines-and-sop). | Animal research (yes/no): \***If yes, the application will be submitted to the ADR after departmental review.** |
| Do you require hospital facilities or is your laboratory in the hospital (yes/no): |
| Chemicals (yes/no): |
| Radioactive materials (yes/no): |
| Biohazard level of research laboratory (NA/BSL-1/BSL-2/BDL-3/Other): |
| Certificates/Approvals number and date of approval if relevant (Ethics; Animal Care; Bio-hazard) (yes, no, pending): |
| **Computing and IT Requirements** |
| Centre for Advanced Computing required (yes/no): | Internal GPUs or servers (yes/no): |
| Other:  |
| **Support Service Needs** |
| Brief description of support services needed (e.g., shipping/receiving, chemical/hazardous waste disposal, liquid N2 access, equipment calibration/maintenance, HVAC etc.): |
| **Plan for public health related measures** |
| Describe plans to implement Queen’s COVID-19 related public health measures (i.e.: physical distancing, disinfection, PPE usage, etc.):See [Queen’s University Return to Work Guidelines](https://www.queensu.ca/vpfa/sites/webpublish.queensu.ca.vpfawww/files/files/Return_to_Campus_Guidelines.pdf) for up-to-date public health guidelines and recommendations. Note that daily check-ins by the supervisor are an important part of this process. Further, please ensure that all individuals are aware of the procedure from reporting a COVID infection in their space. |
| **Plan for rapid shutdown, if needed.** |
| Describe what measures will be taken if a situation arises where rapid shutdown is needed: |

I, ­­\_\_\_\_\_\_(Principal Investigator)\_\_\_\_\_\_\_\_\_\_\_\_ , acknowledge that violating the conditions under which access has been approved will result in access being revoked entirely. Examples of violations may include accessing the space outside of the approved time, failing to disinfect spaces according to the approved protocol, or allowing unauthorized individuals access to the facilities.

**X**

Principal Investigator Approval Date

**X**

Departmental Manager Approval Date

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| **Unit Head Priority Rating** |
| Indicate whether access is for teaching, or research at priority rating (1, 2 or 3) per the *Queen’s Research and Facility Start-up Planning* document, and briefly explain rationale for rating: |
| **Additional comments from Unit Head, if needed.** |
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| **Additional comments from Faculty Dean (or delegate), if needed.** |
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**X**

Faculty Dean approval Date