

Request to Access TRIUMF to Maintain Critical Research Equipment

Personnel not identified on the essential services list must request access to TRIUMF. Justification for the exemption must be provided to the Associate Laboratory Director or Deputy Director, to whom the Requestor reports. Please send this completed form, with approval signatures to covid19taskforce@triumf.ca

The following criteria will be considered in the decision to grant the exemption:

- Is the work critical?
 - Does it support TRIUMF's or BWXT's medical isotope production for clinical use?
 - Does it involve maintaining critical equipment and the intervention is necessary to avoid damage to the equipment?
 - For work that is connected to UBC, is the work deemed critical by UBC?
- Is the access being requested to allow you to take simple steps such as topping up liquid nitrogen, power cycling equipment, etc.?
- Can the proposed work be done while respecting social distancing and any other COVID-19 protocols?

Name of Requestor:	
Division:	
Email:	
Mobile Phone Number:	
Title of Project:	
Personnel who will access TRIUMF site	Person #1: Mobile Phone Number: Person #2: Mobile Phone Number:
Requires access to which building and room(s):	<input type="checkbox"/> Experimental Hall <input type="checkbox"/> Technology Laboratory <input type="checkbox"/> Chemical Laboratory <input type="checkbox"/> Computing Server Room <input type="checkbox"/> Office <input type="checkbox"/> Other (specify):

NOTE: If only one person will be accessing the facility, please include a plan for ensuring that person's safety in the safety plan section of this form.

<p>Do you require any of the following supplies to conduct this activity?</p>	<ul style="list-style-type: none"><input type="checkbox"/> Personal Protective Equipment<input type="checkbox"/> Gases<input type="checkbox"/> Liquid Nitrogen<input type="checkbox"/> Liquid Helium<input type="checkbox"/> Radioactivity (specify):
<p>What is the expected length of the on-site activity? _____ hours</p> <p>How frequent is the activity needed?</p> <p><input type="checkbox"/> once <input type="checkbox"/> weekly <input type="checkbox"/> daily</p> <p>For once/weekly access, indicate dates:</p> <p>How long do you require the exemption for?</p> <p>_____ weeks <input type="checkbox"/> continually</p>	<p>Does the activity relate to any of the following?</p> <ul style="list-style-type: none"><input type="checkbox"/> Clinical Medical Isotope Production<input type="checkbox"/> IAMI<input type="checkbox"/> Tending to critical equipment<input type="checkbox"/> Other critical activity (specify)
<p>Provide rationale:</p>	

Please provide the names of any approved, qualified personnel who may substitute for the named personnel on this form:

Please outline a safety plan for this activity, including a safety plan for people working alone and how COVID-19 protocols including safe work distance are implemented:

Will the proposed work require input or oversight from additional TRIUMF facilities personnel (e.g. operators, crane/forklift, safety, RPG, janitorial, waste management, stores, shipping/receiving, finance, procurement)? None

Approvals:

ALD (Name): Signature:	Deputy Director (Name): Signature:
Decision: <input type="checkbox"/> approved <input type="checkbox"/> declined	
Notes:	