

Visiting Researchers in Laboratories Application Form

To be completed for individuals who intend to participate in an educational research experience under the supervision and mentorship of a University of Houston Sponsor. The participant must be at least 18 years of age at the start of the proposed activities.

The Faculty Member and/or Research Center Director sponsoring the Visiting Researcher must complete the following requirements before any proposed activities begin:

Instructions

- Review the [Policy Governing Visiting Researchers at University of Houston Laboratories](#).
- Arrange with EHS for Visiting Researcher to obtain necessary safety training, well in advance, prior to commencement of proposed laboratory research activities.
- Complete the application and forward an unsigned copy to EHS for review of activities and recommendations.
 - *Submit the completed application at least two weeks before the start date.*
- EHS will review the application, provide recommendations and/or restrictions, and return the application within five business days after receiving completed application forms.
 - *EHS will email the Sponsor to obtain additional clarifications (if needed).*
 - *EHS will 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 for approval signature.*
- Return a copy of the EHS reviewed application/ Release and Indemnification Agreement Form with the necessary approval signatures to the EHS reviewer.
- Forward approved application forms to Department Business Office to process PeopleSoft/MyUH IDs for Visiting Researcher.
 - *Proposed activities must not begin until approvals are received, the required training is complete, medical surveillance (if needed) is complete, and PeopleSoft Identification/MyUH ID is issued.*

Sponsor Information Section

Principal Investigator(s):

People Soft ID:

Department:

Phone:

Email:

Visiting Researcher Information

First Name:

Last Name:

Will Visiting Researcher be above 18 years of age at the start of the proposed activity? Yes No

Address (No PO Box):

Phone:

Emergency Contact Information (Name and Phone):

Health Insurance Coverage: Yes No

Provide Insurance Carrier:

People Soft ID/Person of Interest number:

Expected duration of research activity:

- *Note: The Visiting-Researcher'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 prior to start date)**

Location where research activity will take place (building and room):

Description of all proposed activities to be conducted (including techniques and equipment to be used):

Hazards Assessment Section

Will the laboratory where the proposed activity is being conducted involve any of the following?

Biological Hazards (BSL1 or BSL2) Yes No
List agents and provide IBC protocol number:

Research Animals (live or tissue samples) Yes No
Provide IACUC protocol number:

Human Subjects Yes No
Provide IRB protocol number:

Chemical Hazards
Select all chemical hazards that may apply:

- Corrosives Flammables Oxidizers Compressed Gases Highly Acute Toxins
Explosive/Shock Sensitive Materials Nano Materials None of above

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

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 Visiting Researcher's activities and the controls in place to ensure safety: e.g. observation only, personal protective equipment, containment equipment, etc.)

EHS Review

EHS Recommendations

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

○ *Reviewer, return to Sponsor upon completion for further routing and signatures.*

EHS Reviewer:

Date:

Signature:

Certification

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

- *I have reviewed Policy Governing Visiting Researchers at University of Houston Laboratories at <https://uh.edu/ehs/manuals/files/policy-visiting-researchers.pdf>*
- *The above named Visiting Researcher has completed or will complete, prior to start of proposed activity, General Lab Safety, and all other required trainings. The Visiting Researcher will receive Laboratory Specific Safety Training.*
- *Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided and the Visiting Researcher instructed on proper use and disposal.*
- *The Visiting Researcher will be monitored to ensure they are adhering to all university policies and procedures while working in the laboratory.*
- *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 approval)

Sponsor : _____ Date: _____

Signature: _____

Visiting Researcher: _____ Date: _____

Signature: _____

Department Chair: _____ Date: _____

Signature _____

This approval is invalid without a signed UH Release and Indemnification Agreement and Additional Approval forms on file with the EHS office. EHS will provide the UHS Release and Indemnification Agreement form.

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