Clear Form

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: _____

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