



Research Lab Access Approval Form

Student Name _____ Department _____

Student Number _____ Faculty Supervisor _____

Semester and Year _____ Course Name and Number _____

1. Provide a short description of the project. Include research question(s), procedures, and materials. Provide a description of possible risks, the likelihood of those risks and the resulting potential impact. Provide a procedure to eliminate or minimize the identified risks.
2. List the equipment/instrumentation that you will be using while working in the laboratory. Provide a description of possible risks, the likelihood of those risks and the resulting potential impact. Provide a procedure to eliminate or minimize the identified risks
3. Over the course of the semester, how many days/hours will you be working in a laboratory? If there is a regular schedule, please indicate. Indicate the length of time a student may be out of contact with a faculty sponsor (i.e., the frequency of regular communications). Detail where and when working alone is permitted.
4. List methods of communication that can secure emergency assistance and how emergency assistance will be provided in the event of incidents or accidents.
5. List the forms of Personal Protective Equipment that will be used while working with materials, chemicals, or instrumentation. Be as specific as possible.
6. List restrictions on independent work related to procedure, materials, chemicals, as well as time of the day or evening or weekend.

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This project will involve the use of the following: (Check all that apply at least one must be checked.)

- Human Subjects Radioisotopes Recombinant DNA Controlled Substances Vertebrate Animal
 Hazardous Chemicals or materials
- None of the above applies to this project

I certify that, with respect to all the items checked, applicable University policies will be followed and any necessary approvals have been obtained.

I have read the Laboratory Working Alone Procedures and agree to abide by their restrictions. I have received training in the proper experimental and emergency procedures and understand those procedures for the work I am authorized to

do alone. I have also read and signed the Laboratory Safety Agreement. If any changes are made to the procedures, materials, or equipment/instrumentation needed for this project, I will submit an updated Research Lab Access Approval Form and wait for approval prior to implementing those changes.

Student Signature _____ Date _____

TO BE COMPLETED BY FACULTY SPONSOR:

List the tasks and hazards involved in the work to be performed.

List the frequency of supervision, if at all.

List times when the student will be allowed to work alone.

I agree to supervise this student's research project in the laboratory. By signing this form, I acknowledge the student's ability to conduct research in the lab with minimal supervision.

I have reviewed the description of this procedure, the tasks and hazards involved in the work, the consequences resulting from a worst-case scenario, the possibility of an accident or incident that would prevent the laboratory personnel from calling for help, the laboratory personnel's training and experience and the time the work is to be conducted. This procedure does not involve any particularly hazardous materials or processes. I approve this request for permission to work alone on this project.

Building and room number(s):

Restrictions on independent work:

Faculty Sponsor Signature _____ Date _____

Department Chair Signature _____ Date _____

Chemical Hygiene Officer Signature _____ Date _____