

Resuming Research Activity Plan

Date: _____

Principle Investigator: _____

Email: _____

Phone: _____

Research team personnel (indicate whether undergraduate student (*) or graduate student (**)):

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Insert description of research activity to be resumed (phased approach). Please include 1) a detailed description of the work to be performed, 2) location(s) where the work will be performed, and 3) strategies to maintain personal distancing in the specific research location. Identify PPE to be used (if different from routine operations). ***If activities require revision of IRB/IACUC/IBC protocols, those must be submitted separately to the appropriate UNE compliance team.***

All personnel listed on this form have read the PI's individual research continuity/re-opening plan and with the attached requirements for best practices (i.e., PPE, social distancing, hygiene, etc.) in working in a research setting during COVID-19. All personnel have been trained in the guidelines and understand that adherence to them are required for continued research operations under the current COVID-19 environment.

PI Signature

Date

Research Staff:

I have reviewed my research team's emergency research continuity plan and resuming research activity plan and the attached requirements for best practices in working in a laboratory during COVID-19. I understand that adherence is required for research operations during.

Name: _____ Signature: _____

Name: _____ Signature: _____

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Name: _____ Signature: _____

Name: _____ Signature: _____

**The completed document should be submitted to Karen Houseknecht
khouseknecht@une.edu.**