**4. Principal Investigator Laboratory Operation Plan**

**Guidance to PIs: Use this template to create a plan for your research activities that accounts for the requirements set out in the *Plan for Restarting Research Lab, Field, and Studio Activities* document. This template is also required for core facilities, studios, rehearsal rooms, computer labs, field (off-site), shipboard, or other research activities. PIs in shared/open lab spaces will need to coordinate with each other and describe the coordination in the template. Once completed, submit this plan to your Department Chair, unit Director, or corresponding reporting authority for review and approval.**

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| --- | --- | --- | --- |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mobile Number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Title:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name/No. of Alternate Contact** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Department:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **College/School:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **This plan covers operation for Return Phase:** | | **\_\_\_\_\_\_\_\_\_\_ (e.g., 2, 3, 4)** | **[update this plan for next phase]** |

**Lab or Studio Space (adapt as needed for work off-site)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Building and Room Number** | **Square Footage** | **Is your lab within a shared or open lab space? If yes, provide total square footage and names of other PIs.** | **Max # of simultaneous personnel permitted. If shared space, also include max # permitted in total space.** | **Other Considerations** |
| *Ex. Chemistry 452* | *Ex. 400* | *Ex. 2000 sq.ft. Share with Johnson, Rodriguez* | *Ex. 2 (8 in total space)* | *Ex. Max 2 researchers per bench, 1 per hood* |
|  |  |  |  |  |

**Exposure Controls**

|  |  |
| --- | --- |
| **Controls** | **Description** |
| **Describe engineering measures and administrative measures for ensuring social distancing and health screening among lab members:** |  |
| **Describe plan to minimize risk of transmission during routine procedures that require close proximity (if applicable):** |  |
| **Describe controls (including any prohibitions, buddy-system of communication) to minimize risk to lab personnel working alone and/or on high-risk procedures (reactive or acutely toxic materials, etc.):** |  |
| **Describe plans for lab readiness and expected or actual critical materials or reagents, including face coverings and needed PPE:** |  |
| **Describe plan for receipt of deliveries:** |  |
| **List shared facilities or instrumentation your lab members need to access and describe plan for shared usage:** |  |
| **Describe plan for disinfecting common surfaces and shared equipment within lab and/or allowing down-time between users:** |  |
| **Describe any coordination with other offices/labs and core facilities:** |  |
| **If applicable, describe coordination among lab groups in shared/open lab spaces:** |  |
| **Describe building access considerations, and coordination with Chair and Building Manager:** |  |

**Lab Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Contact Info (email; tel number)** | **Active during this phase** |
| ***Ex. Jane Smith*** | ***Graduate Student*** |  | ***Y/N*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Lab Schedule (minor adjustments to this schedule do not need pre-approval provided safety measures are upheld)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Days on Campus** | **Start/End Time** | **Room Number** |
| ***Ex. Researcher 1*** | ***MW*** | ***8am-6pm*** | ***Chem 454*** |
|  |  |  |  |
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| **Communication plan for lab members:** |  | | |
| **Communication plan between lab members in open/shared lab spaces:** |  | | |

**PPE and Critical Supplies**

|  |  |
| --- | --- |
| **Describe availability of PPE necessary for your research and for safeguards to minimize risk of transmission:** |  |
| **Describe availability of supplies, materials, samples, etc. necessary for conducting your research:** |  |

**Human Subjects and Animal Research**

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| --- | --- |
| **If the research involves human subjects or animals, describe how safeguards will be accounted for, and for animals, how you will coordinate with DLAR:** |  |

**Travel, Off-campus Research Facilities & Field Work**

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| --- | --- |
| **Describe plans to mitigate risks during travel and while at off-campus research sites (e.g., field work, national laboratories):** |  |
| **Describe measures to minimize risk after returning to campus from off-campus research sites:** |  |

**Compliance**

|  |  |
| --- | --- |
| **Describe how you will explain to personnel the safeguards and practices for safe operations within each phase of operations:** |  |
| **Describe how the PI will ensure compliance and resolve any conflicts and concerns among group members:** |  |
| **Lab personnel who do not feel comfortable returning to work should not be pressured to do so. Lab personnel who have concerns about returning to work may discuss them with their PI, another departmental contact, or with Human Resources or the Graduate School.** | |

*As the Principal Investigator or Faculty Supervisor responsible for research, scholarly, and creative activities in the designated laboratory, studio, or off-site location(s), I affirm that, to the best of my knowledge, the measures and practices I have outlined in this Laboratory Operations Plan are consistent with the principles and safe practice guidance in the* Plan for Restarting Research Lab, Field, and Studio Activities*. I also understand that resumption of activities is contingent on maintaining safe practices, including any revisions necessitated by changes in public health conditions, and on approval(s) by the Department Chair and/or the Research Recovery Committee. I further acknowledge that it is my responsibility to ensure compliance, to the best of my ability, with these plans by personnel under my supervision.*

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Attestation by lab personnel: I have reviewed this document with my supervisor, understand the expectations, and agree to abide by all the safety measures described in this plan.**

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Reviewed by:**

*Print Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*