



COE Faculty Application for Research Re-activation

Last Updated: May 28, 2020, 11:30am

PIs are highly encouraged to submit the application form together with their research personnel; research personnel will receive a separate questionnaire and the results will be reviewed by a committee excluding their PIs.

Notes:

- There are 3 pages in this application form: the 1st page with certification questions, the 2nd page with inputs on projects, personnel, labs etc, and the 3rd page of approval signatures. You can revise your inputs on the first two pages before clicking "Submit" at the end of the 3rd page.
- **There is a 45 minute timer in each session. Please save your progress often. You can always log back in to complete your application.**
- Submit technical questions to itcoecis-help@cornell.edu or at <https://help.coecis.cornell.edu>.
- Contact your department chair and admin director to clarify interpretation of the form.
- View a [shareable Google Doc version](#) of this form to start preparing your answers. See the [changelog](#) for the complete list of updates to this form.

As described in the recent [announcement](#), Cornell is reopening its research laboratories as of May 29. Phase I of the research re-activation is at a level of approximately 1/3 of the normal activity so as to ensure sufficient social distancing and safety of all personnel. The regulations require the following to be adhered to at all times by the PIs' group personnel in this application:

1. You have studied thoroughly the [university report on Research Re-activation](#) together with your group personnel who are involved in Phase I of Research Re-activation.
* I certify that I have read and agree to the policy listed above.
2. All work that can be done remotely should continue to be done remotely. This includes analysis of data taken in a reopened lab and computational work.
* I certify that I have read and agree to the policy listed above.
3. The maximum occupancy at any time in all your labs combined is 2 or 1/3 of your group size (rounded down), the higher of the two.
* I certify that I have read and agree to the policy listed above.
4. Only those faculty, staff and students who are already in Ithaca and Geneva (or in the direct vicinity of their field research) will be able to return to their labs upon approval. Researchers who have not been residing in the local community, or have been residing in the local community but have met a visitor from outside the local community, or visited a place with confirmed/suspected COVID-19 patients, must quarantine off campus for 14 days in the local area prior to coming to campus.
* I certify that I have read and agree to the policy listed above.
5. You are responsible for ensuring personnel have PPE and practice the necessary disinfection protocols to reduce the risk of spreading the virus.
* I certify that I have read and agree to the policy listed above.
6. All personnel under your supervision returning to campus must complete [EHS Return To Work Health and Safety Training for COVID-19](#) before they arrive, and must adhere to the [University's Employee Health Protection Procedures](#), including but not limited to monitoring their temperature and any symptoms daily. All personnel will check daily the [Tompkins County Health COVID-19 website](#) for updated COVID-19 cases.
* I certify that I have read and agree to the policy listed above.
7. Arrangements have been made for labs and facilities outside of your control with the lab directors for access by you and personnel under your supervision.
* I certify that I have read and agree to the policy listed above.
8. All occupants under your supervision of the building follow the posted guidelines for common spaces such as atria, kitchens, bathrooms, etc. All student spaces (student offices, bullpens, lounges) remain unoccupied during phase one except for special use such as printing or dropoff of personal belongings.
* I certify that I have read and agree to the policy listed above.
9. All personnel will eat outside buildings on campus, e.g. in a car or outdoor, if not allowed inside.
* I certify that I have read and agree to the policy listed above.
10. All occupants of labs and facilities will practice social distancing, disinfection protocols and wear face coverings at all times.
* I certify that I have read and agree to the policy listed above.
11. A buddy system, virtual or physical, is implemented for all personnel under your supervision, whenever conducting research on campus.
* I certify that I have read and agree to the policy listed above.
12. You are responsible to maintain a daily log of research personnel, locations, schedules and the practiced buddy system.
* I certify that I have read and agree to the policy listed above.
13. You are aware that anyone may report non-compliance on campus to the [Ethics Point Hotline](#) anonymously.
* I certify that I have read and agree to the policy listed above.
14. You are aware that any personnel may report concerns when feeling coerced conducting research on campus to the [Ethics Point Hotline](#) anonymously.
* I certify that I have read and agree to the policy listed above.
15. Department chairs and facility directors, as well as the deans and VPR, will have the authority to rescind approvals to reactivate individual faculty programs if the on-campus activity associated with that program does not adhere to the limits and procedures in the approved reactivation protocol or if any individuals are found to have been coerced into returning to campus when it is not safe for them to do so.
* I certify that I have read and agree to the policy listed above.



