

Section C: Proposed Phase I Departmental Personnel Information. Please submit an updated Department Excel, and continue to update the Department’s excel for all staff who require access to BCCRI in phase 2. This information should include the floors and rooms that they need access to, including applicable lab bay/office numbers. Further, specific days and shift patterns should be identified.

Section D: Department specific training procedures

If there are training procedures that need to take place **in addition** to the list provided, please detail below. Please rank each new training activity as either low, medium or high risk based on the descriptions below:

Training procedure	Hazard	Risk	Engineering Control	Administrative Control	Trainer: Trainee ratio	PPE details	Risk following mitigation measures

Examples of Activity Risk Levels

Low Risk: Physical distancing on-site is easily feasible. **A worker(s) would always maintain a 2M physical distance. Any closer contact with a co-worker (less than 2M) for 15 minutes or more is medium or higher risk.** While on site, masks are required in order to perform work. There is no shared space/equipment used to perform work.

Medium Risk: Limited physical distancing possible. **Contact time with other worker(s) is 15 minutes or more where 2 m physical distancing is not consistently achievable.** While on site, masks are required in order to perform work. **Additional exposure control measures may be required (engineering control, PPE, etc).** Some shared space/equipment with other labs floors is required in order to perform work. Movement between other sites may be required as part of regular work.

High Risk: Physical distancing not possible. **Contact time with other worker(s) is 15 minutes or more where 2 m physical distancing is not achievable.** While on site, masks are required for entire duration. **Additional exposure control measures will be required (engineering control, PPE, etc).** Regular work requires frequent overlap with shared spaces and equipment in other labs throughout the site. Regular work requires movement between other sites.

Department Head

Name: _____ Signature: _____

Office of Research Administration

Name: _____ Signature: _____

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Approved Not approved

Revision # Approved by:
