



Use of Research Space by Third Parties Request Form

For use with UCF Policy 4-215 - Use of Research Space by Third-Parties and UCF Employees for non-UCF Purposes

When this Form is completed, the Requester must obtain approval from the UCF Compliance Unit(s) and the Governing Unit.

First Name: Last Name:

Phone #: Work #:

Email:

Requesting Unit/Dept/College or Company Name:

Name of Requester:

Room Number(s): Building Number: Building Name:

1. Have you met with the Governing Unit (i.e. Lab Manager, Dept. Chair etc.) to discuss your needs and requirements?

☐ Yes ☐ No

2. Are you an Incubator client? ☐ Yes ☐ No

3. Are you requesting Incubator space? Yes ☐ No

4. Are you requesting UCF Research Space*? ☐ Yes ☐ No

5. Are you a Non-UCF/Non-Institutional Entity? ☐ Yes ☐ No

6. Are you a visitor? ☐ Yes ☐ No

7. Are you a volunteer? ☐ Yes ☐ No

8. Are you a UCF employee? ☐ Yes ☐ No

9. Have you filled out a Facility Use Agreement/Facility Access Agreement, Hazardous Waste Management Agreement or Incubator Agreement?

☐ Yes ☐ No If yes, please attach.

10. Will you be bringing your own equipment? Yes ☐ No

11. Will you be using UCF equipment? ☐ Yes ☐ No

* **Research Space:** Any space used for experimentation, investigation, or training in research methods, professional research and observation, or structured creative activity within a specific program, including all equipment and materials used to construct research therein.



Please identify ALL personnel who will be using this facility?

Can you attest that they have the necessary certifications, training, and permissions to perform the activity?

☐ Yes ☐ No

Please list ALL personnel along with contact information and qualifications to use the facility.

Full Name

Contact Information

Qualifications

+ Personnel

- Personnel



Summary

Please provide the purpose for using the research space, the dates of use, and how you intend to use the space.

Purpose

Dates of Use?

How will you use the space?



Space Planning

Will use of the space require modification or renovations? ☐ Yes ☐ No

Facilities Planning and Construction

Note: All projects have a start-up cost which will be funded by the Requestor at project inception as follows:

\$150 for projects without A/E services or contractor estimates

\$500 for projects with A/E services or contractor estimates

This cost will be applied to the full professional management services cost if the project moves forward:

Project Budget: (enter specific dollar value)

Account Number:

Additional required information:

Does this project have any equipment associated with it? Lab (Autoclaves, Lasers, etc.), foodservice, shop tools, etc? ☐ Yes ☐ No

If yes, the below items must be provided with the Minor Project (MP) Request.

(Minor Project: Construction value of less than \$2,000,000.00)

- Cut sheets and Operations manuals for all equipment.
- EH&S "Research area planning and renovations questionnaire" which must be filled out in its entirety.
- A standard operating procedure (SOP) for Research Projects.
- Any critical dates associated with research projects.

The MP request will be rejected without this complete information, as it is required to evaluate and design a project properly.

NOTE: Requestor shall pay standard maintenance overhead costs as part of their use payment. Overhead cost for classroom space is \$5.33 per square foot. Overhead cost for research space is higher. Any modification to classroom space may result in a higher overhead cost. Please submit completed **Facilities Planning & Construction Minor Project Request Form** to SPAA@ucf.edu.



Environmental Health & Safety

Will there be use of potentially hazardous materials or equipment that contains hazardous materials, **including anticipated maximum quantities of each in the room**. For this purpose, hazardous materials/equipment include, but are not limited to: chemicals, fuels, oils, compressed gases, air compressors, vacuum pumps, cryogenic dewars, cleaning agents, etc.

☐ Yes ☐ No Materials

1. How are the identified items reflected in your current chemical inventory for the designated space above?

☐ All Existing ☐ All new ☐ N/A ☐ Some existing and some new to be further described below.

2. Are there any materials needed for future phases of work not accounted for here?

☐ Yes ☐ No ☐ Not Sure

3. Does the project use radioactive materials, X-ray generating equipment, bio hazardous agents, lasers, explosive materials, controlled substances, or items requiring special security measures?

☐ Yes ☐ No ☐ Not Sure

4. Does the space already have adequate ventilation for the hazardous materials/equipment listed above? Adequate ventilation includes dedicated exhaust with one pass air that does not recirculate to the rest of the building and with a pressure differential negative with respect to adjacent hallways or rooms.

