

**APPLICATION FOR AUTHORIZATION OF MINOR (16 OR 17 YEARS OF AGE) TO
WORK OR VOLUNTEER IN A LABORATORY OR OTHER HAZARDOUS AREA**

INSTRUCTIONS:

- *This form must be completed for each program involving Minors working in Georgia Tech laboratory or other hazardous areas.*
- *Submit a Consent and Release for Minor's Presence in Laboratory form and Parental Request to Participate Release and Waiver Agreement for each Minor participating in the program.*
- *Upload to Minors in the Lab web page for review at least five working days BEFORE the Minor plans to commence work or volunteer at Georgia Tech.*
- *The Supervising Department shall keep a copy of completed forms.*

PROPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title: _____
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: _____ End Date: _____
3.	Is the Project sponsored or funded by an outside organization? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please provide the name of the sponsor: _____</i>
4.	Expected number of Minors participating in the Program: _____
5.	Status of Minors in the Program: <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other* <i>*If Other, please explain: _____</i>
FACULTY & MENTOR INFORMATION	
6.	Supervising Faculty Member Name: _____
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member): _____
8.	Department: _____
9.	Email: _____
10.	Telephone Number: _____
11.	Campus PO Box: _____
12.	Building where work will be conducted: _____
13.	Room(s) where work will be conducted: _____
14.	Please identify the person who is responsible for research in this/these room(s) if different than the Supervising Faculty Member: _____
PROPOSED ACTIVITIES – TO BE COMPLETED BY THE FACULTY MEMBER AND/OR MENTOR	
15.	Describe the Minor's activities including a detailed list of techniques and equipment to be used: _____
16.	Indicate measures to be taken to ensure that the Supervising Faculty Member and/or Mentor will have constant line-of-sight supervision of the Minor at all times while in the laboratory (BOR Policy on Minors). Detail what measures will be taken when the Supervising Faculty Member and/or Mentor is absent or has to leave the laboratory for any reason: _____
17.	Indicate measures to be taken to ensure the Minor is not exposed to <u>radioactivity or radiation producing devices</u> : _____
18.	Indicate measures to be taken to ensure the Minor is not exposed to <u>explosive chemicals</u> : _____
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to <u>chemical and biological agents</u> : _____

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MATERIALS & EQUIPMENT TO BE USED					
20.	Check all that apply and list each specific item under the category checked:				
Chemicals					
<input type="checkbox"/> Flammable: _____		<input type="checkbox"/> Oxidizer: _____			
<input type="checkbox"/> Reactive: _____		<input type="checkbox"/> Cryogen: _____			
<input type="checkbox"/> Carcinogenic: _____		<input type="checkbox"/> Gases: _____			
<input type="checkbox"/> Toxic: _____		<input type="checkbox"/> Corrosive: _____			
<input type="checkbox"/> Other Chemicals: _____					
Biological Materials					
<input type="checkbox"/> Recombinant DNA: _____		<input type="checkbox"/> Parasites: _____			
<input type="checkbox"/> Bacteria: _____		<input type="checkbox"/> Live Animals: _____			
<input type="checkbox"/> Viruses: _____		<input type="checkbox"/> Animal Tissues/Parts: _____			
<input type="checkbox"/> Fungi: _____		<input type="checkbox"/> Human Source Materials (including blood, saliva, body fluids or tissues): _____			
<input type="checkbox"/> Other Biologicals: _____					
Equipment					
<input type="checkbox"/> Chemical Fume Hood: _____		<input type="checkbox"/> Analytical Instruments: _____			
<input type="checkbox"/> Biosafety Cabinet: _____		<input type="checkbox"/> Laminar Clean Bench: _____			
<input type="checkbox"/> Centrifuge: _____		<input type="checkbox"/> Noise Producing Equipment: _____			
<input type="checkbox"/> Autoclave: _____		<input type="checkbox"/> Industrial Machinery: _____			
<input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4		<input type="checkbox"/> Other Equipment: _____			
If other, describe: _____					
HEALTH & EMERGENCY					
21.	Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If yes, the Minor(s) who are employed by the GIT must be enrolled in the <u>Biosafety Occupational Health Program</u>. Minors who are volunteers must provide evidence of personal health insurance as the Minor is responsible for his or her own medical care and any all associated costs. The IACUC must approve the addition of the Minor to the appropriate protocol prior to the Minor working on the project (if applicable).</i>				
22.	Will the Minor require any vaccinations prior to initiation of the project/program? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please indicate the vaccinations that are required: _____</i>				
TRAINING					
23.	Prior to the Minor beginning work in the laboratory, the Supervising Faculty Member and/or Mentor must certify and retain documentation of the following training: <ul style="list-style-type: none"> • Basic Laboratory Safety Training • Chemical Right to Know Training • Bloodborne Pathogen Training • Fire Safety Training If the Minor will have contact with live animals, the Supervising Faculty Member and/or Mentor is responsible for certifying completion of CITI Training (online) in addition to any other EH&S courses as they relate to research and retaining documentation of such training prior to the individuals entering the laboratory.				
PERSONAL PROTECTIVE EQUIPMENT (PPE)					
24.	Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):				
	<i>Type</i>	<i>Required</i>	<i>Not Required</i>	<i>Type</i>	<i>Required</i> <i>Not Required</i>

