Youth Programs 2024 Application #349 REAL Lab 1 of 6

Georgia Institute
of Technology

Environmental Health and Safety 490 10th Street, 3rd Floor Atlanta, Georgia 30318-0465 U.S.A. PHONE 404-894-4635 FAX 404-894-5042

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

- 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.

PRO	DPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title:	
	Identification of probiotic bacteria in the coral holobiont	
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: 06/04 End Date: 07/19	
3.	Is the Project sponsored or funded by an outside organization? X Yes* No *If yes, please provide the name of the sponsor: NSF	
4.	Expected number of Minors participating in the Program: 2	
5.	Status of Minors in the Program: X Temporary Employee Volunteer Other*	
FA	CULTY & MENTOR INFORMATION	
6.	Supervising Faculty Member Name: Neha Garg	
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member)Mentors: Monica Mong	e and Alex C
8.	Department: Chemistry	
9.	Email: neha.garg@chemistry.gatech.edu	
10.	Telephone Number: 352-213-5566	
11.	Campus PO Box: Neha Garg, MoSE	
12.	Building where work will be conducted: Krone Engineered Biosystems Building	
13.	Room(s) where work will be conducted: 4110, 4147	
14.	Please identify the person who is responsible for research in this/these room(s) if different than the	
	Supervising Faculty Member: Neha Garg	
PR	OPOSED 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: Baclerial isolation from coral fragments. Fechniques: Aseptic technique, microbiology, bacterial culturing. Equipment: petri dishes, biosafety cabinet, autoclave	
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: The minors will be accompanied by at least one of the mentors at all times, if the mentor can not be present the minors will the office area.	Il remain in
17.		
	producing devices:	
	No radioactive devices are present in the laboratory space	
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals: No explosive chemicals are present in the laboratory space	
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and	
	biological agents: The minors will use a biosafety cabinet when handling biological agents and will use PPE at all time	es

MA	TERIALS & EQUIPMENT TO BE USED							
20.	0. Check all that apply and list each specific item under the category checked:							
	Chemicals							
	Flammable:	Oxidizer:						
	Reactive:	Cryogen:						
	Carcinogenic:	Gases:						
	Toxic: Corrosive:							
	Other Chemicals:							
	Biological Materials							
	Recombinant DNA: Parasites:							
	X Bacteria isolates from coral samples, typically Vibrio,	Live Animals:						
	Viruses:	Animal Tissues/Parts:						
	Fungi:	Human Source Materials (including blood,						
		saliva, body fluids or tissues):						
	Other Biologicals:							
8	Equipment							
	Chemical Fume Hood:	Analytical Instruments:						
	× Biosafety Cabinet:	Laminar Clean Bench:						
	Centrifuge:	Noise Producing Equipment:						
	× Autoclave:	Industrial Machinery:						
	Lasers: Class 3B Class 4	Other Equipment:						
	If other, describe:							
HE	ALTH & EMERGENCY							
21.	biologicals? Yes* X No * If yes, the Minor(s) who are employed by the C Health Program. Minors who are volunteers mu the Minor is responsible for his or her own medi	Their lissues or with human blood, saliva or other GIT must be enrolled in the <u>Biosafety Occupational</u> ust provide evidence of personal health insurance as ical care and any all associated costs. The IACUC oppopriate protocol prior to the Minor working on						
22.	Will the Minor require any vaccinations prior Yes* No *If yes, please indicate the vaccinations that a							
200		re regunea.						
	RAINING							
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.							
PE	RSONAL PROTECTIVE EQUIPMENT (PPE)							
24.	lab coat):	o wear (all are required to wear safety glasses and a						
L	Type Required Not Required	Type Required Not Required						

Safety Glasses Surgical Mask Gloves Glov	Lab Coat		Shoe Covers							
Aprons										
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										
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NOR INFORMATION					100					
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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					and will be					
The Minor will receive constant line-of-sight supervision at all times while in the					azards will be					
I Jaboratory and never left alone.		poratory and never left alone.		an times winte	in the					
The hours of work or volunteering for the Minor will comply with state and federal laws.	1									
My laboratory is in full compliance with all applicable Georgia Institute of Technology										
safety programs and regulations.					5.					
Printed Name, Supervising Faculty Member: Neha Garg	Printed N	ame. Supervising Faculty N	Jemher: Neha Garg							
Docusigned by: 5/21/2024 10:15 AM EDT				5 /21	/2024 10:15 AM ED					
	S	Alia d'Ala Manha Ciana			1/2024 10.13 AM ED					
Super White Hathing Member Signature Date	Super	AVING FEBURAY MEMBER SIGNAL	ure	Daie						
Printed Name, Mentor, if not the same as Supervising Faculty Member: Monica Monge Lofta Doty	Printed N	ame. Mentor, if not the sam	e as Supervising Faculty M	ember: Monic	a Monge Lelex Doty					
DocuSigned by: DocuSigned by: 5/21/2024 95/581/AD 145T 9:59	1				024 95./581/AADRADTI 9					
Mentor Signature Monda Monda Coribbe Voty Date	Monte	r Signature WALALIA MALA								
24204ASFOODDATS	Memo	24294A9F00B9419	of the mark had	Date						
EPARTMENT CHAIR APPROVAL	CDADTMENT	CHAIR APPROVAL			1					

