Name:

a) List all personnel that will be in your research space.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Email | Contact Phone |
|  |  |  |  |
|  |  |  |  |

(add additional rows as needed)

b) Designation of each room you are responsible for as single or multiple and individuals assigned access (E=ESL; L=Lillie; B=Loeb; R=Rowe; M=MRC). Please contact Dana Mock ([dmock@mbl.edu](mailto:dmock@mbl.edu)) if you have questions about room number, size, etc.

Note that while masks are not required for single-user rooms, NO ONE BUT THE INDIVIDUAL ASSIGNED TO THE ROOM MAY ENTER THE ROOM. If you plan to share your space at any time summer you should designate your lab space as multiple user, and wear a mask at all times when in the space.

|  |  |  |
| --- | --- | --- |
| Room | Designation | Individuals assigned access |
|  |  |  |
|  |  |  |

(add additional rows as needed)

c) For each room, list the square footage and describe the physical distancing plan, including number of work zones and names of individuals assigned to each work zone. Describe high intensity zones with each work zone and assurance that these are more than 6’ from each other. If applicable, note shared space and equipment, and describe plans for social distancing. Floor plans with sketches of work zones will be particularly helpful.

d) For each room, describe the scheduling plan (if applicable).

e) For each room, describe the disinfecting plan, including disinfectant(s) to be used, noting protocols for cleaning and sensitive equipment. Note that each Whitman investigator will be provided with a spray bottle of 70% ethanol. Hydrogen peroxide-based cleaning solution is available from Environmental Services.

f) Describe the ramp-down plan for your research in the event the MBL must shut down.

g) Describe hazardous material that will be generated and where it will be stored.

h) Describe your need to use of space assigned to other PIs and the coordination plan.

i) Summarize coordination plans with other PIs to use your space, in particular how you will maintain social distancing.

j) Describe your need to use general use rooms.

k) Describe your need to use space in CMF, including hours per day or week. Note that access to the CMF is restricted and must be coordinated with the CMF Director.

l) Describe your need to use shared space or other resources in the MRC. Note that access to the CMF is restricted and must be coordinated with the MRC Director.

m) Describe your need to use the MBL Animal Care Facilities. Note that access to the ACF is restricted and must be coordinated with the ACF Manager.

n) If any aspect of your research requires you or your staff to work in close contact with another person (currently defined at within 6 feet for more than 15 minutes cumulative over a 24-hour period), describe the work to be done and why it is necessary, and the proposed mitigation methods (both PPE and plans to minimize contact during the work).

**Principal Investigator’s Statement of Responsibilities**

By signing below, I attest to the following:

* I have read and agree to adhere to the following, available at [goforward.mbl.edu](https://goforward.mbl.edu/):
  + MBL 2021 Guidelines for Non-Resident Research
  + MBL COVID-19 Workplace Safety Policy
  + Guidance for Using Masks in MBL Work Areas
  + MBL Mandatory Daily Health Screening Form
* I have completed the 2021 MBL COVID19 Safety Training and signed the Acknowledgement and Attestation for COVID-19 Safety Training
* I understand I am responsible for ensuring that appropriate PPE and disinfecting/cleaning supplies are present in my lab throughout my stay.
* I have discussed and answered any questions from my lab members regarding MBL COVID-19 safety policies, the MBL 2021 Guidelines for Non-Resident Research, and this Research Plan.
* I have discussed and answered any questions from my lab members regarding MBL-wide policies for self-monitoring and staying home in the event they develop symptoms. I have explained to all my lab members that it is my responsibility to send home anyone who comes to work with symptoms or develops symptoms at work.
* I understand that anyone in close contact with an individual who tests positive will be required to quarantine, regardless of PPE employed during contact.
* I confirm that I will maintain cleaning logs for each room as mandated by the state of Massachusetts
* I confirm that all lab members will have appropriate PPE and access to disinfectants, and that I will discuss this Research Plan with all lab members before they begin work.
* I acknowledge that failure to adhere to MBL COVID policies, the MBL 2021 Guidelines for Non-Resident Research, and this Research Plan may result in termination of access to campus for myself or lab members, or closing of my lab with forfeiture of rental fees or fellowship.

|  |  |
| --- | --- |
| Whitman Investigator Signature | Date |
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| --- | --- |
| Director of Research Signature | Date |
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|  |  |
| --- | --- |
| Director of MBL Signature | Date |
|  |  |