

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**

INSTRUCTIONS:

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

PROPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title: 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? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please provide the name of the sponsor: NSF</i>
4.	Expected number of Minors participating in the Program: 2
5.	Status of Minors in the Program: <input checked="" 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: Neha Garg
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member) Mentors: Monica Monge and Alex Doty
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
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: Bacterial isolation from coral fragments. Techniques: 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 remain in the office area.
17.	Indicate measures to be taken to ensure the Minor is not exposed to <u>radioactivity or radiation producing devices</u> : No radioactive devices are present in the laboratory space
18.	Indicate measures to be taken to ensure the Minor is not exposed to <u>explosive chemicals</u> : No explosive chemicals are present in the laboratory space
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to <u>chemical and biological agents</u> : The minors will use a biosafety cabinet when handling biological agents and will use PPE at all times

**APPLICATION FOR AUTHORIZATION OF MINOR (16 OR 17 YEARS OF AGE) TO
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MATERIALS & EQUIPMENT TO BE USED					
20. Check all that apply and list each specific item under the category checked:					
Chemicals					
<input type="checkbox"/> Flammable:		<input type="checkbox"/> Oxidizer:			
<input type="checkbox"/> Reactive:		<input type="checkbox"/> Cryogen:			
<input type="checkbox"/> Carcinogenic:		<input type="checkbox"/> Gases:			
<input type="checkbox"/> Toxic:		<input type="checkbox"/> Corrosive:			
<input type="checkbox"/> Other Chemicals:					
Biological Materials					
<input type="checkbox"/> Recombinant DNA:		<input type="checkbox"/> Parasites:			
<input checked="" type="checkbox"/> Bacteria <small>isolates from coral samples, typically <i>Vibrio</i>, <i>Microbulbifer</i> and <i>Pseudoalteromonas</i></small>		<input type="checkbox"/> Live Animals:			
<input type="checkbox"/> Viruses:		<input type="checkbox"/> Animal Tissues/Parts:			
<input type="checkbox"/> Fungi:		<input type="checkbox"/> Human Source Materials (including blood, saliva, body fluids or tissues):			
<input type="checkbox"/> Other Biologicals:					
Equipment					
<input type="checkbox"/> Chemical Fume Hood:		<input type="checkbox"/> Analytical Instruments:			
<input checked="" type="checkbox"/> Biosafety Cabinet:		<input type="checkbox"/> Laminar Clean Bench:			
<input type="checkbox"/> Centrifuge:		<input type="checkbox"/> Noise Producing Equipment:			
<input checked="" type="checkbox"/> Autoclave:		<input type="checkbox"/> Industrial Machinery:			
<input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4		<input type="checkbox"/> Other Equipment:			
If other, describe:					
HEALTH & EMERGENCY					
21. Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> • Basic Laboratory Safety Training • Chemical Right to Know Training • Bloodborne Pathogen Training • Fire Safety Training If the Minor will have contact with live animals, the Supervising Faculty Member and/or Mentor is responsible for certifying completion of CITI Training (online) in addition to any other EH&S courses as they relate to research and retaining documentation of such training prior to the individuals entering the laboratory.					
PERSONAL PROTECTIVE EQUIPMENT (PPE)					
24. Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):					
Type	Required	Not Required	Type	Required	Not Required

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

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

COMMITTEE APPROVALS

25. List all protocol numbers that the Minor will participate under. If Minor is added to additional protocols after EH&S approval of this document, Faculty Mentor shall notify the appropriate committee (**BSMC**, **IBC**, **IACUC**, **IRB**) and additional review may be required by EH&S if risk factors increase.