28	Department Chair: Please sign below to indicate your approval of the temporary employment or volunteering of minors 16 and 17 y laboratory facilities of your department. If more than one department project/program, please have each Department Chair provide app	ears of age to use the named nent facilities are used for th	
	Printed Name, Department Chair: M.G. Finn Docusigned by:	5/21/2024 10):52 AM EDT
L	Departmeki Chair Signature	Date	•
E	NVIRONMENTAL HEALTH & SAFETY APPROVAL		
28	Printed Name, Manager, Environmental Health and Safety:	Kristy Jennings	
2	Kristy Jennings	6/4/2024 2:	44 PM EDT
10	Team Manager, Environmental Health and Safety Signature	Date	-

Youth frograms 2024 Application #349

REAL Lab 2 of 6

Environmental Health and Safety
490 104 Street, 3rd Floor
Atlanta. Georgia 30318-0465 U.S.A.
PHONE 404-894-4635
FAX 404-894-5042

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

- 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.

PRO	PPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title: Developing computational tools to study biology from genumics of	fa
2.	Expected duration of temporary employment, volunteering or other activity. Start Date: 0/10 policed Date: 7/6/2024	
3.	Is the Project sponsored or funded by an outside organization? V Yes* No *If yes, please provide the name of the sponsor: N S	
4.	Expected number of Minors participating in the Program: 2	
5.	Status of Minors in the Program: Temporary Employee Volunteer Other* *If Other, please explain:	
FAC	CULTY & MENTOR INFORMATION	
6.	Supervising Faculty Member Name: Xillwei Zhong	
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member):	
8.	Department: School of Completions Science and Brinceria	
9.	Email: Viuwei. Zhang @ garlech. edy	
	Telephone Number: 434-894-4885	
	Building where work will be conducted: Coda	
	Room(s) where work will be conducted: Coda 13th and 12th fluor Godent space	
14.	Please identify the person who is responsible for research in this/these room(s) if different than the Supervising Faculty Member:	
	PPOSED 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:	
ļ.,	They will study algorithms and implement them with pagramming.	
16.		
	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:	
	when PI or Menter is not here, there will be a serior studen	witait
17.	Indicate measures to be taken to ensure the Minor is not exposed to radioactivity or radiation	
	producing devices:	
	This lab space dies not have such devices.	
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals:	
	This lob space does not have such chemicals.	
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and	
1	biological agents: There is no chemicals or biological agents in our lob	

MA	MATERIALS & EQUIPMENT TO BE USED						
20.	. Check all that apply and list each specific item under the category checked:						
Ì	Chemicals						
1	Flammable: Oxidizer:						
t	Reactive:	T	Cryogen:				
f	Carcinogenic:	Ħ	Gases:				
- 1	Toxic:	İΓ	Corrosive:				
- 1	Other Chemicals:						
- 1	Biological Materials						
. 1	Recombinant DNA:	Tr	Parasites:	70007			
ı	Bacteria:	H	Live Animals:				
1	Viruses:	lr	Animal Tissues/F	Parts:			
	Fungi:	ΪÌ		faterials (including blood,			
1			aliva, body fluids o				
	Other Biologicals:	1	u 000)000				
	Equipment		H-HAX				
	Chemical Fume Hood:	ТГ	Analytical Instru	ments: Wighten.			
1	Biosafety Cabinet:	TÌ	Laminar Clean B				
	Centrifuge:	Τř	Noise Producing	14			
	Autoclave:	T	Industrial Machi				
	Lasers: Class 3B Class 4	Ħ	Other Equipment				
	If other, describe:	ľ	-2.0				
HE	ALTH & EMERGENCY			04 11 -			
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). Will the Minor require any vaccinations prior to initiation of the project/program?						
	Yes* No		naminal:				
~	*If yes, please indicate the vaccinations that	11 6	regairea.				
	AINING	_		D 1: 14 1 1:			
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 CIT1 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. 						
PE	RSONAL PROTECTIVE EQUIPMENT (PPE)						
24.	lab coat):	0 11	•				
Щ	Type Required Not Required	L	Туре	Required Not Required			

