

**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.
- Email a scanned version of this form and associated attachments to the AVP of Environmental Health and Safety ([nazia.zakir@ehs.gatech.edu](mailto:nazia.zakir@ehs.gatech.edu)) 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:

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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 ( <a href="#">BOR Policy on Minors</a> ). 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> :

**MATERIALS & EQUIPMENT TO BE USED**

20.	Check all that apply and list each specific item under the category checked:	
	<b>Chemicals</b>	
	<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:	
	<b>Biological Materials</b>	
	<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:	
	<b>Equipment</b>	
	<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 If other, describe:	<input type="checkbox"/> Other Equipment:

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**HEALTH & EMERGENCY**

21. Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? ☐ Yes\* ☐ No  
*\* If yes, the Minor(s) who are employed by the GIT must be enrolled in the Biosafety Occupational Health Program. 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).*
22. Will the Minor require any vaccinations prior to initiation of the project/program?  
☐ Yes\* ☐ No  
*\*If yes, please indicate the vaccinations that are required:*

**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:
- **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):
- | Type           | Required                            | Not Required                        | Type             | Required                 | Not Required             |
|----------------|-------------------------------------|-------------------------------------|------------------|--------------------------|--------------------------|
| Lab Coat       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Shoe Covers      | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Glasses | <input checked="" type="checkbox"/> | <input checked="" 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.
- |              |  |
|--------------|--|
| <b>BSMC</b>  | If the Minor will work on a project involving biological materials provide the BSMC registration number:                               |
| <b>IBC</b>   | If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number: |
| <b>IACUC</b> | If the Minor will work on a project involving animals provide the IACUC protocol number:   |
| <b>IRB</b>   | If the Minor will work on a project involving human subjects provide the IRB protocol number:  |

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<b>MINOR INFORMATION</b>	
26.	<p>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:</p> <ul style="list-style-type: none"><li>• Minor's Name:</li><li>• Minor's Age:</li><li>• Parent/Guardian Name:</li><li>• Parent/Guardian Telephone: Day – _____ Evening – _____</li></ul>
<b>SUPERVISING FACULTY MEMBER &amp; MENTOR APPROVAL</b>	
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"><li>• I have read, understand and will adhere to all applicable GIT policies, including those addressing Minors in laboratories.</li><li>• 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.</li><li>• Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided and the Minor instructed on proper use and disposal.</li><li>• The Minor will receive constant line-of-sight supervision at all times while in the laboratory and never left alone.</li><li>• The hours of work or volunteering for the Minor will comply with state and federal laws.</li><li>• My laboratory is in full compliance with all applicable Georgia Institute of Technology safety programs and regulations.</li></ul> <p><b>Printed Name, Supervising Faculty Member:</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; text-align: center;"><i>Supervising Faculty Member Signature</i></div><div style="width: 35%; border-bottom: 1px solid black; text-align: center;"><i>Date</i></div></div> <hr style="border: 0.5px dotted black;"/> <p><b>Printed Name, Mentor, if not the same as Supervising Faculty Member:</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; text-align: center;"><i>Mentor Signature</i></div><div style="width: 35%; border-bottom: 1px solid black; text-align: center;"><i>Date</i></div></div>
<b>DEPARTMENT CHAIR APPROVAL</b>	
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><b>Printed Name, Department Chair:</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; text-align: center;"><i>Department Chair Signature</i></div><div style="width: 35%; border-bottom: 1px solid black; text-align: center;"><i>Date</i></div></div>
<b>ENVIRONMENTAL HEALTH &amp; SAFETY APPROVAL</b>	
29.	<p><b>Printed Name, AVP, Environmental Health and Safety:</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; text-align: center;"><i>AVP, Environmental Health and Safety Signature</i></div><div style="width: 35%; border-bottom: 1px solid black; text-align: center;"><i>Date</i></div></div>