

## SUB UNIT TEMPLATE FORM 2021

### FACULTY OF AGRICULTURAL AND FOOD SCIENCES

#### RESEARCH ACTIVITIES

DEPARTMENT:

IS THIS A PREVIOUSLY APPROVED RESEARCH ACTIVITY? YES NO

**IF YES, COMPLETE:**

Enter building name and identify the number of individuals scheduled by day/time below.

**BUILDING NAME:**

	MON	TUES	WED	THUR	FRI	SAT	SUN
AM							
PM							
>4:30							

**IF NO, COMPLETE:**

DEPARTMENT:

PI NAME:

PI EMAIL:

PI PHONE:

**RATIONALE FOR UNDERTAKING NEW RESEARCH:**

(Please address: i) why this work cannot be done remotely, ii) the impact on building occupancy, and iii) the plan for ensuring the safety of researchers, such as: a) what are the procedures for decontaminating the lab after use by a given employee and b) what is the plan if a researcher(s) becomes ill and cannot continue the work.)

Enter building name and identify the number of individuals scheduled by day/time below.

**BUILDING NAME:**

	MON	TUES	WED	THUR	FRI	SAT	SUN
AM							
PM							
>4:30							

Once approved at department level, please forward to [agresearch@umanitoba.ca](mailto:agresearch@umanitoba.ca) for ADR approval when adding personnel to previously approved or new research requests.