



## Montana Tech Levels of Research Operations for COVID-19 Emergency

### Response Plan for Level 2, 3, and 4 Research Operations

Laboratory Principal Investigator(s):

Name: \_\_\_\_\_ Dept/Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Dept/Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Laboratory or Group Name and Location(s):

Laboratory/Group Purpose or Name: \_\_\_\_\_

Building(s): \_\_\_\_\_

Room Number(s): \_\_\_\_\_

**1. Are you able to transition all of your team (i.e., postdocs, students and staff) to remote work for at least the next 15 days\* (i.e., data analysis, data interpretation, writing, literature review, etc.)?**

- YES
- NO

\* Please recognize that the 15 days is a minimum, but the laboratory shutdown may be longer. You will always have a chance to revisit this form and update.

If YES, sign and date this form, and provide a copy to your supervisor and the Office of Research. [researchoffice@mtech.edu](mailto:researchoffice@mtech.edu)

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

If NO, continue to Question 2.

**2. Are you able to transition some of your team to remote work for at least the next 15 days\* (i.e., data analysis, data interpretation, writing, literature review, etc.)?**

- YES
- NO

List the team members that you are able to transition to remote work and provide a short description of what you've asked each member to work on. *Be sure to abide by contract terms and consult with Human Resources with any questions.*

*[If you need additional space, please note this in the field, and provide an attachment.]*

List the team members that you are NOT able to transition to remote work, and provide a short description of what your plan is (i.e., leave options, temporary layoff, appeal as essential staff and seek approval for continued in-laboratory work, etc.). *Be sure to abide by contract terms and consult with Human Resources with any questions.*

*[If you need additional space, please note this in the field, and provide an attachment.]*

**3. Would closing your laboratory or field-work lead to significant financial or data loss?**

- YES
- NO

If NO, please sign and date this form, provide a copy to your supervisor and the Office of Research, and temporarily halt studies until research operations return to Level 1 as designated by the Vice Chancellor for Research.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If YES, please proceed to Question 4.

**4. Briefly describe the research activities that need to continue. Are they contributing to mitigating the current emergency? Provide a plan to ensure social distancing (i.e., 6 ft perimeter from other humans during work), surface and equipment sanitizing, and other recommended measures to mitigate risk of COVID-19 exposure and transmission. Identify up to 3 trained laboratory or field work members as “essential staff” who will maintain the work/equipment etc. Describe additional mitigation plans to ensure safe and responsible conduct of the research during this limited access (if granted). Finally, acknowledge that there could be additional disruptions to other campus and non-campus services that could further disrupt your mitigation plan, and that you will update this plan regularly, if such circumstances arise.**

*[If you need additional space, please note this in the field, and provide an attachment.]*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Research Operation Approvals for  
Level 2 Plan, Level 3 Plan, or Level 4 Plan  
Administrative Signatures**

**Name or Brief Description of Research Activity:**

**Level 2 Plan Authorization:**

Department Head or Director:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor for Research:

Beverly K. Hartline Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Level 3 Plan Authorization:**

Department Head or Director:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor for Research:

Beverly K. Hartline Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Level 4 Plan Authorization:**

Department Head or Director:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor for Research:

Beverly K. Hartline Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chancellor:

Les P. Cook Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**