	Lab Coat		×		7	Shoe Covers	$\overline{}$		1	T	
	Safety Gla	ccac -	岗		4	Hair Covers	+	-	-	뉘	
	Gloves	3363	- 11	m	\dashv		+	 	+	⊨	
		nol.		 - 	\dashv	Aprons	+	H	-	H	_
	Surgical M	ask				Other (Specify):				U -	
Co	MMITTEE A				100.0						
25.	protocols after EH&S approval of this document, Faculty Mentor shall notify the appropriate committee (<u>BSMC</u> , <u>IBC</u> , <u>IACUC</u> , <u>IRB</u>) and additional review may be required by EH&S if risk factors increase.										
	BMSC	registr	ation numb	er:		involving biologica					
	IBC	Acid N	Molecules p	rovide the IBC	reg	involving recombin gistration number:					
	IACUC	numbe	r;			involving animals p		25			
	IRB	If the I		work on a proj	ect	involving human su	bject	s provi	de the IRI	Вр	rotocol
	OR INFORM				5	3 =					
26.						rticipating in the pr				ult	iple
	Minors in	this pro	gram, pleas	se attach a docu	ıme	ent with the following	ng inf	ormati	on:		
			ame: Flw	go movies							
	• Mi	nor's A	ge: 18	·F1 - 6	ď	Mana					
	• Pa	rent/Gua	ardian Nair	ie: Flores	, VI	20-69		- 711	- 1.10	7	
	• Pa	rent/Gua	ardian Tele	phone: Day -	3/6	-515 Evening - L	NU	<u>- 131</u>	- 443	_	
				R & MENTOR A		Company of the same of the State of the Stat					
27.				HE ABOVE N GREE THAT:	IAN	MED MINOR. BY	MY S	IGNA'	TURE		
10	• 1 h	ave read dressing	d, understar Minors in	nd and will adh laboratories.		to all applicable GI	•		_		
	Kn Su	ow, Bas	sic Lab Saf	ety, and all req	uire	or will complete pred IRB, IACUC, IBC ntor will provide the	C trai	ning ar	nd approv	als.	The
						ate for, and specific oper use and dispos		borato	ry hazard:	s w	ill be
			will receivand never		-of	-sight supervision a	all ti	imes w	hile in the	:	
	• Th	e hours	of work or	volunteering f	or t	he Minor will comp	ly wi	th state	and fede	ral	laws.
	• My	/ laborat	tory is in fe			h all applicable Geo	rgia I	nstitut			
	Printed Name, Supervising Faculty Member: Xiuwei										
5825	Superv	ising Fa	aculty Mem	ber Signature				D	18/2 ale		7
	Printed N	ame, M	entor, if n	ot the same as	Sup	pervising Faculty M	1emb	er:			
	Mento	Signati	ıne			V A W		D	ate		
DE	DEPARTMENT CHAIR APPROVAL										

28.	Department Chair: Please sign below the temporary employment or volunte laboratory facilities of your department project/program. please have each De	ering of minors 16 and 17 years of nt. If more than one department fac	age to use the named
	Printed Name, Department Chair:	Calcustrated by:	5/20/2024 11:42 MM EDT
Ì	Dungatur ant Chair Simustan	Hassur Park	Date 11.42 M EDI
	Department Chair Signature	9-710-	Date
ENV	RONMENTAL HEALTH & SAFETY A	PPROVAL	
28.	Printed Name, Manager, Environm	ental Health and Safety:	
	Computational Work. No Signature Required		
	Team Manager, Environmental H	lealth and Safety Signature	Date
ν γ ′5	Minor's rinformation: Norme: Shivali Si Ofe: 17 Guardian Norme: An / Guardian Phone: Di Zue	ngh ita Singh any 678-517-5 any 678-361	7551 - 2149

Youth Programs 2024 Application #349 REAL Lab 3 of 6



Environmental Health and Safety 490 10th Street, 3rd Floor Atlanta, Georgia 303 18-0465 U.S.A. PRONE 404-894-4635 FAX 404-894-5042

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

- 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.

PRO	PROJECT/PROGRAM INFORMATION
1.	Project/Program Title: GIFT/REAL
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: 5 and Date: 6 2024
3.	Is the Project sponsored or funded by he outside organization? X Yes* No *If yes, please provide the name of the sponsor:
4.	Expected number of Minors participating in the Program:
5.	Status of Minors in the Program: Temporary Employee Volunteer Other* *If Other, please explain:
FAC	CULTY & MENTOR INFORMATION
6.	Supervising Faculty Member Name: Colin Barkov
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member): Light Final
8.	Department: Physics
9.	Email: Commerce Bootech. COU
10.	Telephone Number: 404-385.4444
11.	Campus PO Box:
2.	Building where work will be conducted: Howea
	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: College Parker 15000 2000
PR	OPOSED ACTIVITIES - TO BE COMPLETED BY THE PACULTY MEMBER AND/OR MENTOR
15.	Describe the Minor's activities including a detailed list of techniques and equipment to be used: Use of ocu onwar agers and change programme
16.	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: Supervision and for him Shoet trader weeken
17.	Indicate measures to be taken to ensure the Minor is not exposed to radioactivity or radiation producing devices: No radio active Sources in the lob
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals: Flammables koof in ordered winors will not use fueld
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and biological agents:

