**Request to Access On-Campus Research Facilities – Covid19**

Version 17/06/2020

**Before completing this document:**

* Familiarize yourself with the Dentistry Guidelines for Research Recovery and Adaptation  
  (link available on [*www.camilod.ca/return-to-camilod*](http://www.camilod.ca/return-to-camilod))
* Complete the Ontario Covid-19 self-assessment at <https://covid-19.ontario.ca/self-assessment/>.
* Advise all personnel reporting to you to complete this assessment as well.

**Please note: Postdoctoral Fellows and graduate students must submit a signed Declaration Form to their supervisor if requesting access. These delaration forms must be included with this request form.**

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| **Principal Investigator Information** | | | | | | |
| Name: Please fill  Date Submitted: Please fill | | | | | | |
| Instituitional email: Please fill | | | Emergency phone number: Please fill | | | |
| **Contact information for ALL team members requesting access to CAMiLoD space in Dentistry** (add rows as needed) | | | | | | |
| Name: | Cell Phone #: | Email: | | Status (faculty, student, employee, post-doctoral fellow, visitor): | Employee type (applicable union group e.g.: USW, CUPE 3902 etc.) | Year of Program (graduate students) |
| Please fill | Please fill | Please fill | | Please fill |  | Please fill |
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| **Provide a brief rationale for requesting approval to access research facilities by briefly addressing why the research cannot be continued/done remotely and why this is time sensitive (e.g., work needed for manuscript revisions, critical time issues, specific to period of year, to maintain experiments, to meet contract deadline):** | |
| Please fill, using the space provided | |
| **Research Location(s) on campus** | |
| Main location/floor(s) of research in Dentistry:  4th floor Dentistry | Main location of your lab’s research:  Please fill,  e.g., Sick Kids – PGCRL or TBEP – MaRs 14th floor |
| **Location(s) of shared or common facility/equipment space that will be accessed** (includes common rooms located inside labs, office spaces that are used for research): | |
| Brief description: Microscope equipment in room #417 or room #419. | |
| Room Number(s): 4th floor research space, rooms #417 and #419. | |
| **Duration and frequency of access required (e.g. # days, #months) (e.g. # hours/day, # days/week)** | |
| Please fill | |
| **Support Service Needs** | |
| * Access to microscope workstrations as per obtained training and authorization by CAMiLoD. * Support by CAMiLoD core faility staff, respecting social distrancing rules. | |
| **Plan for COVID-19 safety measures (see** COVID-19 Guideline Reopening Research Spaces**)** | |
| * As outlined in detail the ‘CAMiLoD Guidelines - Research Recovery and Adaptation’ and ackowleded to obtain authorization. * PDF version of the CAMiLoD guidelines is attached to this request. | |
| **Do you have a Plan for rapid shutdown/halting of research, if needed?** Please answer | |
| YES.  NO | |

**Attestations:** Must answer all

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| I have read, understand, and will comply with the University of Toronto COVID-19 [General](http://uoft.me/leadership-toolkit) Workplace Guidelines |
| I will instruct my research personnel to practice physical distancing and any requirements for specific personal protective equipment (PPE), and understand their importance for the safety and welfare of themself and others. |
| I have read, understand, and will comply with the University of Toronto [COVID-19 Guideline for Reopening of Research Spaces](https://research.utoronto.ca/guideline-reopening-research-spaces) |
| I acknowledge that the research described above can only be performed on campus and all research personnel will only come to campus for the minimum time required to conduct their research work. |
| I can obtain all necessary consumables and supplies needed to resume the research operations described above. |
| I will immediately report any issues to CAMiLoD, my Department/Unit or Academic Division**.** |
| I have read and will comply with directives and guidelines of the Faculty of Dentistry for Research Recovery and Adaptation. |

**Signature:**

**X**

Principal Investigator Date

Merge **all documents into a single pdf file**

**Save as**  **LASTNAME\_CovidRtoA.pdf**

Email this file to [camilod@utoronto.ca](mailto:research@dentistry.utoronto.ca)

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| **Additional comments from Faculty Dean / Vice-Dean Research (or delegate):** |
|  |

**X**

Dean’s approval (signature) Date