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| **Contact CAES Research Lab Manager (RLM) rocklan.mcdowell@inl.gov for assistance. After you complete the form, submit to RLM.**  |
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| **Principal investigator and Collaborators** |
| **Principal Investigator (PI) Name:**       | **Submittal Date:**       |
| **Phone:**       | **Email:**       |
| **Principle Investigator Organization:**        |
| **Is this a collaboration?** Yes [ ]  No [ ]   |
| **Collaborator 1:** |  |
| **Name:**       | **Phone:**       |
| **Home Organization:**        | **Email:**       |
| **Collaborator 2:** |  |
| **Name:**        | **Phone:**       |
| **Home Organization**       | **Email:**       |
| **If you need to add additional collaborators, please attach additional sheet(s) with Collaborator’s names, phone, email home institution, and role in your project.** |
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| **CAES Mission Alignment** |
| **Project Title:**      **Project Abstract:**       |
| **Describe how the proposed project fits within the mission of CAES, and how it meets the goals of CAES in terms of collaboration, education, and scope of the proposed research project.**  |
| **If this is a collaboration, explain the collaborator’s roles and responsibilities.** |
| **Education and Student Involvement** |
| **Will students of post-doctoral fellows participate in this project?** **How many? Please show the number of anticipated students below:****Post-Doctoral Fellows?**       **Graduate Students?**       **Undergraduate Students?**       **Other (Summer Interns, etc. Please describe student role and relation to the project)**      **Briefly describe the student involvement:** |
| **Funding** |
| **Customer/Sponsor:**      **Does this project have current funding?**       **Funding Start Date (leave blank if unknown):**      **Funding End Date (leave blank if unknown):**       |
| **Schedule** |
| **Anticipated Project Start Date:**       | **Anticipated Project End Date:**       |

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| **Environmental Health and Safety** |
| **Hazard Description** |
| **Describe hazards associated with the proposed project (i.e., risks related to chemicals or other materials, research operations, and equipment).**. |
| **Waste Streams** |
| **What waste streams do you anticipate the project creating and what is the projected volume? (Click** [**here**](https://www.isu.edu/media/libraries/research/ehs/plan-documents/hazardous-waste-management-plan/ENV-HW-Hazardous-Waste-Managment-Plan.pdf) **for Idaho State University’s Hazardous Waste Management Plan)****Will there be radiological waste?** Yes [ ]  No [ ]  If yes, describe. **NOTE: All waste disposal costs are the responsibility of the project.** |
| **Shipping** |
| **Will this project require any chemicals, samples, or other materials to be shipped out of CAES?** Yes [ ]  No [ ]  **If yes, describe anticipated shipping needs.** |

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| **Facility Requirements** |
| **Proposed CAES Location:** **Describe space requirements:** **Bench top square footage:****Floor space square footage:**  |
| **Equipment and Utility Requirements** |
| **Describe existing facility capabilities and/or equipment you plan to use:** |
| **Describe any equipment or capabilities you will need to locate in CAES to perform the proposed work scope. Consider equipment footprint, plumbing requirements, electrical requirements, thermal management, exhaust/venting, required gas lines, heating/cooling, and/or isolation. Provide as much information about your equipment as possible, including equipment specification sheets, diagrams or drawings, or photos, and space plans. Attach additional information sheets in an appendix as needed.** **Equipment footprint:****Who is going to install this equipment and what is the estimated installation cost?****Who is the Instrument Lead for this instrument or piece of equipment?** **Who will have access to this equipment (project staff only, open use for trained users, etc.)?****Training****What training is required to use this equipment?****Who provides this training (Project PI, equipment manufacturer)?****How is proficiency determined?****Operating Procedures****Will the equipment require stand alone procedures for use by anyone in the lab?** Yes [ ]  No [ ] **If yes, who develops the operating procedures (Project PI, equipment manufacturer)?****Hazards****Describe all hazards, including area hazards, associated with operation of this equipment or location of this equipment in the proposed laboratory. Consider physical hazards including pressures, sharps, slips or trips, and ergonomic hazards, thermal hazards, electrical hazards, and chemical hazards.** **Equipment Maintenance and Repairs****Describe maintenance needs for the equipment.** **Will this equipment be on a service contract?** **Who funds periodic maintenance and/or repairs? (generally this will be the PI whose project owns the equipment)****Planned duration of equipment use [ ]  Open Ended [ ]  Fixed Duration End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Additional comments:** |

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| **As the PI, I acknowledge that I will work with the CAES RLM and CSO to complete my work plan exit strategy. Please sign here**       |

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| **Export Control** |
| **Project Title:** |
| **PI Name:** | **PI Home Institution:** |
| **This project has been evaluated for compliance with export control regulations and is not restricted for proprietary or national security reasons.** |
| **Print Name:** | **Signature:** |
| **Title:** | **Home Institution:** |
| **Date:** |  |
| **Responsibility for Export Control lies with each CAES member institution.** |

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| **CAES Decision** |
| **CAES Decision and Comments: [ ]  Accept** **[ ]  Decline**  |  |
| **[ ] [ ] Comments:**       |  |

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| **CAES Signatures** |
| **CAES Safety Officer** **(fits within CAES safety envelope):**   | **Date:** |
| **CAES Research Lab Manager****(research and facility needs):**  | **Date:** |
| **CAES Director:** | **Date:** |

NOTE: Once the Project Proposal is approved and the PI has been notified of the approval, the PI will need to submit a work control plan within 90 days for review.  If a work control plan has not been submitted within 90 days the proposal will be archived and removed from the approved active list.

Archived Project Proposals would need to be fully re-evaluated at the time that the PI requests to resume discussion of experimental activities at CAES.