**Sunrise Plan - Phased Resumption of Lab Activities**

**Department:**

**Lab/PI Name:**

**Lab Location:**

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| **Lab Staff** | **Job Code** | **X.500** | **EmplID** | **Step Activated** |
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| **Please provide a description of your phased resumption of lab activities by Sunrise Step** |
| **Sunrise Step 1:** |
| Increased operations approaching 50% research workforce return to campus. Emphasis is placed on immediacy of project, strategic value, funding and educational goals etc. During this phase it is anticipated that PhD students and postdoctoral scholars would return to laboratory work so as to facilitate career advancement. Core facilities should be activated so as to advance research capacity. Provide a brief narrative describing activity during this period including discussion of how occupancy in the lab will be programmed and what electronic scheduling mechanisms will be utilized.  |
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| **Sunrise Step 2:** |  |  |  |  |
| Increased operations approaching 75% workforce return. Expanded research capacity to include additional staff and inclusion of trained undergraduates as directed by needs of research grants and contracts. List increased areas of activity including adjustments to calendar. |
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| **Sunrise Step 3:** |  |  |  |  |
| Essentially full operations approaching 100% workforce return. List increased areas of activity including adjustments to calendar. |
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| **Lab Safety Plan** |
| Every person coming to work must sign in to the building they work in and attest to the fact that they have no symptoms of COVID-19, have taken their temperature and it is < 100.4˚F. Please describe the process for your lab in meeting this requirement. |
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| Social Distancing must be maintained at all times. **Please describe any occasion where you will not be able to maintain 6 ft between staff and how you will ensure the safety of lab staff.** |
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| Please describe your process for disinfecting lab surfaces between shifts. |
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| Please list shared facilities that you will be using where access is controlled by another unit/lab and how you will coordinate activities. |
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II confirm that I understand the requirements set forth by the Office of the Vice President for Research and the Medical School and that conditions may change that would cause the lab to revert to a reduced level of activity.