

Request For Building Access to Conduct Research†

[Principal Investigator to complete one for research personnel]

Principal Investigator Information

Name of Principal Investigator

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Name of Researche [Last name, First name] Type of Researcher [Select one]		Rank of [rank of return of this individual amongst ground] If Graduate student indicate year in program Specify other					
Building(s)				Room Num	ber(s)		
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[†] Research is defined to include scholarly activity and creative works.

Name of Research [Last name, First name] Type of Researche [Select one] Building(s)	r	If Graduate student indicate year in program Room Number(s)			ogram Spe	Rank of [rank of return of this individual amongst group] Specify other		
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Name of Researcher Rank of

[Last name, First name]

Type of Researcher

If Graduate student indicate year in program

[rank of return of this individual amongst group] Specify other

[Select one]

Building(s) Room Number(s)

(Please select all that apply)

	Days on Campus:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
ı	Start Time:							
	End Time:							

Please indicate why it is essential for this person to return at this time [150 words].					

- Staggered staff on a staggered hours schedule is an approach that is strongly encouraged.
- While not mandatory, wearing a mask of any kind while in the lab is strongly encouraged.

Attestation:

I confirm and verify as true that:

- The researcher is willing to return;
- I have read and understood the COVID-19 access to buildings protocols as well as the UMLearn module COVID-19 Safety Training for Research Personnel;
- All researchers will be required to read and understand the UMLearn module COVID-19 Safety Training for Research Personnel;
- If approved, I will ensure that I will follow all COVID-19 access to buildings protocols; and
- If I or any other personnel become ill, I will immediately report this to EHSO.

Approval:

Principal Investigator

Head of the Department

ADR or Dean

VPRIO

SAVE After completing the form. Save and send to the next person for approval, who will add their signature and save, and so on. Final approver email to: Digvir.Jayas@umanitoba.ca

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