BMSC	If the Minor will work on a project involving biological materials provide the BSMC registration number:
IBC	If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:
IACUC	If the Minor will work on a project involving animals provide the IACUC protocol number: GARG-A1006860
IRB	If the Minor will work on a project involving human subjects provide the IRB protocol number:

MINOR INFORMATION

26. Please provide the following for each Minor participating in the program. If there are multiple Minors in this program, please attach a document with the following information:

- Minor's Name:
- Minor's Age:
- Parent/Guardian Name:
- Parent/Guardian Telephone: *Day* - *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 Name, Supervising Faculty Member: Neha Garg


DocuSigned by: Neha Garg 5/21/2024 | 10:15 AM EDT
CB00C08B0ADF422

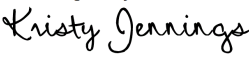
Printed Name, Mentor, if not the same as Supervising Faculty Member: Monica Monge Lortz Doty

DocuSigned by: Monica Monge Lortz Doty 5/21/2024 | 9:59 AM EDT
24294A3F30D5419... BFF0FF11F5A24A2

DEPARTMENT CHAIR APPROVAL

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

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, Department Chair: M.G. Finn <small>DocuSigned by:</small>  <i>Department Chair Signature</i>	5/21/2024 10:52 AM EDT <hr/> <i>Date</i>
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ENVIRONMENTAL HEALTH & SAFETY APPROVAL		
28.	Printed Name, Manager, Environmental Health and Safety: Kristy Jennings <small>DocuSigned by:</small>  <small>1E0C577C66CA46A...</small> <i>Team Manager, Environmental Health and Safety Signature</i>	6/4/2024 2:44 PM EDT <hr/> <i>Date</i>

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INSTRUCTIONS:

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

PROPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title: <i>Developing computational tools to study biology from genomics data</i>
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: <i>6/10/2024</i> End Date: <i>7/6/2024</i>
3.	Is the Project sponsored or funded by an outside organization? <input checked="" type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <i>*If yes, please provide the name of the sponsor: NSF</i>
4.	Expected number of Minors participating in the Program: <i>2</i>
5.	Status of Minors in the Program: <input type="checkbox"/> Temporary Employee <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Other* <i>*If Other, please explain:</i>
FACULTY & MENTOR INFORMATION	
6.	Supervising Faculty Member Name: <i>Xiwei Zhang</i>
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member):
8.	Department: <i>School of Computational Science and Engineering</i>
9.	Email: <i>xiwei.zhang@gatech.edu</i>
10.	Telephone Number: <i>404-894-3885</i>
11.	Campus PO Box:
12.	Building where work will be conducted: <i>Coda</i>
13.	Room(s) where work will be conducted: <i>Coda 13th and 12th floor student space</i>
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: <i>They will study algorithms and implement them with programming.</i>
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: <i>When PI or Mentor is not here, there will be a senior student contact.</i>
17.	Indicate measures to be taken to ensure the Minor is not exposed to radioactivity or radiation producing devices: <i>This lab space does not have such devices.</i>
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals: <i>This lab space does not have such chemicals.</i>
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and biological agents: <i>There is no chemicals or biological agents in our lab.</i>

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MATERIALS & EQUIPMENT TO BE USED					
20. Check all that apply and list each specific item under the category checked:					
<i>Chemicals</i>					
<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:					
<i>Biological Materials</i>					
<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:					
<i>Equipment</i>					
<input type="checkbox"/> Chemical Fume Hood:		<input type="checkbox"/> Analytical Instruments: <i>computers</i>			
<input type="checkbox"/> Biosafety Cabinet:		<input type="checkbox"/> Laminar Clean Bench:			
<input type="checkbox"/> Centrifuge:		<input type="checkbox"/> Noise Producing Equipment:			
<input type="checkbox"/> Autoclave:		<input type="checkbox"/> Industrial Machinery:			
<input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4		<input type="checkbox"/> Other Equipment:			
If other, describe:					
HEALTH & EMERGENCY					
21. Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> • Basic Laboratory Safety Training • Chemical Right to Know Training • Bloodborne Pathogen Training • Fire Safety Training If the Minor will have contact with live animals, the Supervising Faculty Member and/or Mentor is responsible for certifying completion of CITI Training (online) in addition to any other EH&S courses as they relate to research and retaining documentation of such training prior to the individuals entering the laboratory.					
PERSONAL PROTECTIVE EQUIPMENT (PPE)					
24. Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):					
<i>Type</i>	<i>Required</i>	<i>Not Required</i>	<i>Type</i>	<i>Required</i>	<i>Not Required</i>

