

## PHASE 2 RESEARCH PLAN

Before completing this form, faculty and independent researchers (“Plan Owners”) should conduct a Phase 2 research assessment (“Assessment”) and complete the Phase 2 Research Assessment form.

### PLAN OWNER INFORMATION

First name:

Last name:

UCI e-mail:

UCI phone number:

Department/unit:

### RESEARCH PROGRAM/LABORATORY INFORMATION

Name or title:

Provide the location(s) of all space in which Phase 2 research will occur:

Building(s)	Room(s)	~Square Feet*	Shared Space?	Max personnel <sup>^</sup>

\* If shared space, please indicate the square footage assigned to the research program/lab.

<sup>^</sup> **Because Research Phase 2 limits population density to no more than 30% of pre-pandemic levels**, it is important that maximum occupancy not exceed this target, and be consistent with the [General Points of Consideration – Planning the Phased Increased of UCI’s On-Site Research Activities](#), and the [Guiding Principles contained in the Vice Chancellor’s May 11 message](#).

### PLAN INFORMATION

#### Assessment (required)

I have attached the completed Phase 2 Research Assessment form for this research program/laboratory. **Check one of the following based on the Assessment:**

I have assessed current personal protective equipment (PPE) stocks and other safety supplies and determined that sufficient stocks exist for the Plan, and that the Plan includes scheduled/regular ordering to help ensure consistent availability of these essential supplies.

I have assessed current personal protective equipment (PPE) stocks and other safety supplies and determined that insufficient stocks exist for the Plan. The Plan includes scheduled/regular ordering to help ensure consistent availability of these essential supplies, and I understand that I may not proceed with the Plan until sufficient PPE and safety supply stocks are received.

**Compliance Monitoring Measures (required)**

- I have attached specific measures for monitoring Plan compliance at the research program/laboratory level. The attached monitoring plan includes a space diagram if physical distancing needs consideration. Before entering the research space, all persons have signed agreement to comply with Physical Sciences safety protocol at <https://ps.uci.edu/node/50134>

**Return to Earlier Phase (check one of the following)**

If operationally necessary or if required by the Office of Research in response to local health directives, the return to an earlier [research phase](#) will follow the [ramp down](#) and/or [shut down](#) guidance issued by the Office of Research and will utilize the [Laboratory Ramp-Down Checklist](#) provided by EH&S.

If operationally necessary or if required by the Office of Research in response to local health directives, the return to an earlier [research phase](#) will follow the attached procedures.

**Individual Control Measures and Screenings (check all that apply)**

- Controlling population density so that it does not exceed Phase 2 limits at any time
- Physical distancing measures
- Face coverings required when in the presence of others
- Frequently practicing hygiene measures, such as hand washing
- Symptom self-screening measures
- Controlling access and use of research space that is not shared by limiting access to only the research program's/laboratory's team members
- Controlling access and use of shared research space by limiting access to only UCI employees, appointees and registered students
- Additional/alternative plan-specific individual control measures are attached

**Disinfecting Protocols (check all that apply)**

- [UCI's COVID-19 cleaning procedures for general laboratories](#)
- Additional/alternative plan-specific disinfecting protocol is attached

**Physical Distancing Guidelines (check all that apply)**

- Directional signs and floor markings to control the flow of personnel and help ensure that they remain physically distant
- Physical barriers between work stations located less than six feet apart and where two or more team members must work in close proximity
- Designating “entry only” and “exit only” doors
- Using a shared calendar to schedule access and control population density over time
- Using shift work (i.e., staggered work schedules) control population density over time
- Conducting remote group meetings
- Minimizing in-person one-to-one meetings to times when it is necessary for conducting the research or for safety reasons – both people using face coverings, other PPE as necessary or required by safety protocols, and remaining physically distant (except for safety reasons and emergencies)
- Additional/alternative plan-specific individual control measures are attached

**Personnel Training on How to Limit the Spread of COVID-19 (check all that apply)**

- Plan Owner will direct team members to take UCI training(s) on how to limit the spread of COVID-19
- Plan Owner will direct team members to take UCI training(s) on how to conduct symptom self-checks, including how to report and follow through on symptoms
- As part of research program/laboratory specific training on COVID-19 and minimizing potential for virus transmission, Plan Owner will direct team members to prioritize team member safety and health above all else
- As part of research program/laboratory specific symptom self-checking training, Plan Owner will direct team members to weigh the need for coming to campus against potential health and safety hazards (to themselves and others)
- As part of research program/laboratory specific symptom self-checking training, Plan Owner will direct team members to stay at home if they have symptoms and to contact their healthcare provider for medical advice
- Plan Owner has not included in this Plan space or facility access for any team members who are at [higher risk for severe illness due to COVID-19](#) or who want to continue to stay at home for personal or household reasons
- Additional/alternative plan-specific training measures are attached

Signature of Plan Owner:

Date plan submitted to Authorized Official:

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Note: This section following is to be filled out by departmental endorsing person and Dean's Office Authorized approver for Physical Sciences plan proposals.

Department endorsing name and date:

PS Dean's Office Authorizing name and date: