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**Coastal and Marine Institute Laboratory**

**Research Activities Plan (RAP)**

**INSTRUCTIONS:**

**please read thoroughly as this document has recently changed**

**Failure to follow these procedures will result in delayed approval. Allow for 2 weeks processing time. Incomplete RAPs will be returned and not considered for approval until complete.**

1. **(Optional) Schedule a meeting with the Lab Manager prior to completion of your initial RAP proposal to discuss available equipment and resources.**
2. **For students - Discuss this plan with your faculty advisor prior to submitting to receive approval of the proposed research.**
3. **Email completed RAP proposal to the CMIL Director (****luke.miller@sdsu.edu****) and Lab Manager (****rangwin@sdsu.edu****), while also cc’ing your advisor. Please provide as much detail as possible and be specific about your time frame. Requests lacking detail will be considered incomplete and may delay approval.**
4. **Lab Manager will review your RAP and schedule a mandatory meeting to discuss research plans in detail at CMIL.**
5. **Submit final RAP following edits/comments provided by Lab Manager.**
6. **Final approval will be granted by the Director. You may proceed with your research following email notification.**

 **Although efforts will be made to provide space to everyone with research needs, remember that this form serves as a REQUEST for space and submitting the form does not constitute approval. Please consider that our facility serves a large group of researchers and that your usage of space, tanks, or seawater can impact your colleagues. If your needs are not very specific and cannot easily work around others' needs without conflict, please be sure to emphasize this as it is much easier to accommodate many flexible uses in a shared-use facility rather than uses that have many constraints and might be incompatible with many other activities. Although we welcome collaborative research efforts at CMIL, marine research will take priority. Unless stated otherwise, space and resources are provided on a first come first served basis.**

**If you have any questions about this form or what items are available for use, contact the Lab Manager.**

**Background Information:**

**Name:**

**Faculty Advisor:**

**Department:**

**E-mail:**

**Phone:**

**Assistants working on this project:**

# Project Title:

**Project Description - provide 2-3 sentences describing the purpose of your experiment(s):**

**Proposed Dates of Use (please be conservative):**

**Justification of Proposed Dates:**

**Research Status**

(Faculty, Graduate Student, Undergraduate Student, Visiting Scientist, Research Assistant, Foundation Employee, or Other (please specify))

**Please complete ALL items below. If an item is not applicable, enter “N/A.” Provide any additional information related to these items in the “Notes to CMIL Staff” section.**

# Seawater Requests

* **Will you require seawater tanks? What dates?**
* **What tanks (quantity and volume) do you propose to use? Do these tanks belong to your lab or are they common use?**
* **What type of seawater is needed (list all that apply)?** (Outdoor flow-through, Outdoor recirculating, Indoor recirculating, Indoor flow-through, Static seawater)
* **Where will the seawater inflow originate from?** (New line, Existing line)
* **What flow rate will you be using (L/min)?**
* **Please include a photo or drawing that shows the proposed tank layout relative to existing space use. Include any procedures or methodology references that may be helpful to the Lab Manager as an additional attachment with RAP submission.**

# Cold Room Requests

* **Will you require use of cold rooms? What dates?**
* **What cold room do you prefer?** (Room 1, Room 2, Room 3, No Preference)
* **Can you share the cold room?**
* **What temperature do you need (if you are open to a range of temperatures, please indicate so)?**
* **What lighting regime do you need (L:D cycle, quantity, description of lights, output requirements)?**
* **What is the footprint area of your setup in the cold-room?**
* **Please include a photo or drawing that shows the proposed experimental set-up relative to existing space use. Include any procedures or methodology references that may be helpful to the Lab Manager as an additional attachment with RAP submission.**

**Wet Lab Side Room Requests (e.g. for behavioral observations)**

* **Will you require use of a side room?** **What dates?**
* **Which side room do you prefer?** (Room 1117, Room 1118, Room 1119, No preference)
* **Can you share this room?**
* **What is the footprint area of your setup in this room?**
* **Please include a photo or drawing that shows the proposed experimental set-up relative to existing space use. Include any procedures or methodology references that may be helpful to the Lab Manager as an additional attachment with RAP submission.**

**Other Requests**

**Chemicals & Hazardous Waste**

* **Will you require use of chemicals and/or gasses?** **If yes, identify these and the quantity that will be used, and indicate how they will be stored. Include hard copies of corresponding Safety Data Sheets (SDS) sheets for each chemical listed. This form will be considered incomplete if SDS are not submitted.**
* **Have you taken the Lab and Hazardous Materials/Waste Safety Trainings through EH&S?**
* **Will your research generate hazardous wastes?** **If yes, has disposal been approved by the Laboratory Manager?**

**Specialty Equipment & Rooms**

* **Does your research require the use of specialty CMIL equipment (e.g. autoclave, centrifuge, drying ovens, water quality meters, -80°C freezer)? List all that apply.**
* **Will you need to store or set-up any equipment in the High End Equipment Room? Describe your requirements.**
* **Does your research require use of the Specimen Room for work with samples preserved in formalin/formaldehyde? Describe your usage.**
* **Will you require use of the Shop to construct research materials? Describe your needs.**

## Field Operation Support

* **Does your research require use of a CMIL boat or trailers?**
* **Have you received clearance from the Diving & Boating Safety Officer to use CMIL boats?**
* **Does your research require use of CMIL vans?**
* **Have you been approved to drive university vehicles?**

## Diving

* **Does your research involve the use of SCUBA?**
* **Are all divers on this project currently active, AAUS Scientific-Certified SCUBA divers?**
* **Will you require a dive locker?**
* **Do you plan to dive using Nitrox?**

# Collecting

# Will you be collecting and/or holding organisms? What is your state permit #? Include a PDF copy of your current collecting permit. This form will be considered incomplete if permit is not submitted.

# Provide species information (full species name and common name, number of organisms, and approx. weight).

# Provide estimated feeding regimen (type, quantity in kg, and frequency).

# Will any of these organisms be vertebrates? If yes, what is your IACUC #? Include a PDF copy of your current IACUC protocol. This form will be considered incomplete if protocol is not submitted.

**If you are approved to use seawater tables or tanks to hold organisms, you must label them with the researcher name, contact number, species, approximate number of organisms, and date(s) collected. Holding vertebrates also requires an easily accessible feeding record and Institutional Animal Care and Use Committee (IACUC) record number to be posted.**

**Additional Notes to CMIL Staff:**

**Equipment and Laboratory Space Usage Agreement**

The user agrees to keep and maintain equipment and/or laboratory spaces used in good condition, and to return them to their original condition at the end of the usage period. The user acknowledges that they are responsible for any upgrades or changes needed to accommodate their research, and that prior to any modification, must be granted approval from the Lab Manager and Director. Any damages incurred during the usage period are the sole responsibility of the user, and must be repaired at their cost prior to the end of the usage period.

The Lab Manager will conduct a walk-through with the user before and after the usage period. If at the end of the usage period, the equipment or space is not returned to the original condition, and/or research materials are left in this space, the Lab Manager reserves the right to dispose of any remaining materials, and a penalty may be incurred. The Lab Manager and Director may suspend or restrict usage at any time if the user fails to meet the policies stated above.

Notes of equipment and/or space to be used (To be completed by Lab Manager):

**User**

**Print Name:**

**Signature: Date:**