**APPLICATION FOR AUTHORIZATION OF MINOR (16 OR 17 YEARS OF AGE) TO
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Lab Coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shoe Covers	<input type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hair Covers	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Aprons	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Mask	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>

COMMITTEE APPROVALS

25. List all protocol numbers that the Minor will participate under. If Minor is added to additional protocols after EH&S approval of this document, Faculty Mentor shall notify the appropriate committee (**BSMC**, **IBC**, **IACUC**, **IRB**) and additional review may be required by EH&S if risk factors increase.

BMSC	If the Minor will work on a project involving biological materials provide the BSMC registration number:
IBC	If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:
IACUC	If the Minor will work on a project involving animals provide the IACUC protocol number:
IRB	If the Minor will work on a project involving human subjects provide the IRB protocol number:

MINOR INFORMATION

26. Please provide the following for each Minor participating in the program. If there are multiple Minors in this program, please attach a document with the following information:

- Minor's Name: *Flynn Marias*
- Minor's Age: *18*
- Parent/Guardian Name: *Flores, Maria*
- Parent/Guardian Telephone: *Day - 678-515-1697 Evening - 404-731-4437*

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 Name, Supervising Faculty Member: *Xiuwei Zhang*

Supervising Faculty Member Signature

5/18/2024
Date

Printed Name, Mentor, if not the same as Supervising Faculty Member:

Mentor Signature

Date

DEPARTMENT CHAIR APPROVAL

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

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, Department Chair: _____ <i>Department Chair Signature</i> _____ <i>Date</i> _____
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DocuSigned by:
Hassam Park

5/20/2024 | 11:42 AM EDT

ENVIRONMENTAL HEALTH & SAFETY APPROVAL	
28.	Printed Name, Manager, Environmental Health and Safety: _____ Computational Work. No Signature Required <i>Team Manager, Environmental Health and Safety Signature</i> _____ <i>Date</i> _____

2nd Minor's information:

- Minor's Name : Shivali Singh
- Minor's age : 17
- Parent / Guardian Name: Anita Singh
- Parent / Guardian Phone: Day 678-517-5551
Evening: 678-361-2149

Youth Programs 2024 Application #349

REAL Lab 3 of 6



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
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INSTRUCTIONS:

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

PROPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title: GIFT/REAL
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: June 3 End Date: July 19, 2024
3.	Is the Project sponsored or funded by an outside organization? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please provide the name of the sponsor: NSF
4.	Expected number of Minors participating in the Program: 4
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:
FACULTY & MENTOR INFORMATION	
6.	Supervising Faculty Member Name: Colin Parker
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member): Lidan Zhao
8.	Department: Physics
9.	Email: cparker@gatech.edu
10.	Telephone Number: 404-385-4444
11.	Campus PO Box:
12.	Building where work will be conducted: Howeg
13.	Room(s) where work will be conducted: C-081
14.	Please identify the person who is responsible for research in this/these room(s) if different than the Supervising Faculty Member: Colin Parker, Lidan Zhao
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: Use of low power lasers and optical programming
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: Supervisor and/or high school teacher mentor will be present at all times
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 lab
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals: Flammables kept in cabinet, minors will not use them
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and biological agents: Stored in cabinets and sealed minors will not use

