

*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: |  |  | |
| Signature  Print 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: |  |  | |
| Signature  Print Name: | Date |
|  |  |  |
| Signature  Print Name: | Date |
| BUILDING DIRECTOR\*:  KINDLY NOTE THAT SUFFICIENT TIME TO ASSESS THE SPACE IS REQUIRED BEFORE THE BUILDING DIRECTOR CAN SIGN |  |  | |
| Signature  Name: 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** |  |  | |
| Signature  Name: Pascale Mongrain\* | Date |

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

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