

*CAMPUS-BASED* RESEARCH *OR* EDUCATION EQUIPMENT & SPACE NEEDS ASSESSMENT Form\*

\*For existing and/or newly assigned space that will be used to house new equipment. If new space and/or a change in space that will not be used to house new equipment is needed, fill out *the REQUEST FOR NEW OR CHANGES TO CAMPUS-BASED RESEARCH OR TEACHING SPACE* Form, only.

|  |  |
| --- | --- |
| NAME: |       |
| DEPARTMENT/SCHOOL/CENTRE: |       |
| PHONE: |       | FAX:       |
| E-MAIL: |       |
| DATE: |       |
| CFI Competition |       |
| Project Title |       |
| Maximum Total Project Cost: |       |
| Location (building & room number): |       |
| Total sq. ft. required (estimate): |       |
| Total number of people to be accommodated1  |       |

1researchers, technicians, other

Type of space (select one or both if applicable):

[ ]  Wet

Biosafety -- Specify level of biosafety hazard (see: <http://www.mcgill.ca/ehs/laboratory/biosafety/manual/> and be sure to append a copy of your approved EHS certificate (APPLICATION TO USE BIOHAZARDOUS MATERIALS) as appropriate

[ ]  Level 1

[ ]  Level 2

[ ]  Level 3

[ ]  Level 4

[ ]  Dry

***Please consult with the Building Director and complete for All SPACES:***

Specific Requirements (check all applicable and give details as appropriate):

|  |  |
| --- | --- |
|   | **Supply Details** |
| [ ] High performance computers  |       |
| [ ] Server room(s)  |       |
| [ ] Special temp/humidity/dust requirements (including ultraclean) |       |
| [ ] Special lighting requirements  |       |
| [ ] Special power requirements (e.g., cooling required?)  |       |
| [ ] Sound/vibration concerns  |       |
| [ ] Back-up power |       |
| [ ] Shielding |       |
| [ ] Heavy loading on floors  |       |
| [ ] Health/safety issues  |       |
| [ ] Security requirements  |       |
| [ ] Accessibility considerations |       |
| [ ] Human subjects |       |
| [ ] Animals: Specify species, numbers, surgery requirements  |       |
|  housing level required |       |
| [ ] Lasers |       |
| [ ] Autoclave(s) – Specify Number: |       |
| [ ] Additional considerations |       |

*Please complete for all* ***Wet*** *lab SPACES:*

|  |  |
| --- | --- |
| **1) Services Required:** | Give details as appropriate |
| [ ] Natural gas |       |
| [ ] Compressed air |       |
| [ ] Vacuum lines |       |
| [ ] Laboratory gases |       |
| **2) Specific Requirements** | Give numbers or quantity as appropriate |
| *[ ]* Fume hoods  |       |
| *[ ]* Biological safety cabinets  |       |
| *[ ]* Chemical storage – Check all applicable and provide quantities if available. |       |
| *[ ]* Flammable Liquids  |       |
| *[ ]* Acids  |       |
| *[ ]* Bases  |       |
| *[ ]* Oxidizers  |       |
| *[ ]* Explosives  |       |
| *[ ]* Reactive chemicals  |       |
| *[ ]* Radiation -- Specify type of radiation or isotopes |       |

|  |  |
| --- | --- |
| Comments, Additional requirements, specify |       |
| Based on the described requirements, do you foresee a need for renovations for your project?*[ ]  yes [ ] no* ***Please give details*** |       |

**Is this for a CFI application?** Yes [ ] No [ ]

**If Yes,** please send a copy of the completed form with all signatures to: 1) the OSR ISI team and 2) Christian Ilantzis in the Faculty “Research” office.

**SIGNATURES**

**I hereby confirm that I have seen the space and filled out the above section, in consultation with the Building Director, to the best of my knowledge.**

|  |  |  |
| --- | --- | --- |
| PRINCIPAL INVESTIGATOR: |  |  |
| SignaturePrint Name:       | Date |

**IF THIS IS A FOR A CFI APPLICATION: I hereby confirm that the space specified herein is suitable for the intended activity, has been reserved specifically for the specified CFI project and will remain so for the five-year duration of said project – Note that for CFI funded renovations the five year period starts from the date of acquisition and installation of the research infrastructure, including all CFI-funded equipment.**

**OR**

**For off-campus lab spaces, I hereby authorize the assessment and evaluation of the intended location.**

**ALL REQUESTS** MUST BE SIGNED BY THE CHAIR/DIRECTOR AND THE BUILDING DIRECTOR (see below)

|  |  |  |
| --- | --- | --- |
| DEPT./SCHOOL/CENTRE CHAIR/DIRECTOR:**And/or**MNI INSTITUTE DIRECTOR, if applicable: |  |  |
| SignaturePrint Name:       | Date |
|  |  |  |
| SignaturePrint Name:       | Date |
| BUILDING DIRECTOR\*:KINDLY NOTE THAT SUFFICIENT TIME TO ASSESS THE SPACE IS REQUIRED BEFORE THE BUILDING DIRECTOR CAN SIGN |  |  |
| SignatureName: Marilena Cafaro\* | Date |

**\***McIntyre Building Director; McINTYRE MEDICAL BUILDING ROOM 529; PHONE 514-398-3313

**Note: If there is NO major impact on budget or infrastructure, as determined by the building director, his/her signature and that of the chair are sufficient.**

**IF THERE IS A POTENTIAL IMPACT ON BUDGET OR INFRASTRUCTURE, THE SIGNATURES BELOW ARE REQUIRED.**

NOTE: THERE WILL BE NO FINANCIAL SUPPORT PROVIDED BY THE FACULTY WITHOUT THE SIGNATURES AS BELOW.

|  |  |  |
| --- | --- | --- |
| 1. **IF FUNDS >$5000 ARE NEEDED** FOR ANY RELOCATION, CHANGE IN USE COSTS, OR 20% IN CFI MATCHING FUNDS FOR RENOVATIONS, THE SIGNATURE OF THE SENIOR DIRECTOR, ADMINISTRATION & OPERATIONS IS REQUIRED VERIFYING THE FUNDS

**AND/OR**1. **IF NEW OR RE-ALLOCATED SPACE IS REQUIRED** FOR **RESEARCH** and/or **TEACHING SPACE**
 |  |  |
| SignatureName: Pascale Mongrain\* | Date |

\* SENIOR DIRECTOR, ADMINISTRATION & OPERATIONS; 3605 DE LA MONTAGNE, PHONE 514-398-4999

|  |  |  |
| --- | --- | --- |
| VP (HEALTH AFFAIRS) AND DEAN: David Eidelman *or* delegate |  |  |
| SignaturePrint Name:       | Date |