**Application Form for ramping up research activities   
Faculty of Science**

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| Name of Researcher: | |
| Department and Faculty: | |
| Cell Phone: | |
| Email: | |
| Date submitted: | |
| **Research Description** | |
| Proposed start date of research: | |
| Field and nature of research being conducted: | |
| Short description of the research activities that are requested to be performed on campus: | |
| Rationale for requesting access, addressing why research can’t be completed remotely. *Access will only be granted if there are time sensitivities related to your research and/or a critical nature* (300 words) | |
| Is there preparation time required to become research ready (i.e.: grow cell cultures, equipment calibration, procurement of reagents etc.)? (Y/N)  If yes, please describe, indicate length of time needed:  NOTE: During preparation time only the researcher and one other Graduate Student, Post Doc, or Technician **(maximum 2 occupants)** will be permitted. No undergraduate student will be permitted at this time. | |
| Graduate student(s) close to program completion? (Y/N)  If yes, please provide graduate student name(s) and estimated program end date(s): | |
| **Location(s) of facility where access is being requested:** | |
| Building(s): | Floor(s): |
| Room number(s): | Faculty: |
| **Schedule of researcher presence:** | |
| Provide planned work schedule in facility to maintain compliance with physical distancing. *Note that an on-line booking system will be set up for each building (LSB, CB, Petrie, Lumbers and Farq) and it will be expected that personnel identify and sign up before coming onto campus.*  Frequency:  Dates:  Times in:  Times out: | |
| **Contact Information and scheduling for ALL other team members requiring access to facility (use additional space as required)** | |
| Team Members (in addition to the PI) that must have access to Research Facilities with contact information:   * Name: * York ID# / Student #/ Employee # : * Email: * Cell phone: * Position: * Door Acces Card #: * Location:   + - Building(s):     - Faculty:     - Room number(s):     - Floor(s):   Repeat information for each team member requiring access | |
| **Plan for public health related measures** | |
| Describe plans to implement COVID-19 related [public health measures](https://coronavirus.info.yorku.ca/#publichealth) (eg: maintaining a 2-metre distance in all work areas, PPE usage, hand hygiene, disinfection of touchpoints, scheduling lab occupancy, posting of room occupancies, traffic flow demarkations, etc.). Note: For Occupants of LSB, this will be part of a group discussion. | |
| **Additional considerations (*each must be checked*)** | |
| Personnel listed on this form have not travelled outside of Canada in the past 14 days.  Personnel listed on this form have acknowledged they are free of Covid-related symptoms and  have been informed that if they experience symptoms, they should not be coming to campus.  Personnel listed on this form acknowledge that they will complete on-line training requirement  before access is eventually granted (link to training will be provided).  Personnel listed on this form have been made aware of the fact that they are not required to  return to campus if they have concerns with returning to campus.  No additional or outstanding certiifications (Ethics, ACC, Biosafety or other) are required.  All shipping/receiving will be done by research personnel or coordinated directly through  Scientific Stores. | |
| **Plan for rapid shutdown if needed** | |
| Please describe what measures will be taken if a rapid shutdown were needed, length of time it would take, consequences for research | |
| **Signatures: Access to research facilities will only be granted upon approval and signature by researcher, Dean/Designate and VPRI.**  **I verify the content of this plan is complete and accurate and I further agree to abide by this plan, its associated principles and all York and all public health directives.**  Researcher:  Date:  **On behalf of Dean Rui Wang, Faculty of Science, I authorize this plan to ramp up ­on campus research activities**  Dean or designate signature  Date:  Comments including any modifications to the plan proposed above:  Date approved for lab entry for preparation (Phase2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date approved for priority research activities (Phase 3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date approved for all research activities (Phase 4):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vice-President Research & Innovation:  Date:  Comments: | |