



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:

Chemicals

Biological Material

Equipment

Flammable

Recombinant DNA

Fume Hood

Reactive

Bacteria

Biosafety Cabinet

Carcinogenic

Viruses

Laminar Clean Bench

Toxic

Fungi

Autoclave

Corrosive

Parasites

Centrifuge

Oxidizer

Human Source Material

Analytical Instruments

Cryogen

Insects

Industrial Machinery

Pharmaceuticals

Plants

Noise Producing Equip.

Gasses

Animals

Other Equipment

Detailed Project Description (attach separate sheet if necessary):

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