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Lab Coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shoe Covers	<input type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hair Covers	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Aprons	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Mask	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>

COMMITTEE APPROVALS

25.	List all protocol numbers that the Minor will participate under. If Minor is added to additional protocols after EH&S approval of this document, Faculty Mentor shall notify the appropriate committee (BSMC , IBC , IACUC , IRB) and additional review may be required by EH&S if risk factors increase.
BMSC	If the Minor will work on a project involving biological materials provide the BSMC registration number:
IBC	If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:
IACUC	If the Minor will work on a project involving animals provide the IACUC protocol number:
IRB	If the Minor will work on a project involving human subjects provide the IRB protocol number:

MINOR INFORMATION

26.	Please provide the following for each Minor participating in the program. If there are multiple Minors in this program, please attach a document with the following information: <ul style="list-style-type: none"> Minor's Name: [Redacted] Minor's Age: [Redacted] Parent/Guardian Name: [Redacted] Parent/Guardian Telephone: Day – [Redacted] Evening – [Redacted]
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SUPERVISING FACULTY MEMBER & MENTOR APPROVAL

27.	<p>I AGREE TO SUPERVISE THE ABOVE NAMED MINOR. BY MY SIGNATURE BELOW, CERTIFY AND AGREE THAT:</p> <ul style="list-style-type: none"> I have read, understand and will adhere to all applicable GIT policies, including those addressing Minors in laboratories. The above named Minor has completed or will complete prior to entering the Right to Know, Basic Lab Safety, and all required IRB, IACUC, IBC training and approvals. The Supervising Faculty Member or the Mentor will provide the 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 left alone. The hours of work or volunteering for the Minor will comply with state and federal laws. My laboratory is in full compliance with all applicable Georgia Institute of Technology safety programs and regulations. <p>Printed Name, Supervising Faculty Member: [Redacted]</p> <p>_____</p> <p align="center"><i>Supervising Faculty Member Signature</i> _____ <i>Date</i></p> <hr/> <p>Printed Name, Mentor, if not the same as Supervising Faculty Member: [Redacted]</p> <p>_____</p> <p align="center"><i>Mentor Signature</i> _____ <i>Date</i></p>
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DEPARTMENT CHAIR APPROVAL

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28.	<p>Department Chair: Please sign below to indicate your approval of the Project/Program involving the temporary employment or volunteering of minors 16 and 17 years of age to use the named laboratory facilities of your department. If more than one department facilities are used for the project/program, please have each Department Chair provide approval.</p> <p>Printed Name, Department Chair: </p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Department Chair Signature</i> <i>Date</i></p>
ENVIRONMENTAL HEALTH & SAFETY APPROVAL	
29.	<p>Printed Name, Manager, Environmental Health and Safety: </p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Team Manager, Environmental Health and Safety Signature</i> <i>Date</i></p>
30.	<p>Printed Name, Director, Environmental Health and Safety: </p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Director, Environmental Health and Safety Signature</i> <i>Date</i></p>