



New Researcher Recruitment – Lab Assignment Process

Instructions:

Part I – To be completed by College/Department at the offering stage of the recruitment for new research faculty. Once completed, return via campus mail or scan and email to the individual noted below. The Facilities Office of Space Management (OSM) will use the information to identify and secure a lab.

Part II – Is in two sections:

Section A. to be completed by College/Department after new research faculty accepts offer. This section will be used to *reserve* the lab in the new hire’s name. Send the portion completed to Facilities, OSM.

Section B. to be completed by UTSA Facilities Planning and Development and/or Facilities Operations and Maintenance. Facilities will assess the extent of any needed renovations.

Part III – To be completed by new research faculty at the time they accept an offer. This form requires the following steps:

Step 1: Hiring department sends a copy of Part III to the new hire for their input.

Step 2: New hire returns completed form to the department.

Step 3: Department sends completed form the Facilities, OSM.

If you are completing the forms and have questions, please contact:

(Name)

(Phone)

(Email)

Return completed form to: _____

(Name, Title)

Campus mailing address or email (*if scanning*):

Intentionally left blank

Part 1 – Initial Requirement

Completed by hiring department; return to Facilities OSM; used to identify space.

Date: _____

Contact Information

Researcher Name:	Expected Arrival Date:	
Current College/University and Department:		
	Phone:	Alternate Phone:
	Email:	
	Alternate Email:	

Sponsoring College/Department:		
	Contact Name:	Phone:
	Contact Email:	

Research Type

Dry Lab <i>(check one)</i>	<input type="checkbox"/> Cognitive <input type="checkbox"/> Computer <input type="checkbox"/> Observation <input type="checkbox"/> Other <i>(specify)</i> : _____
--------------------------------------	--

Wet Lab <i>(check one)</i>	<input type="checkbox"/> Anthropology <input type="checkbox"/> Diagnostic <input type="checkbox"/> Archeology <input type="checkbox"/> Pharmacy <input type="checkbox"/> Bio Science <input type="checkbox"/> Physics (conventional) <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics (nuclear/particle) <input type="checkbox"/> Clean Room (specify/classification): <input type="checkbox"/> Bio-containment <input type="checkbox"/> Materials Research <input type="checkbox"/> Bio-informatics <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Drug Mfgr. <input type="checkbox"/> Other Wet Lab (specify): _____
--------------------------------------	---

Have	Use	<i>check all that apply</i>	Have	Use	
<input type="checkbox"/>	<input type="checkbox"/>	Animals	<input type="checkbox"/>	<input type="checkbox"/>	Ice Machine
<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Photo Development Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Specialty Water (RO, DI, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Cold Room	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Equipment

Please provide a narrative in the space provided on the reverse.

Customer-provided Narrative

Please describe the type of research the new hire will conduct in this lab. Include any details that will help Facilities OSM locate the appropriate space.

Part 2 – Space Selection and Assessment

Section A.

Date: _____

To be completed by sponsoring College/Department. After completing section return to Facilities OSM.

Researcher Name:		Arrival Date:	
Sponsoring College/Department:			
Department Contact:			
	Phone:	Alternate Phone:	
	Email:		
Proposed Lab Location:		Square Footage:	
Funding Source:			
Timeframe (occupancy date):			
Any schedule conflicts with proposed location (e.g., grant deadline, end-of-year, start of semester, etc.):			
Yes	No	Need swing space (circle one)	
Yes	No	Classroom building (circle one)	

Section B.

Space evaluation and assessment – to be completed by UTSA Facilities.

Space Requires	<i>circle one</i>		<i>circle or specify</i>
Abatement	Yes	No	Contract Abatement Co.
Change in Signage	Yes	No	
Cleaning	Yes	No	Contact Custodial/Other
Consultant	Yes	No	
Environmental Remediation (refrigerant, radiation, old chemicals, etc.)	Yes	No	Contact EHSRM
Equipment/Furniture Removal	Yes	No	Contact Surplus/Other
Major Renovation	Yes	No	
Other Repairs	Yes	No	
Furniture is included in project	Yes	No	
Has deferred maintenance issues	Yes	No	
Involves moving equip/furniture	Yes	No	
Verify building capacities with engineers	Yes	No	

New Faculty Hire Lab Assignment, Pt. II

Intentionally left blank

Part 3 – Researcher-defined Lab Requirements

Researcher: return completed form to hiring department.