☐ Yes ☐ No ☐ Not Sure

5. Does the space already have a fume local process exhaust where chemicals are present?

☐ Yes ☐ No ☐ Not Sure

6. Does the space have an eyewash and safety shower combo unit?

☐ Yes ☐ No ☐ Not Sure

7. Does the space have a hand wash sink?

☐ Yes ☐ No ☐ Not Sure

8. Does the project require high-purity water (Milli-Q, reverse osmosis, etc.) or a low particulate environment HEPA filtration, clean-room, etc

☐ Yes ☐ No ☐ Not Sure

9. Does the proposed activity have a deadline to initiate operations?

☐ Yes ☐ No ☐ Not Sure

10. Have you or any individuals listed had training/certification in waste?

☐ Yes ☐ No

The following EHS forms may be required when using UCF facilities:

- i. UCF Contractor Environmental Management Agreement (<http://www.ehs.ucf.edu/envmgmt/EMSForm-011-01ContractorAgreement.pdf>)
- ii. UCF Contractor Hazardous Materials and Hazardous Waste Inventory (<http://www.ehs.ucf.edu/envmgmt/EMSForm-011-02ContractorHW.pdf>)
- iii. UCF Environmental Aspect Assessment of Leased Spaces (<http://www.ehs.ucf.edu/envmgmt/emp03-f02.pdf>)
- iv. The current year's copy of UCF's Hazardous Waste Management Agreement. Pricing is subject to change annually.
- v. Review the Laboratory Safety Manual, Biosafety Manual for guidelines on the operations in a UCF facility/ Program outlines (<http://www.ehs.ucf.edu/labsafety/LSM.pdf>) (<http://www.ehs.ucf.edu/biosafety/UCFBiologicalSafetyManual.pdf>)

NOTE:

Volunteers and visiting scholars working with chemical, biological, radiation hazards require additional training. Please register for Laboratory Safety and/ or Biological Safety, and/or Radiation trainings by visiting www.ehs.ucf.edu for upcoming dates and times. Registration for online training will take 3-5 days to process your guest ID request. Completion of the safety training is required prior to beginning any work. To prevent delay, please complete the form <http://ehs.ucf.edu/riskmanagement/volunteers.html>. If you need assistance with registration, please call 407-823-1470



Incubator

1. Are all activities associated with this project expected to take place in this space?

☐ Yes ☐ No ☐ Not Sure

2. Does the proposed activity or research require any support equipment installations beyond the designated research space listed above (such as a storage tank outside, a chiller in a chase, piping, etc.)?

☐ Yes ☐ No ☐ Not Sure

3. Have you developed a research plan for the next year? **(Or)** Have you documented your development/manufacturing/fabrication requirements for the next year? If yes, please attach.

☐ Yes ☐ No

4. Is this space shared with any other researchers, user groups, or departments?

If yes, please describe in summary box.

☐ Yes ☐ No ☐ Not Sure

5. Please attach a copy of your required insurance coverage (per the Incubator Lease Agreement) for the individuals and other entities who will be working in the space.

Office of International Collaboration and Export Control

1. Is something about your activity within the UCF environment confidential, or cannot be made public?

☐ Yes ☐ No

2. At UCF, will you be working with anything proprietary, or that contains information that is a trade secret, or anything that cannot be completely and entirely released into the public domain?

☐ Yes ☐ No

3. At UCF, are you engaging in product design, development, production, manufacturing, modification, enhancement, testing, repair, and/or characterization?

☐ Yes ☐ No

4. Will you/company furnish, access or generate any item, technology, technical data, know-how, processes, methods, designs, layouts, recipes, programs, codes, etc. (herein after "technology") in a UCF laboratory?

☐ Yes ☐ No

5. Do any of the activities in the UCF space by you/company involve any patent under a license agreement?

☐ Yes ☐ No

6. Will the results of the activity in the UCF space:

☐ Generate anything proprietary (processes/methods, trade secrets or know-how, methods, etc?)

☐ Create a prototype device or final product?

☐ Be incorporated into an existing product?

7. What is the resulting information, product or research of your/company?

a. What are the uses/applications?

8. Is any of the activity in furtherance of a U.S. Department of Defense activity, or dual-use in nature?

☐ Yes ☐ No

a. Will you/company handle or generate any Controlled Unclassified Information (CUI)?

☐ Yes ☐ No

b. Will you/company require a controlled laboratory environment with adequate physical or procedural controls (e.g., barriers or managed access controls) to protect technical data or know-how from unauthorized access or disclosure?

☐ Yes ☐ No

9. Are you/company owned, controlled or influenced by any foreign person, wherever located?

☐ Yes ☐ No ☐ Not Sure



Governing Unit Approval

Questionnaire Completed By:

Name:

Department:

Email:

Phone #:

Signature:

Date:

Governing Unit (Unit Director, Dean or Chair)

Name:

Signature:

Date:

Academic/Research Unit:



Compliance Units Approval

Space Planning, Analysis & Administration

Name:

Signature:

Date:

Office of International Collaboration and Export Control

Name:

Signature:

Date:

Facilities Planning & Construction

Signature:

Name:

Date:

OR Incubator Office

Name:

Signature:

Date:

Facilities Operations (When required)

Name:

Signature:

Date:

OR Compliance Office

Name:

Signature:

Date:

Environmental Health and Safety (EH&S)

Name:

Signature:

Date: