***Request to Perform On-Site Work in Stirling Hall Form***

***(Research, Teaching, and other Accommodations)***

***Physics, Engineering Physics and Astronomy Department***

V 1.2 August 21 2020

See an example of a filled-in form at the Department’s Covid website. Submit this form as a .docx file to Julie McDonald (jmm27@queensu.ca) who will distribute the necessary approvers. Please also cc Physics Unit Head Robert Knobel (knobel@queensu.ca).

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| **Principal Investigator/Faculty member Information** | |
| Name:  Date Submitted: | |
| Department/Unit/School: Physics, Engineering Physics and Astronomy | Faculty: Arts & Science |
| Cell Phone (for emergency contact): | Email: |
| **Previous Approvals** | |
| Do any team members listed below already have approval to access the building? If yes, give names and end date of approved access. This application will replace all previous approvals. | |
| **Contact Information for ALL team members requiring access to facility, including those already having approved access. 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) | |
| Name: | Teaching, Priority Timeline 1, or Priority Timeline 2 |
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| **Provide planned work schedule in facility** | |
| Dates: | Shift days/times: |
| **For each person listed above, please indicate the requested access category (see section 2 of the unit’s return to campus plan) and briefly explain why access is being requested within the category. (300 words max)**  **The pertinent details for each category are:**  **1. Preparation for Fall Remote Teaching: Describe why the preparation work needs to be completed on campus.**  **2. Priority Research Timeline 1 or 2: Describe why the research to be conducted falls into these timelines.**  **3. Data Collection for Students Outside of Priority Research Timelines 1 and 2: Clearly indicate that the student no longer has sufficient data to continue to work remotely and explain how the work that will be done will permit a return to productive remote work.**  **4. Extenuating Circumstances (Graduate Students and PDFs): Describe the work that was anticipated to be completed since the move to remote work in March and explain how those expectations have not been met.**  **5. Extenuating Circumstances (Faculty and Staff): Explain why it is necessary to work on campus and outline the kind of work that will be done.**  **6. Key Graduate Exams: Describe the exam that will be done and explain why it is critical to occur on campus.** | |
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| **Location(s) of facility where access is being requested** | |
| Faculty: | Department: |
| Building: | Room Numbers: |
| **Support Service Needs (CHECK ALL THAT APPLY)** | |
| □ Shipping Receiving  □ Physics Stores  □ Hazardous Waste Disposal  □ Liquid N2 or Dry Ice  □ Machine Shop  □ Other within Stirling (please specify below) | □ Nanofabrication Kingston (NFK)  □ RMTL  □ Science Stores  □ Liquid Helium  □ Other (Outside Stirling) - obtain approval from management of that building |
| **Location(s) of other shared or common facility/equipment space that will be accessed**  **(*not including those listed above*)** | |
| Brief description: | |
| Department: | |
| Building: | Room Number(s): |
| **Additional Considerations - Please address in your work plan below:** | |
| 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): |
| 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): | |
| Cryogenic liquids (yes/no): | |
| **Computing and IT Requirements** | |
| Centre for Advanced Computing required (yes/no): | Internal GPUs or servers (yes/no): |
| Internal IT or ITS technical support needed (yes/no): | |
| Other: | |
| **Other personnel who will be accessing this room** | |
| List all **other** personnel (who are not in your group) who will be accessing the room(s) in the next month. | |
| **Work plan** | |
| Describe how you plan to deploy people you are seeking research activity approval for so that the room capacity **will not be exceeded** by your group or those you share space with (e.g., shifts or alternate work days). Please cross reference to the labelling above. | |
| **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*.) If your research involves additional hazards (for example working with radioactive sources or cryogenic transfers) please also explain how your research group will safely carry out these activities while protecting researchers against possible COVID-19 transmission. Please review the requirements in the [Queen’s University Return to Work Guidelines](https://www.queensu.ca/vpfa/sites/webpublish.queensu.ca.vpfawww/files/files/Return_to_Campus_Guidelines.pdf) and the approved PEPA plan to provide on campus research access also outlines ways to meet public health guidelines. | |
| **Plan for rapid shutdown** | |
| Describe what measures will be taken if need arises to rapidly shutdown the laboratory or research space: | |
| **Plan for overnight shutdown** | |
| How will the equipment and experiments be left at the end of the day? What measures will be taken if the student or worker is unwell or the building is shutdown the following morning? | |

**Signatures:**  The signature of the Principal Investigator and Department Head verifies thorough review and validity of the content. Both signatures are needed for request to be advanced to next level of approval.

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**

Graduate Coordianator Approval Date

**(Only for graduate students requesting access to address extenuating circumstances)**

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| **Unit Head Priority Rating** |
| Indicate what type of access has been approved: Teaching, research at priority rating (1, 2 or 3), etc 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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**X**

Unit Head approval Date

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| **Additional comments from Faculty Dean (or delegate), if needed.** |
|  |

**X**

Faculty Dean approval Date

**(Only for graduate students requesting access to address extenuating circumstances or key graduate exams)**