SUNY ESF Restart Research COVID-19 Plan

Date of Submission

			Research Group Name
 PI Email Address		PI First Name	PI Last Name
e of Research:	Type of		Department Name
e of Research:	Type of		Department Name

Duration the staff/students will be conducting the Field or Laboratory Research? (ex: Monday-Friday 8am-4pm, May 11-August 7, 2020):

List all those involved in the Field or Laboratory Research: (Last Name, First Name and Email Address for each)

Research Group Name (cont.)

____ For Field Work, will staff/students share a residence?

Page 3 optional, should you need to include additional information.

For all research plans, how will you implement standard social distancing? For field research plans, how will you implement social distancing/safety measures both getting to the site and on site while maintaining safety requirements for whatever activity you or your staff/students are doing (ex: If you are going on a boat and require 2 people, are you able to maintain social distance and safety while operating the boat? How can you assure that multiple individuals mitigate risk of exposure or transfer of COVID-19)?

How will you implement environmental hygiene practices (ex: Frequent handwashing, wiping down shared equipment with disinfectants, etc.)?

Is there a need for masks to comply with the Governor's Executive order?

For Laboratory Research: Is the lab(s) identified above in compliance? Review the **Laboratory Inspection Checklist** at: <u>https://www.esf.edu/ehs/lsg/j.htm</u>

For Review Committee:

Date:_____ Comments from Review Committee:

Plan Approved by:

(Electronic Signature)/Date

Plan Rejected by:

(Electronic Signature)/Date

Research Group Name (cont.)

Page 3 – Optional should you need to include additional information

Include Additional Information for Field or Laboratory Research Plan, if need be.