

PHASE 4 RESEARCH PLAN AUTHORIZATION FORM

UCI Samueli School of Engineering

PI/CENTER DIRECTOR INFORMATION

First name: Click or tap here to enter text.

Last name: Click or tap here to enter text.

UCI e-mail: Click or tap here to enter text.

UCI phone number: Click or tap here to enter text.

Department/Center: Click or tap here to enter text.

1) RETURN TO EARLIER PHASE (REQUIRED)

- If operationally necessary or if required by the Office of Research in response to local health directives, I will cease Phase 4 work and safely ramp down research in my laboratories and shared spaces to Phase 1-3 requirement/protocols.

2) PROTOCOLS (REQUIRED). The following Individual Control Measure and Screenings for supervised personnel and me will be followed:

- Face coverings required indoors at all times except alone in a personnel office with the door closed for Not Fully Vaccinated personnel
- Frequently practicing hygiene measures, such as hand washing
- Symptom self-screening measures and “Working Well Daily Health Check-in” process

3) PERSONNEL TRAINING (REQUIRED)

- All on-campus personnel must complete the “Returning to Campus” training available through UCLC. I must ensure that each person under my supervision completes the training prior to them coming to campus.

4) COMPLIANCE MONITORING MEASURES (REQUIRED)

- I will monitor compliance at the research program/laboratory level and for supervised personnel.

By signing this **Phase 4 Research Plan Authorization Form**, I affirm that I have reviewed UCI Phase 4 protocols and Executive Directives, and I agree to abide by these rules.

Signature of PI/Center Director: _____

Date submitted to Samueli School of Engineering: Click or tap to enter a date.

Name of Authorized Official: Click or tap here to enter text.

Title of Authorized Official: Click or tap here to enter text.

Date of Authorized Official’s approval of plan: Click or tap to enter a date.