

## Request to Continue Essential Research in on-campus research laboratories and facilities Form Lakehead University Thunder Bay and Orillia Campuses

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.

To be granted an exemption to the University's decision to restrict all on-campus research activity on the Thunder Bay and Orillia campuses, justification for the exemption, requires the approval of your Faculty Dean and Vice-President Research and Innovation. Please send this form **once signed by the Faculty Dean** to <a href="mailto:vpresearch@lakeheadu.ca">vpresearch@lakeheadu.ca</a>. We will respond to the email address provided for the Principal Investigator below, cc: to the Dean and Director, Research Services.

The following criteria will be considered in the decision to grant the exemption:

- The nature of the project:
  - o Does it involve COVID-19 research?
  - Does it involve maintaining critical research material that cannot otherwise be preserved (e.g., biological materials, living plant collections, etc.)?
  - o Is this research that is at a critical stage or close to an end-point?
- Is the exemption being requested to allow you to take simple steps to sustain a collection, such as topping up liquid nitrogen stocks or moving samples into a more sustainable storage container?
- Will the number of people required to do the work be able to respect social distancing protocols?

Campus:	☐ Thunder Bay ☐ Orillia
Name of Principal	
Investigator:	
Department/Faculty:	
Building/Room #'s:	
Email:	
Primary Mobile	
Phone Number:	
Title of Project:	
Personnel who will access the research facility: (list Principal Investigator first)	Personnel #1:  Mobile Phone Number:  Faculty member Graduate student Post-doctoral Fellow Staff  Personnel #2:  Mobile Phone Number:  Faculty member Graduate student Post-doctoral Fellow Staff  All personnel who will be working on site under this exemption have completed All required H&S related training.  NOTE: If only one person will be accessing the facility, please include the plan for ensuring that person's safety and security in the safety plan section of this form.

	Laboratory CL-	-2 Related ROMEO Nui	mber:	
Requires access to:	Animal Facilities			
	<ul><li></li></ul>	Other (please spe	ecify):	
Compliance Certificates on File:	Human Animal Other (please describe in detail):	☐ Biosafety ☐ F	Radiation Safety	
Do you require any of the following supplies to conduct this research?	Personal Protective Equipme Gases Liquid nitrogen	nt		
	erate any waste that will require s No e:	pecial handling to disp	ose of safely?	
How long do you require this exemption for?		weeks	continually required	
Maintaining critica	tion relates to: related to COVID-19(note that new il research material* ch storage (e.g. with liquid nitroger		Approval will be required)	
Provide rationale:				

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 people are working alone below:					
Approvals:					
	Faculty Dean	Vice-President Research & Innovation			
	Signature:	Signature:			
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 DEAN BEFORE SUBMITTING TO <a href="mailto:vpresearch@lakeheadu.ca">vpresearch@lakeheadu.ca</a>