

LABORATORY RESEARCH RESTART APPLICATION PHASE 2 35% RESEARCH EFFORT

- 1. **PI Name** (*The State and CSU recommend members of vulnerable populations avoid campus*)
- 2. **Email Address**
- 3. **Department**
- 4. **Research Personnel:** Please list name and status (faculty, staff, GA, Student Assistant, Volunteer) of all personnel who are eligible to work in the lab. (*The State and CSU recommend members of vulnerable populations avoid campus*)

Name (Last, First)	Status/Role

Insert additional rows as needed

- 5. **Research Spaces and Scope of Work:** List all rooms where research activities will be conducted for any amount of time, including common-use instruments and equipment such as autoclaves, microscopes, centrifuges, analytical balances, etc.

Space (building, room#)	Activities to be Performed	Frequency and Duration of Activities

Insert additional rows as needed

- 6. **Scheduling:** At Phase 2, lab occupancy is not to exceed 1 faculty member and 2 students/lab at any given time. Please describe a schedule or plan to ensure this occupancy is not exceeded. Include in your written description, your planned use of common-use instruments and equipment. Colleagues with labs on the same floor are encouraged to collaborate on scheduling; to work together to develop schedules that combine to minimize the number of people wishing access to common areas at the same time. Accordingly, in this section, please describe any steps you've taken to schedule collaboratively with floormates.

7. **Rationale for Return to Campus:** Considering the current guidelines, explain why your lab work should be prioritized for research restart during Phase 2. Whose and what interests are being served by resuming this research program?

8. **Physical Distancing:** Describe the plan to ensure physical distancing with at least 6 feet separating all individuals in the lab or participating in research. Consider lab/bench space, shared equipment, and desk seating. This plan must list and address physical distancing in all spaces/areas/rooms that may be entered by research personnel.

9. **Disinfecting Research Project and Support Areas (if used):** Review the guidance for sanitizing spaces to reduce risk of transmission. Who is responsible for cleaning and what is the frequency?

10. **University support:** Do you need department (e.g., Instructional or Equipment Technicians) or university staff (e.g., EHS) members on site while your research lab is in operation?

11. **Other:** What other plans will you put in place to reduce chance of transmission?

12. **Ramp-down Plan:** If required to ramp down to only essential research activities, what would those activities be and what steps will be taken to restrict activities as soon as possible?

I understand that at no time should there be more than 3 individuals in my lab. I guarantee that I will ensure implementation of the above infection control practices and make all reasonable efforts to limit virus transmission.

Principal Investigator

Review Comments and Signatures:

College Dean

Review Comments and Signatures:

CSUF Infectious Disease Work Group Review Comments:

CSUF Infectious Disease Work Group

Date

*Signatures will be collected from all parties after final approval and emailed to AVP ORSP for routing. Email routing of the electronic copy as a **Word document** is sufficient until completion of the application process.*