**PI Laboratory Operation Plan**

**Principal Investigators: Use this template to create a plan for your research activities. This template is also required for core facilities. PIs in shared/open lab spaces will need to coordinate with each other and describe the coordination in the template. Once completed, submit this plan to your Department Chair/Vice Chair for Research/Division Chief for review and approval.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This plan covers operation for Return Phase: 3 -Maximum of 50% Occupancy at any point in time**

**Lab Space Maximum of 50% Occupancy at any point in time**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Building and Room Number** | **Square Footage** | **Is your lab within a shared or open lab space? If yes, provide total square footage and names of other PIs.** | **Max # of simultaneous personnel permitted. If shared space, also include max # permitted in total space.** | **Other Considerations** |
| *Ex. Chemistry 452* | *Ex. 400* | *Ex. 2000 sq.ft. Share with Johnson, Rodriguez* | *Ex. 2 (8 in total space)* | *Ex. Max 2 researchers per bench, 1 per hood* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Exposure Controls**

|  |  |
| --- | --- |
| **Controls** | **Description** |
| ***Describe measures for ensuring social distancing among lab members:***  |  |
| ***Describe plan to minimize risk of transmission during routine procedures that require close proximity (if applicable):*** |  |
| ***Describe controls (including any prohibitions, buddy-system of communication) to minimize risk to lab personnel working alone and/or on high-risk procedures (reactive or acutely toxic materials, etc.)*** |  |
| ***Describe plans for lab readiness and expected or actual critical materials or reagents, including needed PPE:*** |  |
| ***Describe plan for receipt of deliveries:***  |  |
| ***List shared facilities or instrumentation your lab members need to access and describe plan for shared usage:*** |  |
| ***Describe plan for disinfecting common surfaces and shared equipment within lab and/or allowing down-time between users:*** |  |
| ***Describe any coordination with other offices/labs and core facilities:*** |  |
| ***If applicable, describe coordination among lab groups in shared/open lab spaces:*** |  |

**Lab Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Title** | **Contact Info** | **Active during this phase** |
| ***Ex. Jane Smith*** | ***Graduate Student*** | ***Email/Phone number*** | ***Y/N*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Lab Schedule Maximum of 50% Occupancy at any point in time**

**(minor adjustments to this schedule do not need pre-approval provided safety measures are upheld)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Days** | **Start/End Time** | **Room Number** |
| ***Ex. Researcher 1*** | ***MW*** | ***8am-6pm*** | ***Chem 454*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Describe any special accommodations required (e.g., vulnerable, compromised health (must be careful re personal info):*** |  |
| ***Communication plan for lab members:*** |  |
| ***Communication plan between lab members in open/shared lab spaces:*** |  |

**Animal Research**

|  |  |
| --- | --- |
| ***If the research involves animals, describe how safeguards will be accounted for, and how you will coordinate with DLAR:*** |  |

**Compliance**

|  |  |
| --- | --- |
| ***Describe how you will explain to personnel the safeguards and practices for safe operations within each phase of operations:*** |  |
| ***Describe how the PI will ensure compliance and resolve any conflicts and concerns among group members:***  |  |
| **Lab personnel who do not feel comfortable returning to work should not be pressured to do so. Personnel in this situation should first discuss with the PI, and if the situation is not resolved, then discuss with the supervisor of their supervisor (e.g. Department Chair or Division Chief).** |

*As the Principal Investigator or Faculty Supervisor responsible for research in the designated laboratory, I affirm that the measures and practices I have outlined in this Laboratory Operations Plan are consistent with the principles and safe practice guidance in the Upstate Phased Research Restart Plan, and that resumption of activities is contingent on maintaining safe practices, including any revisions necessitated by changes in public health conditions, and approval(s) by the Department. I further acknowledge that it is my responsibility to ensure compliance with these plans by personnel under my supervision.*

 *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Attestation by lab personnel: I have reviewed this document with my supervisor, understand the expectations, and agree to abide by all the safety measures described in this plan.**

 *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Reviewed by:**

**Signed:**

**Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed:**

**Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**