**THE UNIVERSITY OF MICHIGAN**

**PROSPECTIVE LAB/DEVICES LICENSEE QUESTIONNAIRE**

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| **GENERAL** | |
| Name of Licensee: |  |
| Licensee’s Address: |  |
| Name of Principals: |  |
| Names of Employees who will occupy the License Area: |  |
| Name of Guarantor, if applicable: |  |
| Names of any University employee who owns 5% or more of the equity of Licensee: |  |
| Names of any University employee who is a member of the Board of Directors of Licensee: |  |
| Names of any University employee who is the President, Chief Executive Officer, Vice President, Treasurer or Secretary of Licensee: |  |
| Names of Employees who are University employees and have University parking passes and the type of parking passes: |  |
| Requested Start Date of License: |  |
| Requested Term of License: |  |
| Description of Licensee’s Proposed Business Activities and Use of the License Area: |  |
| Is Licensee’s proposed business funded from a federal agency (PHS, HHS, DOD, etc)? |  |

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| Description of any equipment or activities that have any special requirements; 220 electric, exhaust, water, large floor space, gases, etc. |  | |
| Description of any space renovations or infrastructure requested |  | |
| Description of any University equipment Licensee is requesting to use |  | |
| Description of any lab or specialized services needed; vivarium, autoclave, etc.  If Licensee is interested in procuring access to services in support of research involving animals please complete the section entitled “Access to Specialized Services” |  | |
| **TELEPHONE AND IT** | | |
| Do you plan to locate server infrastructure at the University to support your company’s operations (application, communications, database, file, web, other)? If so, please describe. (Provide detail including type and quantity of servers) |  | |
| How many desktop, laptop, fax machines or other devices will be located at the License Area? (Provide detail including type and quantity of devices) |  | |
| Do you require specialized IT infrastructure at the License Area to support your research activities? If so, please describe, including any requirement to place IT equipment in the laboratory. (Provide detail) |  | |
| Are there specific IT security or regulatory requirements that your organization must comply with (HIPAA, FISMA, FDA, other)? If so, please describe. (Provide detail) |  | |
| Do you have specialized networking requirements that must be supported in the License Area (intranet, corporate, VPN, wireless)? If so, please describe. (Please describe) |  | |
| What phone services, including fax, are required in the License Area to support your company’s operation? What vendor provides these services now? Do you intend to utilize this vendor to provide these same services in the License Area? (Provide detail) |  | |
| **SAFETY AND REGULATORY COMPLIANCE** | | |
| Will your operation include the use of radioactive materials or radiation producing machines? If yes, please provide a copy of your current NRC radioactive materials license and/or MDCH radiation-producing machine certificates, Also, please provide a list of all radioactive material and activity levels. |  | |
| Will your operation include the use of any CDC/USDA Select Agents? If yes, please provide a list of agents and anticipated scope of such research. |  | |
| Will your operation include the use of any known human or animal pathogens? If yes, please provide a list of such materials. |  | |
| Will your operation include the use of human or non-human primate blood? |  | |
| Will your operation include the use of recombinant DNA? |  | |
| Will your operation include the use of any chemicals listed by the Department of Homeland Security as “Chemicals of Interest” in quantities greater than 50% of the Release of Theft Threshold Screening Quantity? If yes, please provide a list of such chemicals and anticipated throughput inventory quantities. |  | |
| Will your operation include the use of any biological formation in quantities exceeding 5 Liters? If yes, please provide anticipated capacities and characteristics of fermentation products. |  | |
| Please provide a description of your anticipated hazardous and universal waste streams, radioactive waste streams, and regulated medical waste streams including throughput quantities |  | |
| Please provide a description of any special considerations for personnel safety necessary for occupants or visitors to your leased facilities. |  | |
| Will the nature of your work render any part of the leased facility non-accessible to University of Michigan personnel? |  | |
| Please provide a projection of anticipated sanitary sewer discharge, including quantity, temperature, PH, and nature of effluents. |  | |
| Are the proposed operations subject to any of the Federal Categorical Pretreatment Standards (40 CFR 405-471) for discharge to the sanitary sewer system? If yes, please describe |  | |
| Will the nature of your work require a “permit to install” for air discharge? If yes, please describe. |  | |
| Will your operation require any special fire detection and/or fire suppression systems? If yes, please describe |  | |
| What provisions will be in place to manage hazardous material spills/incidents on site? |  | |
| **REQUESTED DOCUMENTS** | | |
| Certificate of Insurance | |  |
| List of Licensee devices that Licensee wishes to install in the license area | |  |
| Chemical inventory with quantities, include all chemicals you anticipate moving into the facility and/or purchasing within the first six months of occupancy. This list may exclude low toxicity salts and buffers. | |  |
| Chemical hygiene plan | |  |
| Exposure control plan (if applicable) | |  |
| Biohazardous Waste Management Plan |  | |
| Emergency Response and Contingency Plan |  | |
| Waste Management Plans (as applicable)  (a) Hazardous waste management;  (b) Medical waste management;  (c) Radioactive waste management |  | |

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| **ACCESS to SPECIALIZED SERVICES\*  \*Only to be completed if Licensee is requesting these services** | |
| **NOTE: Research involving the use of live animals will be restricted to procedural space within the vivarium space at the University. All animal husbandry will be provided by ULAM. Before proceeding with any animal work the licensee will be required to secure UCUCA approval and will be subject to UCUCA oversight. At this point we are not prepared to support the use of radioactive materials within the vivarium.** | |
| Indicate which species of animals you anticipate using and estimate how many of each species would be used annually. |  |
| Indicate approximately how many of each species you would house at any one time? |  |
| Do you anticipate using transgenic animals? |  |
| Will you be using controlled substances in animals? |  |
| Will your operation include the use of any CDC/USDA Select Agents in the vivarium? If yes, please provide a list of agents and anticipated scope of such research. |  |
| Does your proposed research require the use of Infectious agents in the vivarium?  If yes, please provide a list of such materials. |  |
| Will your operation include the use of recombinant DNA within the vivarium? |  |
| Please provide a description of any special considerations for personnel safety necessary for your proposed work within the vivarium. |  |
| Will your proposed animal research require special disaster planning, fire alarm modifications and/or considerations? |  |
| Please indicate what chemicals you propose to use in the vivarium? |  |