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**Project Re-Start and Continuity Plan**

1. **Principal Investigator**

**PI Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PI ID:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ Assistant Professor

❏ Associate Professor

❏ Full Professor

❏ Adjunct Professor

 **II. Responsibilities of Principal Investigators (PI):**

As the responsible PI, I confirm that:

❏ I will not allow any on-site activities to be initiated by my group until I have completed the Project Continuity Plan and the plan is approved by the college Dean, Associate Provost for Research and Provost.

❏ I will follow the CSUSB COVID-19 Prevention Worksite Specific Plan for my Department.

I will:

❏ Ensure that all personnel in my group take the COVID-19 Return to Work Training prior to restarting their on-site research activities.

❏ Ensure that personnel in my group follows social and physical distancing, face covering, PPE and sanitation requirements/guidance of [the CDC](https://www.cdc.gov/coronavirus/2019-nCoV/index.html), [California Department of Public Health](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx), and the [San Bernardino Department of Public Health](http://wp.sbcounty.gov/dph/).

❏ Ensure that the personnel in my group has access and uses the required PPE, and has been trained to use it properly.

❏ Develop disinfection protocols for workspaces used by my group, and confirm that all personnel in my group will follow these protocols.

❏ Have all required compliance approvals, including IRB, IBC, and IACUC.

❏ Respond to requests by university leaders

❏ Provide a list all personnel from my group, including myself, who will be working on-site, and their rooms and scheduled while social and physical distancing is required .

❏ Ensure that access to any additional shared facilities will be provided by the person responsible for that space and approved in the CSUSB COVID-19 Prevention Worksite Specific Plan.

❏ Review and complete all necessary items on the PI Planning Checklist.

❏ Together with personnel in my group review and complete the Startup Assessment.

I understand that if my group does not comply with the approved Project Continuity Plan, we may lose campus access until the issues are adequately rectified based upon reevaluation by the college Dean, Associate Provost for Research and Provost.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Continuity Plan**

**Title of project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief description of the project and activities that will be performed on site:**

**Rationale why the project activities cannot be performed remotely:**

**Brief description of the project emergency ramp-down plan:**

**This work involves:** [Check-box]

❏ Hazardous materials (including hazardous chemicals, biohazards, or radiation) ❏ Human subjects

❏ Animal research

❏ Field research (list sites in the project description)

❏ A grant that is within the last six months of funding and with no option for extension (list fund number in project description)

 ❏ Work by students close to completing their degree (specify name and date of degree completion in project description)

**Rooms occupied:** [Fill-in column, allowing multiple columns]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Building****Number** | **Room****Number** | **Square Feet of Room** | **How many people will be in each room at any one time?** | **Minimal distance between personnel in room** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\* If you are unsure of the sq. ft, please send an email to your college with the building and room number.*

**Personnel: Attach a document with the following information:**

Including yourself, for all personnel who will be working on this project on-site provide the following information **for each person:**

* 1. Name:
	2. ID:
	3. Email:
	4. Mobile:
	5. Position: (Faculty, Graduate Student, Undergraduate Student, Staff Other: \_\_\_\_\_ )
	6. Daily schedule of the on-site work including:
		1. Room number, day of the week, time in, time out

**Brief description of face covering and PPE, disinfection and hygiene protocols that will be used:**

1. **APPROVALS**

College Dean

❏ All rooms and worksite spaces listed in this Continuity Plan have been approved for the on-site use by the CSUSB Risk Management.

College Dean approval and signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Provost,

Research approval and signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost approval and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_