

### Phase 3: Application for Access to On-Campus Research Laboratories and Facilities

***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 or facility.***

Access to on-campus laboratories and facilities 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. Please send this form, **once signed by your Faculty Dean**, to [vpresearch@lakeheadu.ca](mailto: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.

<b>Campus:</b>	Thunder Bay	Orillia	
<b>Name of Principal Investigator:</b>			
<b>Department/Faculty:</b>			
<b>Building/Meeting Room #s where research/activity will take place:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Title of Project:</b>			
<b>Funding Agency &amp; Program (if applicable):</b>			
<b>This research/activity involves in-person activity with human participants or community members:</b>	Yes	No	
<b>Name of partner organization (if applicable):</b>			
<b>Personnel who will access the research facility:</b>  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		

	<p>All personnel who will be working on site under this exemption have completed all required Health &amp; Safety related training.</p> <p>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.</p>
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<b>Requires access to:</b>	<p>Laboratory                      CL-2                      Related ROMEO Number:</p> <p><b>Animal Facilities</b>                      <b>Approved ACC Protocol Number:</b></p> <p>LUACF Biology Aquatics Facility Aquatics Toxicology Research Ctr.</p> <p><b>Lakehead University Centralized Facilities</b> Lakehead University Analytical Facilities</p> <p><b>Plant Care Facilities</b> Main Campus Greenhouse</p> <p><b>Other</b> Office                                      Other (Please Specify):</p>
<b>Compliance Certificates on File:</b>	<p>Human                      Animal                      Biosafety                      Radiation Safety None                      Other (Please describe in detail):</p> <p>Romeo Certificate #:</p> <p>Approval has been granted for this certification and is attached.</p>
<b>If your human-participant research or activity involves face-to-face activities, please attach the following:</b>	<p><b>Human Participant Research:</b>                                      Not applicable</p> <p>REB Approval REB COVID-19 Protocol Human Participant Safety Plan Partner Organization Approval (if applicable)</p> <p><b>Service or Education Activities</b></p> <p>C19ARC Approval COVID-19 Protocol Activity Safety Plan Partner Organization Approval (if applicable)</p>
<b>Do you require any of the following supplies to conduct this research?</b>	<p>Personal Protective Equipment Communal Protective Equipment Gases Liquid Nitrogen</p>

**Will this research generate any waste that will require specific handling to dispose of safely?**

Yes      No      Not applicable

If YES, please elaborate:

**Note: The following questions (#1-3) are not required to be completed for research/activity approved by the REB or C19ARC.**

**1. Provide rationale as to why this research is essential, time sensitive, and remote methods inappropriate.**

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

**3. 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:
<b>DECISION:</b> Approved      Declined		
<b>Notes:</b>		

**PLEASE ENSURE APPROVALS AND SIGNATURES ARE OBTAINED FROM YOUR FACULTY DEAN BEFORE SUBMITTING TO [vpresearch@lakeheadu.ca](mailto:vpresearch@lakeheadu.ca)**

**Once approved, the Principal Investigator must also complete:**

- 1. [Phase 3: Research/Activity Resumption Plan Template](#)**
- 2. [Research/Activity Resumption Checklists \(as applicable\)](#)**

These forms do not need to be submitted to the Vice-President, Research and Innovation for approval. Please refer to the [COVID-19 Phase 3 Restart Guidelines for Researchers](#) for full details.