

Principal Investigator Form

PI Information

Name uNID

Department Email

Phone

List the buildings and room numbers for each lab that you manage (e.g. CSC 1234).

List all individuals that will be allowed to work in your lab.

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Name Position Email

Location Hrs./week

Describe specific hygiene and sanitization plans for equipment in your lab (e.g. microscopes, glove boxes, etc.).

Describe specific plans for ensuring physical distancing (6 ft. minimum) in your lab.

INSTRUCTIONS: Please put your forms (including all personnel forms) into the folder in Box with your name on it.