Faculty Application

Notes:

- There is a 45 minute timer in each session. Please save your progress often. You can always log back in to complete your application.
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1. Department: *

If your department uses subgroups (e.g. Biomechanics in MAE), please enter your group name. Admin Directors serve as the point of contact for the department review team.

Research subgroup (optional):

2. List projects you would like to restart in phase 1 and sources of funding. Explain how they fall into one of the approved research areas for phase 1 (health and disease, agriculture/food, national defense, research supporting an essential business).

Enter health and disease projects (use n/a if no projects):

*

Enter agriculture/food projects (use n/a if no projects):

*

Enter national defense projects (use n/a if no projects):

*

Enter essential business projects (use n/a if no projects):

*

3. List the room numbers of the labs you expect to use. Please enter one row per building.

Building	Room Numbers (comma separated)	Lab Names	Add Another Building
* <input type="text" value="-- Please Select --"/> <input type="button" value="v"/>	* <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

4. List the labs and facilities outside of your control that you are planning to use on a regular basis including those with shared equipment. Use of such resources must be coordinated with the directors of those facilities and must adhere to the reactivation procedures for each facility.

Building	Room Numbers (comma separated)	Lab Names	Add Another Building
<input type="text" value="-- Please Select --"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

5. List ALL graduate students, postdocs and other key personnel (including yourself) you authorize to re-enter your laboratories.

First Name	Last Name	Empl ID	Net ID	Email	Cell Phone	Add Another Personnel
* <input type="text" value="Warren"/>	* <input type="text" value="Zipfel"/>	<input type="text"/>	* <input type="text" value="wrz2"/>	* <input type="text" value="wrz2@cornell.edu"/>	* <input type="text"/>	<input type="checkbox"/>

Is any of the above personnel a 1st-year MS or PhD student? If yes, describe their readiness to conduct on-campus research potentially alone.

*

Is any of the above personnel an undergraduate or MEng student? If yes, provide justifications.

*

Are all of the above personnel your primary advisees? If no, provide explanations.

*

6. How are you managing and communicating the schedules with your research group, neighboring labs, shared labs/facilities, and collaborators? **The University guidelines state "Small rooms under 500 sq. ft should be scheduled for single occupancy work"**. Describe how use of these spaces will be scheduled to keep maximum facility occupancy below the required level, and how scheduling will be coordinated among faculty using shared or adjacent on-campus facilities (e.g., same wing or floor of a building).

*

Upload your schedule file here (optional):

7. How are you implementing the buddy system? Describe the personal protective equipment researchers will wear and verify availability of sufficient PPE.

*

8. Describe the disinfection protocol researchers will use when entering their workspace, before beginning work, after completing work, and when exiting the workspace.

*

9. Will your research require physical deliveries (parcels or equipment)?

*

10. Describe any special Facilities needs?

*

11. Describe a shut-down plan in the event of increased infection rate.

*

12. Describe any variances to the above rules you would like considered. Upload additional guidelines from the departments, shared labs/facilities, PIs and collaborators as one combined PDF file.

Additional Guidelines

By clicking submit, I agree to the following:

1. Your application will be reviewed by your Director or Chairs, facilities managers, the Dean's and the Vice Provost for Research.
2. You must receive authorization before you may enter your lab.
3. For the safety of our community, it is important that we all adhere to the above guidelines. Anyone who violates the above requirements will have their privileges suspended for up to one month.

Your application is not complete until you click Next and then Submit on the bottom of the next page.

PI Signature

Date



Upcoming Approval Signatures

This page will collect all of the approval signatures you need after submission.

Notes:

- Your application is not complete until you click Submit on the bottom of the page.

_____ BME Dept Signature _____ Date

Comments

Additional Comments

_____ Facilities Signature _____ Date

Comments

Additional Comments

_____ Dean Signature _____ Date

Comments

Additional Comments

Faculty Signature _____ Date: _____