Principle Investigator Name:

a) List all staff involved in Phase 2 research

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| --- | --- | --- | --- |
| Name | Title | Email | Contact Phone |
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(add additional rows as needed)

b) Designation of each room you are responsible for (single, multiple, general use, or closed) and individuals assigned access (E=ESL; L=Lillie; B=Loeb; R=Rowe; M=MRC)

|  |  |  |
| --- | --- | --- |
| Room | Designation | Individuals assigned access |
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(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 general use rooms, describe the plan for use ensuring that 6’ distancing is maintained at all times.

f) For each room, describe the disinfecting plan, including disinfectant(s) to be used, noting protocols for cleaning and sensitive equipment.

g) Describe the ramp-down plan for your research.

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

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

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

k) 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 discussed with all of my Phase 2 staff the protocols for biosafety, social distancing, and regular disinfecting of high touch areas and I have posted copies of these protocols in the laboratories.
* I have discussed and answered any questions from my Phase 2 staff regarding the MBL-wide policies for self-monitoring and staying home in the event they develop symptoms. I have explained to all my Phase 2 staff that it is my responsibility to send home anyone who comes to work with symptoms or develops symptoms at work.
* I have explained to all my Phase 2 staff that developing best practices for remaining safe is an ongoing process. Consequently, I have encouraged all personnel to share their concerns about any perceived unsafe practices openly with one another and with me.
* I confirm that I will maintain cleaning logs for each room as mandated by the state of Massachusetts
* I confirm that all Phase 2 staff have appropriate PPE and access to disinfectants, and that I have discussed this Research Plan with all my Phase 2 staff.
* I understand that contact tracing may require quarantining of individuals regardless of PPE employed during close contact, past exposure to SARS-CoV2, or vaccination status.

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| --- | --- |
| PI Signature | Date |
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Notes by Center Director or Director of Research:

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| --- | --- |
| Center Director Signature | Date |
|  |  |

Approved

|  |  |
| --- | --- |
| Directors Signature | Date |
|  |  |