

RESEARCH EQUIPMENT & SPACE: NEEDS ASSESSMENT FORM

Complete a separate form for each area that will house CFI-funded equipment.
Please complete, obtain signatures and return to the Strategic Initiatives (SI) office.
(Tracy-Ann Leith, tracy-ann.leith@mcgill.ca)

Project Leader: _____
Department: _____
Faculty: _____ CFI Competition: _____
Project Leader email address: _____
Project Leader telephone number: _____
Delegate (if applicable) name: _____
Delegate (if applicable) email address: _____
CFI Project Title: _____

Location (building & room number): _____

Total sq. ft. required (estimate): _____

Type of space (select one or more):

- Wet
- Dry
- Microbiological
- Chemical
- Radiochemical

Total number of people to be accommodated (researchers, technicians, other): _____

1. Please complete for **BOTH WET AND DRY LAB** SPACES:

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: _____
Please describe the nature of the customized equipment under Section 3 below
- Will other equipment not requested in the CFI application be moved into the space? _____
Please describe this equipment under Section 3 below
- 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:

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

I hereby confirm that the space specified herein is suitable for the intended activity, has been reserved to host the specified CFI project and will remain so for a minimum of five-years of said project – Note that for CFI funded renovations the five year period starts from the date of acquisition and installation of the research infrastructure, including all CFI-funded equipment. In addition, I hereby authorize the assessment and evaluation of appropriate locations for this infrastructure project.

OR

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

Building Director NAME (please print) _____

SIGNATURE _____

DATE _____

Departmental Chair NAME (please print) _____

SIGNATURE _____

DATE _____

Dean or
 Associate Dean (Research) NAME (please print) _____

SIGNATURE _____

DATE _____