**Faculty of Social Science Research Access Questionnaire**

This survey will assist the Departments and Dean’s office in the Faculty of Social Science in developing a phased-in plan to allow controlled access to members of research teams and groups whose work has been significantly affected by the closure of experimental research laboratories due to COVID-19. This survey must be completed by faculty members (supervisors) or Directors of facilities if members of their research group require on-campus access while restrictions to limit the spread of COVID-19 are in effect.

**Important Note:** All government health guidelines must be followed when on campus. We have a shared responsibility for everyone's safety under Ontario Law. Contingency plans must include the ability to shut down on-campus research activities within 48 hours.

**Faculty member (PI) or Facility Director**

First name: Click or tap here to enter text.

Last name: Click or tap here to enter text.

Western email: Click or tap here to enter text.

**Please indicate your Department (select all that apply):**

Anthropology

DAN Management

Economics

Geography

History

Political Science

Psychology

Sociology

Other (please indicate)

Click or tap here to enter text.

**Research Activities**

Please describe the need and time-sensitivity of your research group to have access to campus.

**Research Personnel & Locations**

Please list all personnel from your research group (including yourself on the first line) that require on-campus access to conduct research activities. Using the drop-down menus, please indicate the frequency and duration (on the days that they would be present) that best describe the on-campus activities for each individual.

Please also list all on-campus locations where personnel will perform research activities:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Last Name | UWO ID | Role | Frequency | Duration  (when they are present) | Building & Room | Building & Room | Building & Room |
|  |  |  | Choose a role | Frequency | Duration |  |  |  |
|  |  |  | Choose a role | Frequency | Duration |  |  |  |
|  |  |  | Choose a role | Frequency | Duration |  |  |  |
|  |  |  | Choose a role | Frequency | Duration |  |  |  |
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|  |  |  | Choose a role | Frequency | Duration |  |  |  |
|  |  |  | Choose a role | Frequency | Duration |  |  |  |

**Safety Precautions / General Guidelines**

Please read and acknowledge that personnel from your research will adhere to the following guidelines to limit the spread of COVID-19 while performing on-campus research activities:

1. Stay home if they feel unwell
2. Immediately seek medical guidance and report a fever, cough or shortness-of-breath to the Chair of their home Department
3. Practice frequent hand hygiene
4. Disinfect frequently touched objects and surfaces in shared laboratory spaces
5. Maintain 2 m physical distance with other people whenever possible
6. Walk on the right side of shared hallways and give right-of-way to the descending person in stairwells
7. When 2 m physical distance cannot be maintained consistently, use appropriate personal protective equipment (PPE)
8. Whenever possible, perform research activities remotely to limit their time spent on-campus

**Members of my research group will adhere to these guidelines:** yes/no

**I have discussed these guidelines, and methods for how we will implement them in our lab, with all members of my research group:** yes/no

**With Social Science and Western, I have, or will, procure all hand sanitizer, disinfectant wipes, masks, and other PPE that are necessary for ensuring safety in our lab.** yes/no

**For each lab member, I have clearly identified work that can continue to be accomplished remotely from home.** yes/no

**I have identified a specific individual who is responsible for ensuring that these guidelines are implemented and followed.** yes/no

**Will multiple personnel be present in an on-campus location (room) at the same time?** yes/no

**If yes, can 2 m of physical separation be maintained between personnel at all times**? yes/no

**If no, please describe the rationale for having personnel closer than 2 m, and the PPE protocols that you will implement to ensure safety from potential Covid-19 transmission:**

PI Name Date

Chair Name Date

**By signing this document, the PI and Chair indicate that the PI has designed and will implement an appropriate plan to ensure the safety of all members of their lab.**