MA 20.	O. Check all that apply and list each specific item under the category checked:							
2U .								
	Chemicals							
9 0	Flammable: Oxidizer:							
Reactive: Cryogen:								
	Carcinogenic:	Gases:						
	Toxic:	Corrosive:						
	Other Chemicals:							
	Biological Materials							
	Recombinant DNA:	Parasites:						
	Bacleria:	Live Animals:						
	Viruses:	Animal Tissues/Parts:	- III was					
	Fungi:	Human Source Materia aliva, body fluids or tissue	ls (including blood,					
	Other Biologicals:	arva. Cour reduct of tissur	cs).					
	Equipment							
	Chemical Fume Hood:	Analytical Instruments:						
	Biosafety Cabinet;	Laminar Clean Bench:						
	Centrifuge:	Noise Producing Equip	ment:					
	Autoclave: Industrial Machinery:							
	Lasers: Class 3B Class 4	Other Equipment:						
He	ALTH & EMERGENCY							
22.	biologicals? Yes* No * 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).							
LL.	Will the Minor require any vaccinations prior Yes* No *If yes, please indicate the vaccinations that		ogram:					
TR	AINING							
	3. 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.							
_	RSONAL PROTECTIVE EQUIPMENT (PPE)							
24.	lab coat):							
	Type Required Not Required	Type Requi	ired Not Required					

		-			The second of			
Lab Coat				Shoe Covers				
Safety Gla	eses .	X	(*)	Hair Covers	+			
Gloves				Aprons	+			
Surgical M	lask		П	Other (Specify):				
COMMITTEE A	OMMITTEE APPROVALS							
protocols	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							
factors inc	rease.			additional review may				
BMSC	registratio	on numbe	r	ct involving recombin				
IBC	Acid Mal	ecules pr	ovide the IBC	registration number:		V		
IACUC	number:			ect involving animals p				
irb	number:	nor Will V	work on a proje	ect involving human su	ibjects provide	the IKB protocol		
MINOR INFOR								
				participating in the pr				
			e attach a docu	ment with the followi	ng information	1;		
	nor's Nam							
	nor's Age:							
	rent/Guard							
			phone: Day -	Evening -				
SUPERVISING						-2004		
BELOW,	CERTIFY .	AND AC	REE THAT:	AMED MINOR. BY				
ad	dressing M	inors in I	aboratories.	ere to all applicable Gi				
Kı Su	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							
• Pe	Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided and the Minor instructed on proper use and disposal.							
	1							
				or the Minor will comp				
1	My laboratory is in full compliance with all applicable Georgia Institute of Technology							
Printed N	Printed Name, Supervising Faculty Member: Colin Carker							
7200	Supervising Faculty Member Signature Supervising Faculty Member Signature Date							
	iame, Men		t the same as S	Supervising Faculty I	Member: GC			
	Signal de				Dat			
DEPARTMENT	CHAIR AP	PROVAL						

28	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.						
	Printed Name. Denartment Chair:						
1	C teryal Col	05/20/24					
	Department Chair Signature	Date					

ENV	VIRONMENTAL HEALTH & SAFETY APPROVAL		
28.	Printed Name, Manager, Environmental Health and Safety:	Gary Spichiger	
	DocuSigned by:		
	Say July	6/3/2024 4:06 PM	ED
	Team Manager, Environmental Health and Safety Signature	Date	

Youth Programs 2024 Application #349 REAL Lab 4 of 6

Georgialmstitute of Technology Environmental Health and Safety 490 10th Street, 3rd Floor Atlanta, Georgia 30318-0465 U.S.A. PHONE 404-894-4635 FAX 404-894-5042

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

- 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.

PRO	POSED PROJECT/PROGRAM INFORMATION
1.	Project/Program Title: GIFT: Ero(AR USER DISPLAY
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: 4/2 End Date: 8/2
3.	Is the Project sponsored or funded by an outside organization? Yes* No *If yes, please provide the name of the sponsor: Eco (AV)
4.	Expected number of Minors participating in the Program: 2
5.	Status of Minors in the Program: Temporary Employee Volunteer Other* *If Other, please explain:
FAC	CULTY & MENTOR INFORMATION
6.	Supervising Faculty Member Name: MICharl Leam
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member):
8.	Department: MF
9.	Email: MRCGM730994ECL-Edu
10.	Telephone Number: 703 - 498 - 9520
11.	
12.	
13.	Room(s) where work will be conducted: 136
14.	Please identify the person who is responsible for research in this these room(s) if different than the
	Supervising Faculty Member:
PRO	DPOSED 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: The 7 Will have (ch) fant Supervising Faculty Member (ch) fant Supervising Faculty Member (ch) fant Supervising Faculty Member
17.	Indicate measures to be taken to ensure the Minor is not exposed to radioactivity or radiation
	producing devices: N/A
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals:
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and biological agents:

