

Request to Undertake Research On-Site Form

Please submit this form to your Unit Head (in non departmentalized Faculties send to Dean (or delegate)):

Principal Investigator/Faculty member Information	
Name:	
Date Submitted:	
Department/Unit/School:	Faculty:
Cell Phone (for emergency contact):	Email:
Contact Information for ALL team members requiring access to facility. Include: <ul style="list-style-type: none"> • Name • Department/School • Cell Phone (or other means of emergency contact) • Email • Status (Principal Investigator/faculty/post-doctoral fellow/graduate student/staff) <p style="text-align: center;">(add rows as needed)</p>	
1.	
2.	
Provide planned work schedule in facility	
Dates:	Times:
Provide a rationale for requesting an exemption by briefly addressing why research cannot be completed remotely, time sensitivity, and/or critical nature of the research (300 words max):	

Location(s) of facility where access is being requested	
Faculty:	Department:
Building:	Room Number:
Location(s) of shared or common facility/equipment space that will be accessed	
Brief description:	
Department:	
Building:	Room Number(s):
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 ₂ 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.):

Plan for rapid shutdown, if needed.

Describe what measures will be taken if a situation arises where rapid shutdown is needed:

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.

X

Principal Investigator

Date

Unit Head Priority Rating

Indicate 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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X

Unit Head approval

Date

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

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X

Faculty Dean approval

Date

Additional comments from VP (Research), if needed.

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X

Vice-Principal (Research) approval

Date