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Application for Space

All applicants must contact Kris Godfrey prior to submitting an application. Applicants are required to discuss their proposed project (phone or in person) before the application will be reviewed.

Kris Godfrey, Project Scientist 530.754.2104 or [kegodfrey@ucdavis.edu](mailto:kegodfrey@ucdavis.edu)

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| **Project Information and Personnel** | | | |
| **Project Title** | | | | |
| **Project Abstract (3-4 sentence summary)** | | | | |
| **Principal Investigator** | | | | |
| **Name:**  **Department:** | **Building:** | | **Room:** | |
| **Email:** | **Phone:** | |  | |
| **After hours contact information:** | | | | |
| **Co-Investigator or Assistant** | | | | |
| **Name:**  **Department:** | **Building:** | | **Room:** | |
| **Email:** | **Phone:** | |  | |
| **After hours contact information:** | | | | |
| **Additional personnel to be trained** | | | | |
| **Name:** | **Email:** | **Phone:** | | |
| **Name:** | **Email:** | **Phone:** | | |

**Principal Investigator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_**

**Co-Investigator/Assistant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**Project Information**

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| **Research project summary.** Describe your project objectives, experimental organisms, experimental design, and methods. Provide enough information for assignment of containment space and determination of any special conditions or hazards of the study. |
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| **Risk assessment.** List all safety hazards associated with your project, affecting humans and animals, due to experimental organisms, hazardous chemicals, and breach of containment. (Include others, if pertinent.) |
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| **Risk minimization.**  Describe how your organism(s) will be transported or shipped to the CRF, and how it will be housed once inside the facility (e.g., cage within a cage, cage within a growth chamber, etc.). Describe cage(s) to include size and composition. |
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| **Equipment and Supplies.** List all equipment and supplies needed to conduct your project inside containment. Be specific. |
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| **If you anticipate a need to remove any physical material from the BSL3-Plant area, describe what you need to remove and provide a detailed justification. Include supporting data indicating why there is no risk associated with removing the material from the facility**. **Explain how the material will be used upon leaving the CRF. Describe what measures will be taken to ensure the material is not released and/or distributed to others.** |
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| **Anticipated timeline of project** (Note: Projects will be reviewed at six months for progress along the timeline and anticipated use of space): |
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| **Permits** |  |  |  |  |
| **Agency permits\*** | **Permit Type** | **Permit No.** | **Issuance Date** | **Expiration Date** |
| **APHIS**  (form 526) |  |  |  |  |
| **CDFA**  (form 66-026) |  |  |  |  |
| **BUA**  (campus EH&S) |  |  |  |  |

**\*Attach a copy of the permit**

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| **Space and Equipment at the CRF\*** | |
| **Space Type** | **Size** |
| **Greenhouse** | **375 sq. ft. - 6 benches (4.5x6 ft each)** |
| **Laboratory** | **204 sq. ft.** |
| **Single Growth Chamber (Conviron 10C-45C)** | **15 sq. ft.** |
| **Double Growth Chamber (Conviron 10C-45C)** | **30 sq. ft.** |
| **Arthropod Rearing Chamber-lg (Percival 4C-44C)** | **28”D x 25”W x 48”H** |
| **Arthropod Rearing Chamber-sm (Darwin 18C-60C)** | **27”D x 22”W x 58”H** |
| **Incubator (30C-75C)** | **5 cu. ft.** |
| **-80 Freezer** | **(shelf space varies)** |
| **Biosafety Cabinet (Type B2 or A2)** | **4 ft.** |
| **Fume Hood** | **3.5 ft** |

**\*Use of space and equipment is subject to availability. In some cases, compatible projects may share space and/or equipment. These arrangements are on a case by case basis and will be discussed at the initial meeting during the application process.**

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| **Space and Equipment Requested** | | | |
| **Please indicate what type of space and equipment you will need to complete your project** | | | |
|  | **Greenhouse** |  | **Arthropod Rearing Chamber (sm)** |
|  | **Laboratory** |  | **Incubator** |
|  | **Single Growth Chamber** |  | **-80 Freezer** |
|  | **Double Growth Chamber** |  | **Biosafety Cabinet** |
|  | **Arthropod Rearing Chamber (lg)** |  | **Fume Hood** |

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| **Billing Information** | |  | |  |  |
| **Accountant’s Name and Department:** | | | | DAFIS number: | |
| Phone: |  | Fax: |  | email: |  |

**Requirements to work inside BSL3 at the CRF**

**-Completion of UC Davis online training (UC Laboratory Safety Fundamentals)**

**-Completion of CRF training. CRF training includes written instruction as well as a two day training inside BSL3 (3-4 hours each day) by CRF staff.**

**-Completion of Research Group training. This is a “buddy” training that is required of all researchers in order to gain independent access to BSL3. An approved trainer in the research group or a CRF staff member will train on a checklist. Trainee must demonstrate competency and have the checklist signed off before they are issued a proxy card. This training takes a minimum of 10 sessions (work days) in the CRF.**

**Please note: Access to the CRF is strictly controlled and is granted to individuals, not laboratories or projects. Access to BSL3 areas is a privilege that can be revoked.**

**ApplicationChecklist**

**□ Meeting with Kris Godfrey (in person or by phone)**

**□ Copy of current Biological Use Authorization or EH&S exemption for this project**

**□ Copy of current APHIS permit (form 526) and/or CDFA permit (form 66-026) for all organisms/pathogens/plant material listed in this application-including any permits required to move and/or receive listed items at the CRF**

**□ Completed and signed CRF New Project Application for Space. Please submit an electronic copy to** [**kegodfrey@ucdavis.edu**](mailto:kegodfrey@ucdavis.edu)**.**