

Laboratory Activity Plan During Pandemic

Name: Faculty _____ or Lead Researcher _____

Email Address: _____ Phone: _____

Location of Laboratory (Bldg/Room #): _____

Other Locations of Research: _____

Requesting Undergraduate Student Access? Yes No

If yes, provide a brief explanation and research plan not to exceed 25 words.

Names of Faculty (F), Grad Student (G), Undergraduate Student (U) Other (O)

-	-
-	-
-	-
-	-

Student Working Hours in Lab:

Day	Evening	Night	Weekdays	Weekends
-----	---------	-------	----------	----------

Supervised by: _____

Research Focus Area (Not to exceed 50 words)

Physical Hazards: Yes No

If yes, nature of the hazard (brief)

Security issues present: Yes No

If yes, nature of security concern (brief)