

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): _____

CFI Competition: _____ CFI Project #: _____

CFI Project Title: _____

Please complete/submit the following:

List of rooms impacted by this project. (Page 2)

Technical needs summary; 1 complete set per room. (Separate PDF document)

Description of research to be conducted in space identified. (Page 3)

Identify if renovations are anticipated. (Page 4)

Stakeholder signature page. (Page 5)

Equipment list. (Separate excel document)

1) Please complete the following table; one line per room.

Location (Downtown campus, Macdonald campus, McGill affiliate, etc.)	Building	Room #	Owner (Faculty)	Type of lab (Wet, Dry)	Area (m ²)	Nº of total occupants	Department Chair Responsible for Space	Technical Needs Summary completed

Will any requested infrastructure be located external to McGill and affiliate?

Yes No

If yes, has approval been requested or obtained from the site owner?

Yes No

Are renovations at the external site included in the proposal?

Yes No

External site owner/location: _____

Will any requested infrastructure be in one or more of McGill or affiliate core facilities?

Yes No

If yes, please provide the names:

Has approval been requested or obtained from the concerned core(s)?

Yes No

2. Provide a general description of research to be conducted in space identified:

3. Based on the space identified, and after discussion with the space coordinator and/or building director, are renovations anticipated to meet your research and equipment needs? Describe below.

Include the following either below or attached:

- Layout of space with equipment placement
- Specific equipment layout requirements (ie clearance requirements)

I hereby confirm that the space specified herein appears suitable for the intended activity and has been reserved to host the specified 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 project for a five year period, starting from the date of acquisition and installation of the research infrastructure, including all project-funded equipment.

OR

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

☐ Space Coordinator NAME (please print) _____

SIGNATURE _____

DATE _____

FACULTY _____

☐ Building Director
(If different from Space Coordinator) NAME (please print) _____

SIGNATURE _____

DATE _____

☐ Department Chair
(Responsible for space identified) NAME (please print) _____

SIGNATURE _____

DATE _____

DEPARTMENT _____

☐ Department Chair
(of main contact for this project) NAME (please print) _____

SIGNATURE _____

DATE _____

DEPARTMENT _____

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

SIGNATURE _____

DATE _____

FACULTY _____

For space located at a McGill affiliate or specific institute including McGill CQ:

☐ Institute Director NAME (please print) _____

SIGNATURE _____

DATE _____

BUILDING _____