

**Request for On-Site Access Form**

Please submit this form to **PROVIDE CONTACT INFORMATION**.

<b>Principal Investigator/Faculty member Information</b>	
Name:	
Date Submitted:	
Department:	Faculty:
Cell Phone (for emergency contact):	Email:
<b>Contact Information for ALL team members requiring access to facility.</b> <b>Include:</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Department/School</li> <li>• Cell Phone (or other means of emergency contact)</li> <li>• Email</li> <li>• Status (Principal Investigator/faculty/post-doctoral fellow/graduate student/staff) (add rows as needed)</li> </ul>	
1.	
2.	
<b>Provide planned work schedule in facility</b>	
Dates:	Times:
<b>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 <a href="#">priority 1 and 2 research timelines</a> or the need to prepare course materials for Fall remote delivery in your rationale. (300 words max).</b>	

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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):

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):

**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 N<sub>2</sub> 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](#) 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:



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<b>Additional comments from Faculty Dean (or delegate), if needed.</b>

X  
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Faculty Dean approval

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Date