**Minors Working in UHCL Laboratories**

**Application Form**

To be completed and submitted by the Sponsor and Parent/Guardian of a Minor wishing to participate in an educational research opportunity in a University of Houston-Clear Lake (UHCL) laboratory. Please print clearly or type the information requested, or indicate Yes/No, checkmarks. Proposed activities must not begin until approval is received, all forms and required trainings are completed, medical surveillance, if needed, is conducted, and PeopleSoft identification is issued. In addition, the Release and Indemnification Agreement, “Consent Form” must be completed and approved by the Lab Safety Committee or Program Chair, Department Chair and Dean or designee.

**Sponsor Information:**

Principal Investigator(s):

Department:

Phone:

Email:

Proposed Location:

Proposed Start/End Dates:

**Minor Information:**

First Name: Last Name:

Age at start of proposed activity:

Prior lab courses/experience:

Address (not PO Box):

Phone:

Email:

Parent/Guardian Emergency Contact Information:

(Name and Phone)

Health Insurance Carrier:

People Soft ID/Person of Interest number:

**Description of Proposed Research Activity:**

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**Hazard Assessment:** Will the lab or proposed activity involve any of the following?

Biological Hazards (BSL1 or BSL2)

List biological agents and provide IBC protocol number:

Chemical Hazards (toxic, carcinogenic, corrosive)

List chemicals that will be used:

high hazard chemicals:

Research Animals (live or tissue samples)

Provide IACUC protocol number:

Human Subjects

Provide IRB protocol number:

**Training:**

Completion of General Laboratory and Chemical Safety Training and test:

Video –[After the Rainbow by the Chemical Safety Board](https://www.youtube.com/watch?v=g6vR0BdRCNY)

[ACS Guide to Chemical Laboratory Safety in the Academic Environment](https://www.acs.org/content/dam/acsorg/about/governance/committees/chemicalsafety/publications/acs-safety-guidelines-academic.pdf)

Review Safety Data Sheets (SDS) for chemicals using:

(Health ratings, permissible limits, and hazards/signal words)

Review SDS for any accessible high hazards in the lab:

**PPE:** Fitted for, and provided

Full length lab coat

Safety glasses and/or goggles

Gloves

**Waste:**

Volume estimated & concentration, percentages of each constituent:

Waste container labeled, put on waste shelf or Autoclaved by:

**Supervisory plan for laboratory activities and controls in place:**

**Liability waiver form** completed by minor and parent/guardian ([Release and Indemnification Agreement 02.21.13](https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/documents/releaseandindemnificationagreement2013.pdf)).

## Certification

I certify that I have reviewed the Policy Governing Minors at UHCL Laboratories at <https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/documents/l12-policy-governing-minors-uhcl-labs.pdf> and will be responsible for ensuring all policies and procedures relating to this application, as well as training requirements are complied with.

Sponsor Name: Date:

Sponsor Signature:

**EHS Review and Recommendations:**

EHS Reviewer: Date:

***This approval is invalid without signed UHS Release and Indemnification Agreement and Additional Approval forms on file with the EHS office.***

For questions or assistance, please contact EHS at 281-283-2106 or [EHS@uhcl.edu](mailto:EHS@uhcl.edu)