Minors Participating in NAU Research Activities: Potential Hazards, Training, and Signatures Form

Principal Investigator/Sponsor: 
Department: 
Address/Box: 
Phone: 
Email: 
Student/Minor Name: 
Date of birth: 
School: 

This project is (check one):
- Science Fair Project
- Volunteering
- Employment
- Other

If Part of a NAU Sponsored Program, which program?

Other (explain)

This work will be performed in: Bldg , Room(s)

Project Title:

Materials and Equipment to be Used - **Check AND LIST** all that apply:

<table>
<thead>
<tr>
<th>Chemicals</th>
<th>Biological Material</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Flammable</td>
<td>☐ Recombinant DNA</td>
<td>☐ Fume Hood</td>
</tr>
<tr>
<td>☐ Reactive</td>
<td>☐ Bacteria</td>
<td>☐ Biosafety Cabinet</td>
</tr>
<tr>
<td>☐ Carcinogenic</td>
<td>☐ Viruses</td>
<td>☐ Laminar Clean Bench</td>
</tr>
<tr>
<td>☐ Toxic</td>
<td>☐ Fungi</td>
<td>☐ Autoclave</td>
</tr>
<tr>
<td>☐ Corrosive</td>
<td>☐ Parasites</td>
<td>☐ Centrifuge</td>
</tr>
<tr>
<td>☐ Oxidizer</td>
<td>☐ Human Source Material</td>
<td>☐ Analytical Instruments</td>
</tr>
<tr>
<td>☐ Cryogen</td>
<td>☐ Insects</td>
<td>☐ Industrial Machinery</td>
</tr>
<tr>
<td>☐ Pharmaceuticals</td>
<td>☐ Plants</td>
<td>☐ Noise Producing Equip.</td>
</tr>
<tr>
<td>☐ Gasses</td>
<td>☐ Animals</td>
<td>☐ Other Equipment</td>
</tr>
</tbody>
</table>

SEE: EHS: 01/09/17
Date of EH&S Training (as applicable):

- Chemical Hygiene
- Biological Safety
- Recombinant DNA

I AGREE TO SPONSOR (MINOR’S NAME), AND BY MY SIGNATURE BELOW, AGREE THAT:

- I have read, understand, and will adhere to the NAU “Minors Participating in NAU Research Activities” Policy. The potential hazards portion of this form has been completed.

- I have provided project-specific safety training for the participating minor(s). Training was conducted by doing the following:

  ___________________________________________________________________

  ▪ Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided.

  ▪ This individual will be supervised at all times while in the laboratory and never left alone.

  ▪ Their hours of work will comply with Federal Regulation 29 CFR 570.35.

  ▪ My laboratory is in full compliance with all applicable Northern Arizona University safety programs and regulations.

  _______________________________________________________________
  PRINTED NAME OF PI/SPONSOR AND SIGNATURE

  __________________________
  DATE

I have read, understand, and will adhere to the NAU “Minors Participating in NAU Research Activities” Policy.

  _______________________________________________________________
  PRINTED NAME OF MINOR AND SIGNATURE

  __________________________
  DATE

  _______________________________________________________________
  PRINTED NAME OF PARENT/GUARDIAN AND SIGNATURE

  __________________________
  DATE

INSTITUTIONAL BIOSAFETY COMMITTEE APPROVAL DATE (Indicate NA if Not Applicable):

ENVIRONMENTAL HEALTH & SAFETY APPROVAL: DATE:

Please return completed forms to NAU’s EH&S Office via email: nauehs@nau.edu