MA	TERIALS & EQUIPMENT TO BE USED										
20.	Check all that apply and list each specific item	under the category checked:									
	Chemicals										
- 3	Flammable:	Oxidizer:									
	Reactive:	Cryogen:									
	Carcinogenic:	Gases:									
	Toxic:	Corrosive:									
	Other Chemicals:										
	Biological Materials										
	Recombinant DNA:	Parasites:									
	Bacteria:	Live Animals:									
	Viruses:	Animal Tissues/Parts:									
	Fungi:	Human Source Materials (including blood, saliva, body fluids or tissues):									
	Other Biologicals:										
	Equipment										
	Chemical Fume Hood:	Analytical Instruments:									
	Biosafety Cabinet:	Laminar Clean Bench:									
	Centrifuge:	Noise Producing Equipment:									
	Autoclave:	Industrial Machinery:									
	Lasers: Class 3B Class 4	Other Equipment:									
HE	ALTH & EMERGENCY	or their tissues or with human blood, saliva or other									
22.	biologicals? Yes* No * If yes, the Minor(s) who are employed by the GIT must be enrolled in the Biosafety Occupation Health Program. Minors who are volunteers must provide evidence of personal health insurant the Minor is responsible for his or her own medical care and any all associated costs. The IAC must approve the addition of the Minor to the appropriate protocol prior to the Minor working the project (if applicable). 22. Will the Minor equire any vaccinations prior to initiation of the project/program? Yes* No										
_	*If yes, please indicate the vaccinations that	are required:									
TR	AINING										
23.	is responsible for certifying completion of Cl' courses as they relate to research and retaining	of the following training: als, the Supervising Faculty Member and/or Mentor TI Training (online) in addition to any other EH&S									
D	individuals entering the laboratory.	alth									
-	Cheek which PRG the minor will be required	to u ear (all are required to wear sofety classes and a									
24	lab coat): Type Required Not Required	to wear (all are required to wear safety glasses and a Type Required Not Required									
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	Lab Coat		\boxtimes			Shoe Covers	355			
	Safety Gla	sses	X		and the same	Hair Covers				
	Gloves	1				Aprons				
	Surgical M	ask				Other (Specify)):			
						15/51				
Co	MMITTEE A									
25.						articipate under. I				
						nt, Faculty Mento				
]			IBC, IAC	CUC. I	RB) and ad	Iditional review m	nay be re	equired	by EH&	S if risk
	factors inc		(inoni1)		i	involving biologi	inal mad	aniala a	da ab	DCMC
1	BMSC		iinor wiii tion numb		n a project	involving biolog	icai mai	ieriais p	provide in	ie R2MC
	=				n a project	involving recomb	hinant F)NA or	Synthetic	c Nucleic
	IBC					gistration number		21 1/1 UI	J'illich	o i vuolele
						involving animal		de the I	ACUC n	rotocol
	IACUC	number			p. 0,000				P	
	IDD			work o	n a project	involving human	subjec	ts provi	de the IR	B protocol
	IRB	number								
MI	NOR INFORM	MATION				7.1				
26.	Please pro	vide the	following	for eac	h Minor p	articipating in the	progra	m. lft	here are i	multiple
	Minors in	this prog	ram, plea	se attac	h a docum	ent with the follo				•
						ya Onuoha	-			
	• Mi	inor's Ag	e: 17, 1	7						
					n Mick, A	daobi Akpati	670	E0 441	077 404	14256047
	• Pa	rent/Gua	rdian Tele	ephone:	Day -	Evening –	0/0	02410	011,404	44356217
	PERVISING I									
27.						MED MINOR. B	YMY	SIGNA	TURE	
	BELOW, O					. An all are 15-15	CIT	11-1 1	! al., 4!	41
			, understa Minors in			e to all applicable	GII po	iicies, i	including	inose
		_				d or will complete	nrior *	o enteri	ing the Di	ight to
						ed IRB, IACUC,				
						entor will provide				
		aining.	,,			p 1 de	24		,	
		_	otective e	quipme	ent appropr	riate for, and speci	ific to. I	aborato	ory hazaro	ds will be
						proper use and dis			•	
	• Th	e Minor	will recei	ve cons	tant line-o	f-sight supervisio		times v	vhile in th	ne
1	lat	oratory a	and never	left alo	ne.					
						the Minor will co				
1						th all applicable (Georgia	Institu	te of Tecl	hnology
	sat	fety prog	rams and	regulati	ions.					
	Printed N	ame, Su	pervising	Fgcult	y Member	r:			1 _ 1	1 .
		Mall	1Rs	11.	Los			5	1171	7 U
	Super	vising Fa	culty Men	nber Sig	gnature)ate	
	Printed N	ame. Me	entor. if n	ot the s	same as Su	pervising Facult	y Mem	ber: _	- 1	.) .
	l n	Λ	491	T.	Local	กา	-	ζ	117	124
	Marta			0,	- 24	, , <u>, , , , , , , , , , , , , , , , , </u>	- 100 Hz		Data	10
1	mento	Mentor Signature Date								

