**Visiting Researchers Application**

Complete and submit by the sponsor or person wishing to participate in research in a UHCL laboratory.

Print clearly or type the information requested, or indicate Yes with checkmarks. Proposed activities must not begin until all forms and required trainings are completed, hazard review is conducted, medical surveillance, if needed, is completed, and personal protective equipment (PPE) is obtained. In addition, the Release and Indemnification Agreement, “Consent Form” must be completed, and work approved by EHS, 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:

**Visiting Researcher Information:**

First & Last Name:

ID number: (upon completion of POI form)

Lab experience: (general and topic specific)

Address (not PO Box):

Phone:

Email:

Emergency Contact Information:

Health Insurance Carrier:

**Description of Proposed Research Activity:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearby high hazards in the lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrosives  Flammables  Compressed Gases  Oxidizers  Nano materials

Carcinogen  Reproductive Toxin  High Toxicity (poison by inhalation, skin contact)  Air Reactive  Water Reactive  Peroxide Forming  Explosive/Shock Sensitive

Radiation Hazard ( isotopes  laser  x-ray)

Research Animals (live or tissue samples)

Provide IACUC protocol number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Subjects

Provide IRB protocol number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training:**

Review [Safety Data Sheets (SDS)](https://onsite.uhcl.edu/ehsa/login?/showSdsHubSearch) and hazards ([PubChem](https://pubchem.ncbi.nlm.nih.gov/)) for chemicals to use, and chemicals nearby in lab (Health ratings, permissible limits, and hazards/signal words)

Completion of [**Advanced** Laboratory Safety Training](https://uhcl.blackboard.com/ultra/courses/_13476_1/cl/outline)

(send UHCL email to [EHS@uhcl.edu](mailto:EHS@uhcl.edu) or [self-enroll](https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/documents/lab-blackboard-2022-ehs-training-self-enroll-instructions.docx) in: WRKGRP.LabSafetyAdvanced.coen)

Lab Specific training for materials will work with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(videos, hands on, procedures, resources, etc.)

**PPE:** (Fitted for, and provided)

Full length lab coat

Safety glasses (for solids) and/or goggles (for liquids)

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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[Person of Interest Form](https://www.uhcl.edu/human-resources/documents/forms/person-of-interest-poi-form.pdf) completed for business administrator to submit to HR

## Certification

I certify that I have reviewed the [Visiting Researchers Procedure](https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/documents/l16-visiting-researchers-procedure.pdf) for UHCL Laboratories, and will be responsible for ensuring all policies and procedures relating to this application, training requirements, the lab, and PPE are completed and complied with.

Sponsor Name: Date:

Sponsor Signature:

Visiting Researcher: Date:

Visiting R. Signature:

**EHS Review and Recommendations:**

EHS Reviewer: Date:

***Application is incomplete 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)