

Requesting Access to Research Labs or Studios When COVID-19 Restrictions are in Place

Please complete the following information to request access to laboratories, studios, specialized computing laboratories, or other on-campus facilities needed to carryout scholarly or creative activity when COVID-19 restrictions are in place.

*** Required**

1. Email address *

Requester Information

Faculty may request access to facilities while COVID-19 Restrictions are in effect.

2. Name *

3. E-Number *

4. Department/School *

5. Cell Phone Number *

6. Does the research involve off-campus field work? *

Mark only one oval.

Yes *Skip to question 7*

No *Skip to question 15*

Field Work

Please complete the following information for work being performed in the field.

7. How big is the research team?

8. How will the team be transported?

9. Will someone need to access equipment and supplies from an on-campus facility, such as a laboratory, studio or storage room?

Mark only one oval.

Yes *Skip to question 10*

No *Skip to question 65*

Access to Campus Facilities for Field Work

10. Location 1: Room Number and Building (i.e., 341 Mark Jefferson Science Complex) *

11. Location 2: Room Number and Building (i.e., 341 Mark Jefferson Science Complex)

12. Location 3: Room Number and Building (i.e., 341 Mark Jefferson Science Complex)

13. How long will access be required? *

14. Is any other access required for work to be performed on campus?

Mark only one oval.

Yes

No *Skip to question 65*

On-Campus
Facilities Information

Please provide building and room location for all locations where work will be performed or access is required.

15. Location 1: Room Number and Building (i.e., 341 Mark Jefferson Science Complex) *

16. Location 2: Room Number and Building (i.e., 341 Mark Jefferson Science Complex)

17. Location 3: Room Number and Building (i.e., 341 Mark Jefferson Science Complex)

18. Location 4: Room Number and Building (i.e., 341 Mark Jefferson Science Complex)

19. Location 5: Room Number and Building (i.e., 341 Mark Jefferson Science Complex)

20. Can the same work be done from a remote location? *

Mark only one oval.

Yes

No

21. Does the research involve a specialized computing facility? *

Mark only one oval.

Yes

No

22. If yes, please describe.

23. Please provide the number of floors in the building where these on-campus facilities are located. *

24. On which days of the week will the work be performed? *

Check all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

25. Please provide the hours of the day during which the work will be performed? *

26. Is the planned research ongoing? *

Mark only one oval.

- Yes
- No

27. If not, how many days, or weeks are needed to complete the activities? (If yes, please skip this question.)

28. Is each research session: *

Mark only one oval.

- Continuous
- Periodic

29. If the work is periodic, please provide information on cadence of work (e.g., 20 minutes of activity followed by a two-hour break, and then, back to work for an hour). (If yes, please skip to the next question.)

Researchers

Please provide the following information for each person who requires access.

30. Are you requesting access for students and/or staff? *

Mark only one oval.

Yes

No *Skip to question 52*

Research Students and Staff

31. Person 1: First and Last Name *

32. Person 1: E-Number *

33. Person 1: Email Address

34. Person 1: Cell Phone Number

35. Person 1: Position

Mark only one oval.

- Faculty
- Graduate Assistant
- Research Staff
- Dissertation/Thesis Student
- Graduate Student
- Undergraduate Student
- Other

36. Person 2: First and Last Name

37. Person 2: E-Number

38. Person 2: Email Address

39. Person 2: Cell Phone Number

40. Person 2: Position

Mark only one oval.

- Faculty
- Graduate Assistant
- Research Staff
- Dissertation/Thesis Student
- Graduate Student
- Undergraduate Student
- Other

41. Person 3: First and Last Name

42. Person 3: E-Number

43. Person 3: Email Address

44. Person 3: Cell Phone Number

45. Person 3: Position

Mark only one oval.

- Faculty
- Graduate Assistant
- Research Staff
- Dissertation/Thesis Student
- Graduate Student
- Undergraduate Student
- Other

46. Person 4: First and Last Name

47. Person 4: E-Number

48. Person 4: Email Address

49. Person 4: Cell Phone Number

50. Person 4: Position

Mark only one oval.

- Faculty
- Graduate Assistant
- Research Staff
- Dissertation/Thesis Student
- Graduate Student
- Undergraduate Student
- Other

51. How many people will simultaneously be in the laboratory, studio, or other on-campus facility from this group? *

Space Requirements and Sharing

52. Do other researchers, artists, or research groups share the space? *

Mark only one oval.

- Yes
- No

53. Can researchers maintain 6 feet distancing in passing? *

Mark only one oval.

- Yes
- No

54. Can the room accommodate 144 square feet of workspace per person? *

Mark only one oval.

Yes

No

55. If necessary, can this work be scheduled and performed in shifts? *

Mark only one oval.

Yes

No

56. Is the project funded by an external sponsor? *

Mark only one oval.

Yes

No

57. If yes, please list any upcoming project deadlines pertaining to this award (i.e., annual report, renewal application, publication submission)? (If no, please skip this question.)

Research Materials and Research Subjects

58. Are all required research materials procured and available? *

Mark only one oval.

Yes

No

59. Is required Personal Protective Equipment available? *

Mark only one oval.

Yes

No

60. Can hazardous materials be properly stored and/or removed? *

Mark only one oval.

Yes

No

61. Does the research involve plants and/or animals? *

Mark only one oval.

Yes

No

62. Does the research involve human subjects? *

Mark only one oval.

Yes

No

63. If involving human subjects, is an updated protocol in place? (If no, please skip to the next question.)

Mark only one oval.

Yes

No

64. Does the research involve a secure data set that cannot leave campus due to legal or contractual restrictions? *

Mark only one oval.

Yes

No

Submit Form

65. By submitting this request for access, you agree to abide by and ensure that all of those working under your supervision abide by all COVID-19 safety protocols issued by Eastern Michigan University, the Washtenaw County Health Department, the State of Michigan, and the Federal Government. *

Check all that apply.

Agree

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