DEPARTMENT CHAIR APPROVAL

	28.	Department Chair: Please sign below the temporary employment or volunted laboratory facilities of your department project/program, please have each De	ering of minors 16 and 17 years at. If more than one department	of age to use the named facilities are used for the
100		Printed Name, Department Chair:	Devesh Ranjam	05/20/2024
		Department Chair Signature		Date

EN	ENVIRONMENTAL HEALTH & SAFETY APPROVAL					
28.	Printed Name, Manager, Environmental Health and Safety:					
	Computational					
	Work. No Signature					
	Rean Manager, Environmental Health and Safety Signature	Date				

Youth Programs 2024 Application #349 REAL Lab 5 of 6 Environmental Health and Safe 490 10th Street, 3rd File Atlanta, Georgia 30318-0465 U.S.

Environmental Health and Safety 490 10th Street, 3rd Floor Atlanta, Georgia 30318-0465 U.S.A. PHONE 404-894-4635 FAX 404-894-5042

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

- 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 Director of Environmental Health and Safety (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.

PRO	POSED PROJECT/PROGRAM INFORMATION				
1.	Project/Program Title: Effective Mass Spectrometer (MS)-Based Methods for Systematic and Unambiguous Characterization of Protein O-GlcNAcylation				
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: 06-10-2024 End Date: 07-12-2024				
3.	Is the Project sponsored or funded by an outside organization? Yes* No *If yes, please provide the name of the sponsor: NSF				
4.	Expected number of Minors participating in the Program: 1				
5.	Status of Minors in the Program: Temporary Employee Volunteer Other* *If Other, please explain:				
FAC	CULTY & MENTOR INFORMATION				
6.	Supervising Faculty Member Name: Ronghu Wu				
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member): Xing Xu				
8.	Department: Chemistry and Biochemistry				
9.	Email: ronghu.wu@chemistry.gatech.edu				
10.	Telephone Number: 404-385-1515				
11.	Campus PO Box:				
12.	Building where work will be conducted: EBB				
13.	Room(s) where work will be conducted: 4227A-B				
14.	Please identify the person who is responsible for research in this/these room(s) if different than the Supervising Faculty Member: Xing Xu				
PRO	DPOSED 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: Students will observe other members' experiments on mass spectrometry-based protein analysis. They will not run experiments by themselves.				
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:				
	Whenever minors are in the lab, they are accompanied by at least one of our group members. Just in case, the Supervising Faculty Member and/or Mentor is absent, another PhD student will be designated for being responsible to work with them.				
17.	Indicate measures to be taken to ensure the Minor is not exposed to <u>radioactivity or radiation</u> <u>producing devices</u> : No radioactivity or radiation producing devices is in our lab.				

18.	Indicate measures to be taken to ensure the Minor is not exposed to <u>explosive chemicals</u> : No explosive chemicals are in our lab.								
19.									
''	biological agents:								
	They will observe other members' experiments, and they will not run any experiments in our								
	lab.								
MA	1ATERIALS & EQUIPMENT TO BE USED								
20.	Check all that apply and list each specific item under the category checked:								
	Chemicals								
Ī	Flammable:	Oxidizer:							
	Reactive: Dithiothreitol, iodoacetamide	Cryogen:							
	Carcinogenic:	Gases:							
	Toxic:	Corrosive:							
	Other Chemicals:								
	Biological Materials								
	Recombinant DNA:	Parasites:							
	Bacteria:	Live Animals:							
	Viruses:	Animal Tissues/Parts:							
	Fungi:	Human Source Materials (including blood,							
-		saliva, body fluids or tissues):							
}	Other Biologicals:								
	Equipment								
	Chemical Fume Hood:	Analytical Instruments: HPLC, mass spectrometer							
1	Biosafety Cabinet:	Laminar Clean Bench:							
ļ	Centrifuge:	Noise Producing Equipment:							
	Autoclave:	Industrial Machinery:							
	Lasers: Class 3B Class 4	Other Equipment:							
HEA	ALTH & EMERGENCY								
21.	biologicals? Yes* No * If yes, the Minor(s) who are employed by the C Health Program. Minors who are volunteers mu the Minor is responsible for his or her own medi	or their tissues or with human blood, saliva or other GIT must be enrolled in the <u>Biosafety Occupational</u> ust provide evidence of personal health insurance as ical care and any all associated costs. The IACUC oppropriate protocol prior to the Minor working on							
22.	Will the Minor require any vaccinations prior t ☐ Yes* ☐ No *If yes, please indicate the vaccinations that an								
TRA	AINING	***							
23.	Prior to the Minor beginning work in the labora	story the Supervising Faculty Member and/or							
ر2.	Mentor must certify and retain documentation of								
	Basic Laboratory Safety Training								
	Chemical Right to Know Training								
	Bloodborne Pathogen Training								
	Fire Safety Training								
		s, the Supervising Faculty Member and/or Mentor							
		Training (online) in addition to any other EH&S							

