

RESEARCH EQUIPMENT & SPACE: NEEDS ASSESSMENT FORM (RESNAF)

Please complete, obtain signatures and return to your primary Strategic Initiatives (SI) contact.

Please note: A separate form is required for each building. If multiple Faculties in the same building are space owners, complete a separate form for each Faculty. In some cases, it may be useful to attach an addendum that describes each room and associated infrastructure/renovations separately. A floor plan with the approximate location of equipment can also be useful to attach.

McGill Project Leader: _____

Department: _____

Faculty: _____

Project key contact person (name): _____

Project key contact person email address: _____

CFI Competition: _____ CFI Project #: _____

Project Leader email address: _____

Project Leader telephone number: _____

Faculty designated representative for renovation (name)*: _____

Designated representative for renovation email address: _____

CFI Project Title: _____

* Represent the Faculty and assist researchers throughout the renovation process (mandatory)

-
1. Please complete for **BOTH WET AND DRY LAB SPACES**. If multiple rooms are involved, please describe the specifics in section 3 or attach an addendum that describes each room and associated infrastructure/renovations separately.

Specific Requirements – check all applicable and please specify

High performance computing (**not** standard desktop computers): _____

Stand-alone database and/or server hosting, Servers with license manager functions, No coupling of services to computational hardware.

Multiple servers running Linux or Windows that are used for performing large computational workloads, Server systems requiring access to large data storage volumes (typically greater than a few tens of TeraBytes and requiring a tight-coupling with compute hardware and/or sharing with remote collaborators, Data archival service to tape.

Special temperature/humidity/dust requirements: _____

Special lighting requirements: _____

Special power requirements (e.g., cooling required?): _____

Sound/vibration concerns: _____

Back-up power: _____

Shielding: _____

Heavy loading on floors: _____

Specific equipment layout requirements: _____

Will custom-built or customized equipment be installed in the space: _____

More detail will be needed at a later time if the project involves customized infrastructure

Will mobile equipment such as drones or vehicles be included in the proposal?: _____

Where will the mobile equipment be stored? _____

More detail will be needed at a later time if the project involves mobile equipment

Will other equipment not requested in this CFI application be located in the space? _____

More detail will be needed at a later time if the project involves equipment not requested as part of the CFI proposal

Health/safety issues: _____

Security requirements: _____

Accessibility considerations: _____

Human subjects: _____

Animals – Specify species: _____ Specify number: _____

Surgery requirements: _____ Housing level required: _____

Lasers – Specify Type: _____

Autoclave(s) – Specify Number: _____

Additional considerations: _____

2. Please complete for **WET** LAB SPACES:

Services Required:

- Natural gas
- Compressed air
- Vacuum lines
- Laboratory gases -- Specify: _____

Specific Requirements (check all applicable):

- Fume hoods -- Specify number: _____
- Biological safety cabinets -- Specify number: _____
- Chemical storage – Check all applicable and provide quantities if available.
 - Flammable Liquids – Quantity: _____
 - Acids – Quantity: _____
 - Bases – Quantity: _____
 - Oxidizers – Quantity: _____
 - Explosives – Quantity: _____
 - Reactive chemicals – Quantity: _____

- Biosafety -- Specify level of biosafety hazard: _____

If a BSL2 (or greater) is required, further specify as to whether the experiments will be conducted in a cabinet , or if the entire room must conform to BSL 2 requirements .

- Radiation -- Specify type of radiation or isotopes: _____

3. Comments, Additional requirements:

A large, empty rectangular box with a black border, intended for providing comments or additional requirements.

4. Based on the described requirements, do you foresee a need for renovations for your CFI project?
Please explain.

I hereby confirm that the space specified herein appears suitable for the intended activity and has been reserved to host the specified CFI project until such time when an assessment and evaluation of said space will be done, in collaboration with the Building Director. If said space is found satisfactory by the Faculty, it will be reserved for the specified CFI project for a five year period, starting from the date of acquisition and installation of the research infrastructure, including all CFI-funded equipment.

OR

For off-campus lab spaces, I hereby authorize the assessment and evaluation of appropriate locations.

Building Director NAME (please print) _____
SIGNATURE _____
DATE _____
BUILDING _____

Department Chair 1 NAME (please print) _____
SIGNATURE _____
DATE _____
DEPARTMENT _____

Department Chair 2
(if necessary) NAME (please print) _____
SIGNATURE _____
DATE _____
DEPARTMENT _____

Dean or
 Associate Dean (Research) NAME (please print) _____
SIGNATURE _____
DATE _____
FACULTY _____

For space located at a McGill affiliate:

Institute Director NAME (please print) _____
SIGNATURE _____
DATE _____
BUILDING _____