

### **Safe SRC Plan Form for Limited Return to On-Campus SRC Activity**

Before completing the form below, please confirm that you have reviewed the following documents:

[Principles and Guidance for the Limited Return to On-Campus SRC Activities](#)

and

[SRC Facilities Pre-Start Health and Safety Checklist](#)

Please also confirm:

The SRC space identified below will only be used for urgent, immediate SRC uses (data collection, measurement, etc.) that cannot happen virtually, and not for meetings or other gatherings that will need to remain virtual.

Please submit a distinct **Safe SRC Plan** for each unique room, grouping of rooms, or space/equipment within a larger room that has distinct access membership in terms of faculty members.

For your application to be considered you need to complete and submit the following:

1. This form (Safe SRC Plan Form) submitted to your Department Chair or School Director.
2. [The Request for Access - Limited On-Campus SRC Activity Google form](#).

You will be notified of any questions or concerns during the approval process and will have opportunities to revise your plan accordingly.

You will receive notification if and when your request has been approved at all three levels (Chair/Director, Dean, the VPRI), and if your SRC space is safe to return to following FMD inspections.

The approval and inspection process will generally take up to 3 weeks, depending on the nature of the request, the SRC facilities, and other external factors that FMD are encountering.

Should your proposed SRC activities change, or if you wish to add additional SRC activities or access to additional individuals, this form must be updated and re-submitted for expedited approval (without FMD inspections) through your Chair/Director, Dean and the VPRI. Please clearly indicate it is a resubmission to an existing request.

SRC Space (Building Code and Room Number):

Faculty Member(s) Responsible

Name(s):

1

2

3

4

5

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Signature(s):

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Primary Faculty Contact Information

E-mail:

Mobile Phone:

Department/School:

Faculty:

List All Individuals Requesting Access to Identified SRC Space

Name	Student/One Card Number	Email	Type (Student Level and Year; PDF; Staff)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
I hereby acknowledge by checking this box that the individuals listed above have confirmed their willingness to participate in the proposed on-campus SRC activities.			<input type="checkbox"/>



## Safe SRC Plan

### A. Describe the Proposed SRC Activities

Break these activities down into student thesis timelines or project milestones and rationalize the request using the Principles and Guidance for the Initial Limited Resumption of On-Campus SRC Activities (i.e., why the SRC activity cannot be accomplished remotely, time sensitivity of SRC, or other rationale for the criticality or urgency of the proposed SRC activities).

Be sure to include any existing and ongoing Critical SRC Activities that have been previously approved in this plan. Use as much space as required here to adequately describe the proposed SRC activities in sufficient detail. If you have supporting documents you would like to include to support this request, please attach them to the email submission along with this form to your Chair/Director.

B. Provide a description and/or representative schedule or calendar of access for each identified SRC space. A sample weekly calendar with potential slots has been provided for use but can be modified to match particular circumstances, observing the occupancy limits for the SRC space(s) indicated above.

If you have supporting documents you would like to include to support this request (schedules), please attach them to the email submission along with this form to your Chair/Director.

Monday	Tuesday	Wednesday	Thursday	Friday
8am-12pm				
12pm-4pm				
4pm-8pm				

C. Describe how public health directives will be followed in your Safe SRC Plan (e.g., non-overlapping scheduling to ensure maximum occupancy, signage, flow in the room to avoid contact, disinfection and cleaning protocols and schedules, provision of PPE (non-medical masks, gloves, etc.). If you have supporting documents you would like to include to support this request, please attach them to the email submission along with this form to your Chair/Director.

Additional Services Required

Do your proposed SRC Activities require the services provided by shipping/receiving or procurement?

Yes  No

If Yes, please briefly describe your anticipated needs for shipping/receiving or procurement (e.g., shipping or receiving samples; procurement of consumables, reagents, chemicals or gases, etc.).

Will your proposed SRC Activities generate any hazardous waste that will require removal?

Yes  No

If Yes, please describe the type and volume of waste anticipated.

Support Documents

If you are including supporting documents, **please combine them into a single PDF file** and submit along with this Safe SRC Plan Form in the email submission to your Chair / Director.

Supporting documents are included with this submission?

Yes  No



Confirmation and Approvals

I verify that the content of this Safe SRC Plan is complete and accurate, and I also agree to abide by this plan, and all Ryerson University and public health directives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Departmental/School, Faculty, and VPRI Approvals

Departmental/School Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments:

Faculty Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments:

VPRI Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: