# Appendix 3: Access Agreement



I, ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Professor, School of Kinesiology), agree to comply with all safety protocols in place in my Department / Faculty while conducting research and scholarly activity on the UBC-Okanagan or UBC- Vancouver campus. I understand that permission to conduct on-campus research, scholarship and creative activity is limited to those who require on-site resources, and cannot work remotely.

I confirm that safety protocols to address the following issues are available and have been implemented in rooms and spaces bearing this notice (*indicative list*):

1. In keeping with guidance from the Provincial Health Officer:
	1. Personnel will stay at home if they are sick with cold or flu symptoms
	2. Physical distancing: all people present in this space will respect physical distancing by keeping two meters (six feet) away from one another at all times;
	3. Personal hygiene: regular hand washing, covering coughs and sneezes
	4. Regular and thorough cleaning, particularly of high-touch, high-traffic points;
2. Personal protective equipment: Any PPE required to undertake this research is available to meet the needs of the people present;
3. The maximum number of personnel in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at any one time will be no more than

X People

1. *There are no unique elements of the safety protocol for this space*

**ACKNOWLEDGEMENT**

By signing this form, I acknowledge that the health and wellbeing of our university community is paramount, and we will follow guidance from the Provincial Health Officer, the University, WorkSafe BC, and other relevant authorities.

I also acknowledge that:

* Failure to uphold the commitment confirmed here could result in the loss of research access privileges.
* Non-compliance in my research setting could jeopardize the ability of on-campus activity to continue during the COVID pandemic.
* It is my responsibility as the Principal Investigator to ensure that I along with all faculty, staff and students engaged as part of my research activities are aware of and comply with the relevant COVID-19 and other safety protocols.
* Only those people essential for the activity to be performed in this space will be asked to return to work;

Name Signature Date

Department / Faculty Approval

Dr. Robert Boushel

Director/Department Head Name Signature Date

Associate Dean Research Name Signature Date

Contact information for Professor/PI for emergencies or complaints:

Cell phone:

Other phone:

Email:

**List of individuals authorized to use space:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phase 1 or Phase 2 access** | **Email** | **Agreement to terms of access and safety****protocols (Y/N)** |
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