

Minors Working in UH Laboratories Application Form

To be completed and submitted by the *Sponsor* of a *Minor* wishing to participate in an educational research opportunity at a University of Houston (UH) laboratory. The faculty member and/or Research Center Director sponsoring the minor must complete the following requirements before any proposed activities begin.

Instructions

- Review the [*Policy Governing Minors at University of Houston Laboratories*](#).
- Arrange with EHS for minor to obtain necessary EHS safety training well before the commencement of proposed laboratory research activities.
 - *Submit completed application at least two weeks before the start date.*
- Complete the application and forward an unsigned copy to EHS for review of activities and approval.
- EHS will review the application, provide recommendations and/or restrictions, and will return the application within five business days after receiving the application forms.
 - *EHS will email the sponsor to obtain additional clarifications (if needed).*
 - *EHS will only provide a Release and Indemnification Agreement Form after reviewing a completed initial application form.*
- Obtain the necessary signatures on EHS reviewed application / Release and Indemnification Forms:
 - *Forward EHS reviewed application form to the applicable Department Chair or College Dean for approval signature.*
 - *Forward the Release & Indemnification Agreement Form to the Department Chair or College Dean for approval signature.*
 - *Once signed by the applicable Department Chair or College Dean, forward the Release and Indemnification Agreement Form to Ashley Merwin armerwin@uh.edu in the Office of the Vice President of Research & Technology to obtain VPR approval.*
- Return a copy of the EHS reviewed application and Release and Indemnification Agreement Form with the necessary approval signatures to the EHS reviewer.
- Forward the final signed application forms to your department business office to process PeopleSoft/MyUH IDs for the minor.
 - *Proposed activities **must not begin** until the required approvals have been received, required training has been completed, medical surveillance is conducted (if needed), and PeopleSoft Identification is issued.*

Sponsor's Information

Principal Investigator:
PeopleSoft ID:
Department:
Phone:
Email:

Mentor's Information (if different from Principal Investigator; one Minor per Mentor)

Mentor:
PeopleSoft ID:
Department:
Phone:
Email:

Minor's Information

First Name:
Last Name:
Age at Start of Proposed Activity:
Address (No PO Box):
Phone:
Emergency Contact Information (Name and Phone):
Health Insurance Coverage: Yes No
People Soft ID/Person of Interest Number:
Expected duration of minor's participation in research activity:
 o *The minor's involvement in the research activities may not last more than 6 consecutive months; a new application must be submitted if the activity exceeds 6 months.*

Start Date: End Date: **(application must be submitted two weeks before start date)**
The location where the research activity will take place (building and room):
Description of all proposed activities to be conducted by the minor (including techniques and equipment to be used):

Hazards Assessment:

Fill out the following sections based on if the laboratory where the minor will be working will have those hazards present.

Biological Hazards (BSL1 or BSL2)

Yes No

List agents:

Provide IBC protocol number:

Research Animals (This includes live and tissue samples)

Yes No

Provide IACUC protocol number:

Human Subjects

Yes No

Provide IRB protocol number:

Chemical Hazards

Minors are NOT allowed to use the following high-risk hazardous chemicals:

- Highly acute toxins
- Carcinogens (known or suspected)
- Reproductive toxins (known or suspected)
- Water reactives
- Air reactive/pyrophorics
- explosive/ shock sensitive materials
- Nanomaterials

Select all chemical hazards that may apply:

Corrosives Flammables Oxidizers Compressed Gases None of Above

List the chemical name(s) of any substances indicated above:

Provide the most current chemical inventory spreadsheet (including gas cylinders) if applicable.

Radiation Hazard (radioactive material, x-ray, or laser)

Yes No

Provide license or registration number:

Other Hazards

Select all that apply:

Loud Noise Vibrations Temperature Extremes Sharp Tools Other

Provide details for any hazard indicated above:

Training Plan & Supervision

Training

Proposed training plan for laboratory activities:

Supervision

Supervisory plan for laboratory activities: (please provide a description of planned oversight for the minor's activities and the controls in place to ensure safety: e.g., observation-only, personal protective equipment, containment equipment, etc.):

EHS Review:

Recommendations or restrictions on the proposed activity must be met for the entire duration of the research activity. EHS reviewer's recommendations:

EHS Reviewer Name:

Signature:

Date:

Certification

I AGREE TO SUPERVISE THE ABOVE-NAMED MINOR. BY MY SIGNATURE BELOW, I CERTIFY AND AGREE THAT:

- *I have reviewed the [Policy Governing Minors in a University of Houston Laboratories](#).*
- *The above named Minor has completed or will complete prior to the start of the proposed activity, General Lab Safety, and all other recommend training.*
- *The Minor will also receive Laboratory Specific Safety Training.*
- *Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided and the Minor instructed on proper use and disposal.*
- *The Minor will receive constant line-of-sight supervision at all times while in the laboratory and never be left alone.*
- *I will be responsible for ensuring all policies and procedures relating to this application are followed.*

My laboratory is in full compliance with all applicable University of Houston safety programs and regulations. (Sign only after EHS review & recommendations)

Print Sponsor Name:

Sponsor Signature:

Date:

Print Mentor Name:

Mentor Signature:

Date:

Print Department Chair's Name:

Print College Dean Name:

Department Chair or College Dean Signature:

Date:

- *This approval is invalid without a signed UH Release and Indemnification Agreement and a copy of the application with the necessary signatures on file with the EHS office.*
- *EHS will provide the UH Release and Indemnification Agreement Form after a review of the initial application.*

For questions on safety, please contact EHS at 713-743-5858 or email ehs@uh.edu