	courses as	they re	late to	resea	rch and	l retainin	g	locumentation of su	ch tra	ining p	rior to tl	he	
	individuals	enteri	ng the l	abor	atory.		_			J.			
PER	SONAL PRO	TECTI	VE EQ	UIPM	ENT (P	PE)							
24.	Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):												
	Туре		Required		Not Required			Туре		Required		Not Required	
	Lab Coat							Shoe Covers					
	Safety Gla	sses			-]	Hair Covers					
	Gloves]				Aprons					
	Surgical M	ask						Other (Specify):					
Col	MMITTEE A	PPROV	ALS					- The same	Š.			-	
25.	protocols a	rease. If the regist If the Acid If the	Minor ration r Molecu Minor	prov , IAC will numb will ules p	work of the work o	is docum RB) and n a proje n a proje the IBC	ct ct reg	rticipate under. If M t, Faculty Mentor sh ditional review may involving biological involving recombina distration number: involving animals p	mate	otify the quired berials provided NA or S	e approp by EH& ovide the	oriate S if risk ne BSMC c Nucleic	
	Mede	numb		will	work o	n a proje	ct	involving human su	hiecto	provid	a tha ID	R protocol	
	IRB	numb		WIII	WOIK O	па ргоје	Cl	ilivoivilig hulliali su	ojecis	s provid	e ille ik	.b protocor	
MII	NOR INFOR	MATION	V										
26.	Minors in M M Pa	this pro inor's N inor's A rent/Gu	ogram, Name: F Age: 15 nardian	pleas Rachs Nam	se attaci ael Stas ne: Micl	h a docu kiewicz hael Stas	me kie	rticipating in the property with the following wicz -578-8522 Eveni	ng inf			multiple	
SUI	PERVISING 1			601									
27.	I AGREE BELOW, I h ad Th Kr Su Tr Pe pro Th lat	TO SU CERTII ave rea dressing e above now, Ba pervisin aining. rsonal povided ae Mino poratory e hours y labora	PERVI FY AN d, under g Mino e named asic Lat- protection and the or will re- v and no s of wor- atory is	SE TO Averstanters in of Min	THE AE GREE ind and vilaborate nor has ety, and Member quipment or instrict ve constitution volunte	BOVE N. ITHAT: will adhe ories. complet d all requ r or the N nt approputed on tant line- ne. eering fo	AMere eduire Men	to all applicable GI' or will complete prior di IRB, IACUC, IBC atter will provide the atter for, and specific oper use and dispossight supervision at the Minor will compinall applicable Geometrical provides the Minor will compinal applicable Geometrical provides the Minor will compinate the Minor will be	T poli for to C train Labo to, la al. all ti	enterin enterin ning an oratory borator mes wh	cluding g the Ri d approv Specific y hazaro nile in th	ight to vals. The c Safety ds will be ne	
	Printed N	ame, S	upervi	sing	Facult	y Memb	er:	Ronghu Wu					
	la	the we						05 20 2024					

	Supervising Faculty Member Signature	Date
	Printed Name, Mentor, if not the same as Supervising Fa	culty Member: Usha Mandava
- 1	Marda va ulhabani	05-20-2024
	Mentor Signature	Date
DEP	ARTMENT CHAIR APPROVAL	
20 1	Department Chair: Please sign below to indicate your appro	and afala Dualast/Dualast in abilia
28.	the temporary employment or volunteering of minors 16 an laboratory facilities of your department. If more than one deproject/program, please have each Department Chair provide	d 17 years of age to use the named lepartment facilities are used for the

ENV	VIRONMENTAL HEALTH & SAFETY APPROVAL	
28.	Printed Name, Manager, Environmental Health and Safety:	David Stevenson
	DocuSigned by:	
	David Stevenson	6/3/2024 9:30 PM E
	Team Manager, Environmental Health and Safety Signature	Date

Youth Programs 2024 Application #349 REAL Lab GOFG

Georgia Institute
of Technology

Environmental Health and Safety 490 10th Street, 3rd Floor Atlanta, Georgia 30318-0465 U.S.A. PHONE 404-894-4635 FAX 404-894-5042

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

- 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.

PRO	PROJECT/PROGRAM INFORMATION
1.	Project/Program Title:
	REAL program
2.	Expected duration of temporary employment, volunteering or other activity:
	Start Date: 06/10/2024 End Date: 07/16/2024
3.	Is the Project sponsored or funded by an outside organization? Yes* No
	*If yes, please provide the name of the sponsor: GIFT
4.	Expected number of Minors participating in the Program: 2
5.	Status of Minors in the Program: Temporary Employee Volunteer Other*
	*If Other, please explain: High school students
FAC	CULTY & MENTOR INFORMATION
6.	Supervising Faculty Member Name: Dr.Omer Inan
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member):
8.	Department: School of Electrical and Computer Engineering
9.	Email: omer.inan@ ece.gatech.edu
10.	Telephone Number: 4043851724
11.	Campus PO Box:
12.	Building where work will be conducted: School of Electrical and Computer Engineering
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: Rajini Sundararaj
PRO	DPOSED 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: Students will design an experiment and collect data to analyze knee joint vibrations.
16.	
	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: Lab coats open in Protects clothing from spills or splashes. Gloves: Prevents direct contact with chemicals or biological samples. Safety goggles or glasses. Shields eyes from potential splashes or flying debris. Closed-toe shoes: Minimizes the risk of injury from falling objects or spills.
17.	Indicate measures to be taken to ensure the Minor is not exposed to radioactivity or radiation
	producing devices:
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals:
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and biological agents:

