

Summary of critical research activities to be maintained in the event of closure protocols.*

P.I.	Short project name**	Critical activity (CA)	Person with 1° responsibility for CA	Person w/ backup responsibility for CA	Additional precautions to protect worker health to be taken while performing the CA
(Include mobile phone #)	(If you have no critical research activity to report, indicate so here)	(Include location and frequency of activity)	(Include mobile phone #)	(Include mobile phone #)	(Individuals that are ill may not perform the activities)

*Return form to Mark Luckenbach (luck@vims.edu) and copy Cecilia Lewis (cmlewis@vims.edu).

**Provide project name only for projects with critical activities that must be maintained through a campus closure.