

**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.

<b>PROPOSED PROJECT/PROGRAM INFORMATION</b>	
1.	Project/Program Title: 2025 STEM@GTRI High School Summer Internship Program
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: June 8, 2025                      End Date: July 18, 2025
3.	Is the Project sponsored or funded by an outside organization? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *If yes, please provide the name of the sponsor:
4.	Expected number of Minors participating in the Program: 1
5.	Status of Minors in the Program: <input checked="" type="checkbox"/> Temporary Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other* *If Other, please explain:
<b>FACULTY &amp; MENTOR INFORMATION</b>	
6.	Supervising Faculty Member Name: John Hankinson
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member):
8.	Department: GTRI CIPHER
9.	Email: John.Hankinson@gtri.gatech.edu
10.	Telephone Number: 404-606-3554
11.	Campus PO Box:
12.	Building where work will be conducted: Centergy One Building
13.	Room(s) where work will be conducted: Suite 420
14.	Please identify the person who is responsible for research in this/these room(s) if different than the Supervising Faculty Member:
<b>PROPOSED ACTIVITIES – TO BE COMPLETED BY THE FACULTY MEMBER AND/OR MENTOR</b>	
15.	Describe the Minor's activities including a detailed list of techniques and equipment to be used: The minor will be working on developing additives to improve the structural properties of a composite concrete-like material (ferrock) based on iron carbonate. They will do some material mixing and 3D printing of support structures. The resulting ferrock samples will be tested at the MILL for compressive strength and tensile strength.

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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: The laboratory and desk space the minor will be working in are located next to the office of the mentor.
17.	Indicate measures to be taken to ensure the Minor is not exposed to <u>radioactivity or radiation producing devices</u> : No radiation sources are present in the areas the minor will be working
18.	Indicate measures to be taken to ensure the Minor is not exposed to <u>explosive chemicals</u> : No explosive chemicals are being used or stored in the area
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to <u>chemical and biological agents</u> : No dangerous chemical and biological agents will be present.

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

MINOR INFORMATION	
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: Aden Primack</li><li>Minor's Age: 16</li><li>Parent/Guardian Name: Eric Primack</li><li>Parent/Guardian Telephone: Day – 470.410.0699 Evening – 470.410.0699</li></ul>
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"><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> John H. Hankinson</p> <div><div>John H. Hankinson</div><div>Digitally signed by John H. Hankinson Date: 2025.03.11 14:18:26 -04'00'</div></div> <div><div>Supervising Faculty Member Signature</div><div>3/11/25</div><div>Date</div></div> <p><b>Printed Name, Mentor, if not the same as Supervising Faculty Member:</b></p> <div><div>Mentor Signature</div><div>Date</div></div>
DEPARTMENT CHAIR APPROVAL	
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><div>Ilan Stern</div><div>710998191D9648A</div></div> <div><div>Department Chair Signature</div><div>3/14/2025   2:08 PM EDT</div><div>Date</div></div>
ENVIRONMENTAL HEALTH & SAFETY APPROVAL	
29.	<p><b>Printed Name, AVP, Environmental Health and Safety:</b></p> <div><div>AVP, Environmental Health and Safety Signature</div><div>Date</div></div>

## Certificate Of Completion

Envelope Id: 94CB22FC-BCA8-443C-A053-2E4257500695  
 Subject: Here is your signed document: Hankinson\_John-EHS\_Authorization.pdf  
 Source Envelope:  
 Document Pages: 4  
 Certificate Pages: 5  
 AutoNav: Disabled  
 Envelopeld Stamping: Disabled  
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed  
  
 Envelope Originator:  
 Ilan Stern  
 North Avenue  
 Atlanta, GA 30332  
 istern6@gatech.edu  
 IP Address: 130.207.218.196

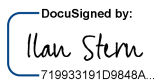
## Record Tracking

Status: Original  
 3/14/2025 2:04:47 PM  
 Holder: Ilan Stern  
 istern6@gatech.edu  
 Location: DocuSign

## Signer Events

Ilan Stern  
 istern6@gatech.edu  
 Security Level: Email, Account Authentication (Optional)

## Signature

DocuSigned by:  
  
 719933191D9848A...  
  
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Sent: 3/14/2025 2:05:41 PM  
 Viewed: 3/14/2025 2:05:46 PM  
 Signed: 3/14/2025 2:08:13 PM  
 Freeform Signing

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

John Hankinson  
 john.hankinson@gtri.gatech.edu  
 Security Level: Email, Account Authentication (Optional)

**COPIED**

Sent: 3/14/2025 2:08:15 PM  
 Viewed: 3/14/2025 2:43:48 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 11/17/2023 10:06:49 AM  
 ID: c45c85e0-5833-4048-beb9-f52b5b5bd5b3

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Event	Status	Timestamp
Envelope Sent	Hashed/Encrypted	3/14/2025 2:05:41 PM
Certified Delivered	Security Checked	3/14/2025 2:05:46 PM
Signing Complete	Security Checked	3/14/2025 2:08:13 PM
Completed	Security Checked	3/14/2025 2:08:15 PM

## Payment Events

## Status

## Timestamps



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