**Request to Continue Critical Research or Maintain Critical Research Supplies Simon Fraser University**

To request an exemption to the SFU decision to restrict all on-campus research activity, justification for the exemption requires the approval of your department chair/director and your Dean.

If a Dean approves an exemption, the Deans office is requested to please send a copy of the approved form to avprsec@sfu.ca.

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

* The nature of the project:
	+ Does it involve COVID-19 research?
	+ Does it involve maintaining critical research material that cannot otherwise be preserved?
	+ 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 maintain equipment and/or laboratory, 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 respect social distancing protocols?

Before filling out this form, refer to SFU’s policy on [‘working alone or in isolation’](https://www.sfu.ca/policies/gazette/general/gp39.html) and [SFU’s Research FAQ’s](https://www.sfu.ca/research/covid-19-information).

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| --- | --- |
| **Name of Principal Investigator:** | Click or tap here to enter text. |
| **Department/Faculty:** | Click or tap here to enter text. |
| **Building Location:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Primary Mobile Phone Number:** | Click or tap here to enter text. |
| **Title of Project:** | Click or tap here to enter text. |
| **Personnel who will access the research facility:** | **Personnel #1\*:** Click or tap here to enter text.Mobile Phone Number:Click or tap here to enter text.[x]  Faculty member [x]  Graduate student [x]  Post-doctoral Fellow [x]  Staff**Personnel #2:** Click or tap here to enter text.Mobile Phone Number: Click or tap here to enter text.[x]  Faculty member [x]  Graduate student [x]  Post-doctoral Fellow [x]  StaffPlease add another page for additional personnel with their respective contact information. \*NOTE: If only one person will be accessing the facility, please describe the plan for ensuring that person’s safety and security in your covering email accompanying this form. |
| **Requires access to:** | [x]  Laboratory [x]  Other facility**Room no and Building:**Click or tap here to enter text.**Day(s) and Time(s):** |
| **Compliance Certificates on File:** | [x]  Human [x]  Animal [x]  Biosafety[x]  Chemical [x]  Safety [x]  Radiation Safety[x]  None [x]  Other (please describe in detail): Click or tap here to enter text. |
| **Do you require any of the following supplies to conduct this research?** | [x]  Personal Protective Equipment[x]  Gases[x]  Liquid nitrogen |
| **Will this research generate any waste that will require special handling to dispose of safely?** | [x]  Yes [x]  NoIf YES, please elaborate: Click or tap here to enter text. |
| **How long do you require this exemption for?** | # Weeks: Click or tap here to enter text.Continually required: [x]  |
| **Describe protocols to be implemented for social distancing and/or appropriate cleaning of equipment for personnel** |  |
| **The requested exemption relates to:** | [x]  Research directly related to COVID-19[x]  Maintaining critical research material \*[x]  Topping up research storage (e.g., with liquid nitrogen)[x]  Other, please describe: **Provide rationale:**Click or tap here to enter text. |

**APPROVALS**

**Department Chair / Sch. Director Dean**

Click or tap here to enter text.Click or tap here to enter text.

**Decision:** [x]  **Approved** [x]  **Declined**

**NOTES:**

Click or tap here to enter text.

We gratefully acknowledge our colleagues at University of Victoria whose exemption form we adopted.