Name: _____

Physical Space

Date: _____

	<i>circle one</i>		<i>quantity/ amount</i>		<i>notes</i>
	Y	N			
(1) amount of bench-top required; (2) number of people seated at bench-top; (3) major equipment used:				Linear footage of casework	
	Y	N		Lower cabinet storage - drawer	
	Y	N		Lower cabinet storage - shelving	
	Y	N		Open shelving	
	Y	N		Standing bench	
	Y	N		Seated bench	
	Y	N		Upper cabinet storage	solid or glass
	Y	N		Upper cabinet storage	sliding door

Secondary Support

<i>check all that apply</i>	<i>notes</i>	<i>check all that apply</i>	<i>notes</i>
<input type="checkbox"/> DNA/RNA Work _____		<input type="checkbox"/> Procedure room _____	
<input type="checkbox"/> Freezer -20 (#) _____		<input type="checkbox"/> PI office within the lab _____	
<input type="checkbox"/> Freezer -80 (#) _____		<input type="checkbox"/> RA/GA space (#) _____	
<input type="checkbox"/> Microscopy _____		<input type="checkbox"/> Space for second PI _____	
<input type="checkbox"/> Observation _____		<input type="checkbox"/> Tissue Culture _____	
<input type="checkbox"/> Other (<i>specify</i>): _____		<input type="checkbox"/> Undergraduate space (#) _____	

Special Requirements

	<i>circle one</i>	
	Yes	No
Adjacencies to other labs or services		
If yes, please specify: _____		
Following DEA protocol for narcotics		
Lab certification (radiation, chemicals, etc.)		
Special consideration for:		
AIC/HIC protocols		
Deliveries		
Tissue/blood/fluid work		
Special accessibility needs/requirements (ADA)		
Waiting Area for clients/patients		

****Please complete narrative on reverse plus attached chemical/equipment list.**

Researcher-provided Narrative

Please list processes and procedures in main lab spaces.

Additional information that would aid UTSA Facilities and the Office of Space Management in providing and preparing proper laboratory space.

Lab Details

Equipment, Chemicals, IT, Finishes, Security, Furniture

Researcher Name: _____

Bench-top

circle one

Compressed air	Yes	No	
Data	Yes	No	
Electrical	Yes	No	
Gas	Yes	No	
Vacuum	Yes	No	
Other:	_____		

Water/Sinks

Floor drains	Yes	No	
Ice machine	Yes	No	Quantity per month: _____
Polisher	Yes	No	
RO/DI water	Yes	No	Quantity per week: _____
Other:	_____		

Lab sink	Yes	No	
Cup sink	Yes	No	
Other:	_____		

Equipment/Conditions

Bio safety cabinet	Yes	No	Quantity: _____	Size: _____
Clean room	Yes	No	Class: _____	
Cold room	Yes	No		
Emergency back-up needs	Yes	No	<i>(generator, battery, etc.)</i> _____	
Freezers (-20, -80)	Yes	No	Quantity: _____	Size: _____
Fume hood	Yes	No	Quantity: _____	Size: _____
<i>specify: basic, acid, solvent, other:</i> _____				
Humidity control	Yes	No	Range: _____	
Incubators	Yes	No	Quantity: _____	Size: _____
Leminar flow hood	Yes	No	Quantity: _____	Size: _____
Microscopy	Yes	No	Quantity: _____	Size: _____
Soundproofing	Yes	No	Level: _____	
Temperature control	Yes	No		
Vibration Isolation	Yes	No		

Audio-Visual

notes

Audio recording	Yes	No	
One-way observation room	Yes	No	
Video recording	Yes	No	

Continued on reverse

IT/Network

Networking needs (fax, copier, etc.) _____
Phone numbers Quantity: _____ Location: _____
Other: _____

Finishes – please note special requirements

Base _____
Ceiling _____
Doors _____
 Vision panel required: Yes No Soundproofing: Yes No
Floor _____
 (e.g., tile or solid surface, static dissipative, epoxy paint, carpet, etc.)
Hardware _____
Windows _____
Other: _____

Security

Access _____
Card security _____
Equipment alarms _____
Requirements _____

Additional Furniture – include quantity and size (if applicable)

Filing cabinets _____
Mobile benches _____
Storage cabinets _____
Tables _____
Other: _____

Please note any other equipment/furniture concerns/requirements:
