

APPLICATION FOR AUTHORIZATION OF MINORS TO PARTICIPATE IN YOUTH PROGRAMS

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 **fourteen** 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: <i>*Please include Youth Program Registration Number.*</i> <div style="background-color: #d3d3d3; height: 1.2em; width: 100%; margin-top: 2px;"></div>
2	Expected duration of temporary employment, volunteering, camp or other activity: Start Date: <div style="background-color: #d3d3d3; width: 150px; height: 1.2em; display: inline-block;"></div> End Date: <div style="background-color: #d3d3d3; width: 150px; height: 1.2em; display: inline-block;"></div>
3.	Expected number of Minors participating in the Program:
4.	Status of Minors in the Program: Volunteer Youth Program Participant Temporary Employee Camp
FACULTY & MENTOR INFORMATION	
5.	Supervising Faculty Member Name: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div>
6.	Secondary Mentor Name: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div>
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member): <div style="background-color: #d3d3d3; width: 150px; height: 1.2em; display: inline-block;"></div>
8.	Department: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div>
9.	Email: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div>
10.	Telephone Number: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div>
11.	Building where work will be conducted: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div>
12.	Room(s) where work will be conducted: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div>
MINOR INFORMATION <i>*NO MINOR UNDER THE AGE OF 16 MAY BE EMPLOYED TO WORK IN A LAB OR HAZARDOUS ENVIRONMENT*</i>	
13.	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: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div> • Minor's Age: <div style="background-color: #d3d3d3; width: 150px; height: 1.2em; display: inline-block;"></div> • Parent/Guardian Name: <div style="background-color: #d3d3d3; width: 500px; height: 1.2em; display: inline-block;"></div> • Parent/Guardian Telephone: Day – <div style="background-color: #d3d3d3; width: 150px; height: 1.2em; display: inline-block;"></div> Evening – <div style="background-color: #d3d3d3; width: 150px; height: 1.2em; display: inline-block;"></div>
PROPOSED ACTIVITIES — TO BE COMPLETED BY THE FACULTY MEMBER AND/OR MENTOR	
14.	Describe the Minor's activities including a detailed list of techniques and equipment to be used: <div style="background-color: #d3d3d3; height: 40px; width: 100%; margin-top: 5px;"></div>
15.	<i>Specify constant supervision steps for the Minor in the lab, including contingency plans for the absence of the Supervising Faculty Member or Mentor. BOR Policy on Minors</i> <div style="background-color: #d3d3d3; height: 40px; width: 100%; margin-top: 5px;"></div>
16.	<i>Specify safety measures to protect the Minor from <u>radioactivity or radiation devices</u>:</i> <div style="background-color: #d3d3d3; height: 40px; width: 100%; margin-top: 5px;"></div>

