

APPLICATION FOR RESEARCH FACILITIES AT HIMB

Name and Title:

Telephone Number and email Address:

Institutional Address:

Dates Requested for Visit:

Arrival:

Departure:

Mandatory Research Fees:

Student: \$10/day \$150/month

Researcher: \$20/day \$300/month

Members of Your Team: If you have collaborators or research assistants who will accompany you, please list their names and have them submit individual Application for Research Facilities Forms

Title of Proposed Work (please attach an abstract):

Detailed Requirements:

1. Who is your faculty sponsor?
2. Is your research supported by a grant or other funding source? Yes No
If yes, who is the funding agency?
3. What Laboratory Facilities will you and your team require?

Wet Lab	Yes	No
Dry Lab	Yes	No
Water Tables	Yes	No
4. Will you or your team be collecting biological samples? Yes No
If yes, please apply for a collecting permit and attach a copy to this application.
5. Will you or your team be working with vertebrates? Yes No
If yes, you are required to develop an IACUC protocol and attach an approved copy to this application.
6. Will you or your team be using SCUBA? Yes No
If yes, do you agree to file an approved UH dive plan with HIMB Yes No
7. Will you or your team be using the research vessels? Yes No
If yes, the University of Hawaii requires you to present a copy of your institutional insurance policy covering the activity and naming UH as a co-insured entity.
8. Will you or your team be generating hazardous waste? Yes No
If yes, do you agree to pay all charges associated with waste removal? Yes No
9. Do you agree to acknowledge HIMB and include an HIMB contribution number on any publications resulting from this work? Yes No
10. Do you need housing on Coconut Island? Yes No
If yes, please fill out a housing application form.

Emergency Contact Name and Number:

Applicant Signatures (and advisor's for students) / Date:

HIMB Sponsor Approval / Date:

Sponsorship Committee Approval / Date: