

**Application for Access to On-Campus Research Laboratories
and Facilities for Continuing Essential Research**

Please send this form to the Vice-President, Research and Innovation only after it has been signed-off by your Faculty Dean.

A fully signed copy of this form should be kept and posted in your laboratory.

Access to on-campus laboratories and facilities for continuing essential research on the Thunder Bay and Orillia campuses requires the approval of your Faculty Dean and the Vice-President, Research and Innovation. This application is also required for any faculty with research facilities at other locations, including NOSM (West campus) laboratories. In such cases, additional approvals will be required from the appropriate managers of these facilities. **Any researcher who has already been granted permission to access on-campus research laboratories must reapply using this form.** Please send this form, **once signed by the Faculty Dean**, to vpresearch@lakeheadu.ca. We will respond to the email address provided below for the Principal Investigator, cc: to the Faculty Dean and the Director, Research Services.

Campus:	Thunder Bay	Orillia
Name of Principal Investigator:		
Department/Faculty:		
Building/Room #s:		
Email:		
Phone Number:		
Title of Project:		
Funding Agency & Program (if applicable):		
Personnel who will access the research facility: Attach information for any additional personnel	Principal Investigator/Personnel #1: Mobile Phone Number: Personnel #2: Mobile Phone Number: Faculty member Student Post-doctoral Fellow Staff Personnel #3: Mobile Phone Number: Faculty member Student Post-doctoral Fellow Staff Personnel #4: Mobile Phone Number: Faculty member Student Post-doctoral Fellow Staff All personnel who will be working on site under this exemption have completed all required Health & Safety related training. NOTE: If only one person will be accessing the facility, please include the plan for ensuring the person's safety and security in the safety plan section of this form.	

Requires access to:	<div> <div>Laboratory</div> <div>CL-2 Related ROMEO Number:</div> </div> <div> <div>Animal Facilities</div> <div> <div>LUACF</div> <div>Biology Aquatics Facility</div> <div>Aquatics Toxicology Research Ctr.</div> </div> </div> <div> <div>Approved ACC Protocol Number:</div> </div> <div> <div>Lakehead University Centralized Facilities</div> <div>Lakehead University Analytical Facilities</div> </div> <div> <div>Plant Care Facilities</div> <div>Main Campus Greenhouse</div> </div> <div> <div>Other</div> <div> <div>Office</div> <div>Other (Please Specify):</div> </div> </div>
Compliance Certificates on File:	<div> <div>Human</div> <div>Animal</div> <div>Biosafety</div> <div>Radiation Safety</div> </div> <div> <div>None</div> <div>Other (Please describe in detail):</div> </div>
Do you require any of the following supplies to conduct this research?	<div> <div>Personal Protective Equipment (e.g. gloves, lab coats, safety glasses)</div> <div>Communal Protective Equipment (e.g. face masks)</div> <div>Gases</div> <div>Liquid Nitrogen</div> </div>
Will this research generate any waste that will require specific handling to dispose of safely? <div> <div>Yes</div> <div>No</div> </div> <div>If YES, please elaborate:</div>	
Provide rationale as to why this research is essential, time sensitive, and remote methods inappropriate.	

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Please provide the names of any approved, qualified personnel who may substitute for the named personnel on this form:

Please outline a safety plan for this project, including a safety plan if personnel are working alone:

Approvals:

	Faculty Dean	Vice-President, Research and Innovation
Signatures may be added using one of two formats as shown.		
	Or click box to add scanned signature	Or click box to add scanned signature
	Name:	Name:
DECISION:	Approved	Declined
Notes:		

PLEASE ENSURE APPROVALS AND SIGNATURES ARE OBTAINED FROM YOUR FACULTY DEAN BEFORE SUBMITTING TO vpresearch@lakeheadu.ca

Once approved, the Principal Investigator must also complete:

- 1. [Research Resumption Plan Template](#)**
- 2. [Research Resumption Checklists](#)**

These forms do not need to be submitted to the Vice-President, Research and Innovation for approval.

Please refer to the **COVID-19 Research Restart Transition Committee Recommendations** for full details.