17.	Specify safety measures to prevent Minor exposure to <u>explosive chemicals</u> .																																				
18.	Specify safeguards to minimize Minor exposure to <u>chemical and biological agents</u> .																																				
MATERIALS & EQUIPMENT TO BE USED																																					
19.	Check all that apply and list each specific item under the category checked:																																				
<div style="background-color: #f2f2f2; padding: 2px;">Chemicals</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"><input type="checkbox"/> Flammable: _____</td> <td style="width: 50%; border-bottom: 1px solid black;"><input type="checkbox"/> Oxidizer: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Reactive: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Cryogen: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Carcinogenic: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Gases: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Toxic: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Corrosive: _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"><input type="checkbox"/> Other Chemicals: _____</td> </tr> </table> <div style="background-color: #f2f2f2; padding: 2px;">Biological Materials</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"><input type="checkbox"/> Recombinant DNA: _____</td> <td style="width: 50%; border-bottom: 1px solid black;"><input type="checkbox"/> Parasites: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Bacteria: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Live Animals: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Viruses: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Animal Tissues/Parts: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Fungi: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Human Source Materials (including blood, saliva, body fluids or tissues): _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"><input type="checkbox"/> Other Biologicals: _____</td> </tr> </table> <div style="background-color: #f2f2f2; padding: 2px;">Equipment</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"><input type="checkbox"/> Chemical Fume Hood: _____</td> <td style="width: 50%; border-bottom: 1px solid black;"><input type="checkbox"/> Analytical Instruments: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Biosafety Cabinet: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Laminar Clean Bench: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Centrifuge: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Noise Producing Equipment: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Autoclave: _____</td> <td style="border-bottom: 1px solid black;">Industrial Machinery: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4</td> <td style="border-bottom: 1px solid black;">Soldering: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">If other, describe: _____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Hand/Power Tools: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Ladders: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Electrical/ High Voltage: _____</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Other Equipment: _____</td> </tr> </table>		<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: _____		<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: _____		<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: _____	Industrial Machinery: _____	<input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4	Soldering: _____	If other, describe: _____	_____	<input type="checkbox"/> Hand/Power Tools: _____	<input type="checkbox"/> Ladders: _____	<input type="checkbox"/> Electrical/ High Voltage: _____	<input type="checkbox"/> Other Equipment: _____
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20.	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, minors who are participating 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>																																				
21.	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																																					
22.	Prior to the Minor participation, the Supervising Faculty Member and/or Mentor must certify and retain documentation of the following training: <ul style="list-style-type: none"> Lab Safety 101 Right to Know Training Bloodborne Pathogens for Researchers 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)						
23.	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>
	Lab Coat		<input checked="" type="checkbox"/>		Shoe Covers	
	Safety Glasses		<input checked="" type="checkbox"/>		Hair Covers	
	Gloves		<input checked="" type="checkbox"/>		Aprons	
	Surgical Mask		<input type="checkbox"/>		Other (Specify):	
COMMITTEE APPROVALS						
24.	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.					
	<i>BSMC</i>	If the Minor will participate on a project involving biological materials provide the BSMC registration number:				
	<i>IBC</i>	If the Minor will participate on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:				
	<i>IACUC</i>	If the Minor will participate on a project involving animals provide the IACUC protocol number:				
	<i>IRB</i>	If the Minor will participate on a project involving human subjects provide the IRB protocol number:				
SUPERVISING FACULTY MEMBER & MENTOR APPROVAL						
25.	<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: _____</p> <p>_____ Supervising Faculty Member Signature</p> <p>_____ Date</p> <p>Printed Name, Mentor, if not the same as Supervising Faculty Member: _____</p> <p>_____ Mentor Signature</p> <p>_____ Date</p>					

DEPARTMENT CHAIR APPROVAL	
26.	<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 facility is used for the project/program, please have each Department Chair provide approval.</p> <p>Printed Name, Department Chair: _____</p> <p>_____ <i>Department Chair Signature</i> _____ <i>Date</i></p>
ENVIRONMENTAL HEALTH & SAFETY APPROVAL <i>Designated safety manager(s) will add signature.</i>	
27.	<p>Printed Name, Team Manager, Environmental Health and Safety: _____</p> <p>_____ <i>Team Manager, Environmental Health and Safety Signature</i> _____ <i>Date</i></p>
28.	<p>Printed Name, Team Manager, Environmental Health and Safety: _____</p> <p>_____ <i>Team Manager, Environmental Health and Safety Signature</i> _____ <i>Date</i></p>
29.	<p>Printed Name, Team Manager, Environmental Health and Safety: _____</p> <p>_____ <i>Team Manager, Environmental Health and Safety Signature</i> _____ <i>Date</i></p>
30.	<p>Printed Name, Team Manager, Environmental Health and Safety: _____</p> <p>_____ <i>Team Manager, Environmental Health and Safety Signature</i> _____ <i>Date</i></p>



Minors in the Lab Safety Recommendations

EHS USE ONLY!

Based on the conditions of your program, the EH&S Office made the following recommendations to ensure a safe work environment for all participants.

Please review, sign, and return to MinorsProgram@ehs.gatech.edu.

Youth Program Title: _____

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

REQUIRED SAFETY TRAINING

ADDITIONAL COMMENTS:

If you are currently experiencing an EHS-related emergency:

- 1. Get yourself out of harm's way or remove the hazard from you by:**
 - Using the eyewash, sink, or emergency shower for 15 minutes, OR
 - Leaving the lab (if an inhalation concern)
- 2. Get others out of harm's way by:**
 - Instructing them to avoid the area, OR
 - Pulling the fire alarm to evacuate the building (if there is a concern for those outside of your lab)
- 3. Call the Georgia Tech Police Department (404- 894-2500).**
- 4. Call the EHS 24/7 on-call phone (404-216-5237).**
- 5. Meet the police officer who responds (they need the details about the emergency)**

I have reviewed and considered all recommendations made by the Environmental Health and Safety Department. I agree to adhere to all required items listed above.

Print Supervisors Name: _____

Signature: _____

Date: _____