Ma	MATERIALS & EQUIPMENT TO BE USED				
20.	Check all that apply and list each specific item under the category checked:				
	Chemicals				
1	Flammable:	Oxidizer:			
	Reactive:	Cryogen:			
	Carcinogenic:	Gases:			
	Toxic:	Corrosive:			
J	Other Chemicals:				
	Biological Materials	10000-000			
	Recombinant DNA:	Parasites:			
1	Bacteria:	Live Animals:			
	Viruses:	Animal Tissues/Parts:			
	Fungi:	Human Source Materials (including blood,			
		saliva, body fluids or tissues):			
	Other Biologicals:				
	Equipment				
	Chemical Fume Hood:	Analytical Instruments:			
	Biosafety Cabinet:	Laminar Clean Bench:			
	Centrifuge:	Noise Producing Equipment:			
	Autoclave:	Industrial Machinery:			
	Lasers: Class 3B Class 4	Other Equipment:			
	If other, describe:	L			
HE	ALTH & EMERGENCY				
21.	1. 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 <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).				
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:				
TR	AINING				
	 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. 				
PE	RSONAL PROTECTIVE EQUIPMENT (PPE)				
24.	lab coat):				
_	Type Required Not Required	Type Required Not Required			

	Lab Coat		\boxtimes		Shoe Covers		
-	Safety Gla	sses			Hair Covers		
	Gloves				Aprons		
	Surgical M	ask			Other (Specify):		
Co	MMITTEE A	PPROVAL	S				
25.					participate under. If M		
	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:						
	If the Minor will work on a project involving recombinant DNA or Synthetic Nu Acid Molecules provide the IBC registration number:						
IACUC If the Minor will work on a project involving animals provide the IACUC protonumber:							
	IRB If the Minor will work on a project involving human subjects provide the IRB protocol number:					he IRB protocol	
Mit	OR INFORM	MATION			77 - 12-1		
Sur	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: • Minor's Name: Kalil Remer Minor 2 Name: James Mays • Minor's Age: Minor's Age: Minor's Age: Parent ame: Mays-Panell, Teresa Parent (Fundian Telephone & Rac Remer • Parent/Guardian Name: • Parent/Guardian Telephone: Day -678: 559-1222 Evening — SUPERVISING FACULTY MEMBER & MENTOR APPROVAL 27. I AGREE TO SUPERVISE THE ABOVE NAMED MINOR. BY MY SIGNATURE BELOW, CERTIFY AND AGREE THAT: • 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. 						
	Printed N	ame, Sup	ervising	Faculty Memb	er:	5/1	6/2024
	Super	vising Fac	ulty Men	iber Signature		Date	
6 9	Printed Name, Mentor, if not the same as Supervising Faculty Member:						
	05 16 2024						
					9°50	Date	44
DE	PARTMENT	CHAIR A	PPROVA	L			

I		Department Chair: Please sign below to indicate your approval of the Project: Program involving		
ı		the temporary employment or volunteering of minors 16 and 17 years of age to use the named		
ı	ļ	laboratory facilities of your department. If more than one department facilities are used for the		
ı	project/program, please have each Department Chair provide approval.			
ı		Printed Name, Department Chair:		

Department Chair Signature

Date

	-	Department Chair Signature	Dute	4	
F	CNVIR	RONMENTAL HEALTH & SAFETY APPROVAL			
2	8. P	rinted Name, Manager, Environmental Health and Safety:	David Stevenson		
		DocuSigned by:			
		David Stevenson	6/3/2024 9:30	PM	EDT
L		Team Manager, Environmental Health and Safety Signature	Date		



Minors in the Lab Safety Recommendations

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 IIIle: YP#349 Research, Experiment, Analyze, and Learn_R.E.A.L.			
REQUIRED PERSONAL PROTECTIVE EQUIPMENT REQUIRED SAFETY TRAINING Gloves			
Lab Coat			
Gloves			
ADDITONAL COMMENTS: Na			
ensure minor adheres to all lab PPE and other requirements			
Students must complete at least Laser Awareness Training.			
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:
 - o 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 re Department. I agree to adhere to all re	commendations made by the Environm equired items listed above.	ental Health and Safety	
Print Supervisors Name:	Signature:	Date:	