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MATERIALS & EQUIPMENT TO BE USED					
20. Check all that apply and list each specific item under the category checked:					
<i>Chemicals</i>					
<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:					
<i>Biological Materials</i>					
<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:					
<i>Equipment</i>					
<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 checked="" type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4		<input type="checkbox"/> Other Equipment:			
If other, describe: <u>class 3</u>					
HEALTH & EMERGENCY					
21. Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> • Basic Laboratory Safety Training • Chemical Right to Know Training • Bloodborne Pathogen Training • Fire Safety Training <p>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.</p>					
PERSONAL PROTECTIVE EQUIPMENT (PPE)					
24. Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):					
<i>Type</i>	<i>Required</i>	<i>Not Required</i>	<i>Type</i>	<i>Required</i>	<i>Not Required</i>

**APPLICATION FOR AUTHORIZATION OF MINOR (16 OR 17 YEARS OF AGE) TO
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Lab Coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shoe Covers	<input type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hair Covers	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Aprons	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Mask	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>

COMMITTEE APPROVALS

25. List all protocol numbers that the Minor will participate under. If Minor is added to additional protocols after EH&S approval of this document, Faculty Mentor shall notify the appropriate committee (BSMC, IBC, IACUC, IRB) and additional review may be required by EH&S if risk factors increase.

BMSC	If the Minor will work on a project involving biological materials provide the BSMC registration number:
IBC	If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:
IACUC	If the Minor will work on a project involving animals provide the IACUC protocol number:
IRB	If the Minor will work on a project involving human subjects provide the IRB protocol number:

MINOR INFORMATION

26. Please provide the following for each Minor participating in the program. If there are multiple Minors in this program, please attach a document with the following information:

- Minor's Name:
- Minor's Age:
- Parent/Guardian Name:
- Parent/Guardian Telephone: *Day -* _____ *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 Name, Supervising Faculty Member: Colin Parker


Colin Parker 5-16-24
Supervising Faculty Member Signature Date

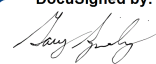
Printed Name, Mentor, if not the same as Supervising Faculty Member: Lidian Zhou

Lidian Zhou 5/16/2024
Mentor Signature Date

DEPARTMENT CHAIR APPROVAL

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

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, Department Chair: _____
	 _____ <u>05/20/24</u> <i>Department Chair Signature</i> <i>Date</i>

ENVIRONMENTAL HEALTH & SAFETY APPROVAL	
28.	Printed Name, Manager, Environmental Health and Safety: Gary Spichiger
	DocuSigned by:  80EB0DA885F43C... _____ 6/3/2024 4:06 PM EDT <i>Team Manager, Environmental Health and Safety Signature</i> <i>Date</i>

Youth Programs 2024 Application #349

REAL Lab 4 of 6



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

INSTRUCTIONS:

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

PROPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title: <u>GIFT: EcoCAR USER DISPLAY</u>
2.	Expected duration of temporary employment, volunteering or other activity: Start Date: <u>6/24</u> End Date: <u>8/24</u>
3.	Is the Project sponsored or funded by an outside organization? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please provide the name of the sponsor:</i> <u>EcoCAR</u>
4.	Expected number of Minors participating in the Program: <u>2</u>
5.	Status of Minors in the Program: <input checked="" 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: <u>Michael Leamy</u>
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member):
8.	Department: <u>ME</u>
9.	Email: <u>mleamy3@gatech.edu</u>
10.	Telephone Number: <u>703-498-9520</u>
11.	Campus PO Box: <u>6405</u>
12.	Building where work will be conducted: <u>LOVE</u>
13.	Room(s) where work will be conducted: <u>136</u>
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: <u>They will do computer aided design</u>
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: <u>They will have constant supervision</u>
17.	Indicate measures to be taken to ensure the Minor is not exposed to <u>radioactivity or radiation</u> producing devices: <u>N/A</u>
18.	Indicate measures to be taken to ensure the Minor is not exposed to <u>explosive chemicals</u> : <u>N/A</u>
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to <u>chemical and biological agents</u> : <u>N/A</u>

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

MATERIALS & EQUIPMENT TO BE USED					
20. Check all that apply and list each specific item under the category checked:					
Chemicals					
<input type="checkbox"/> Flammable:		<input type="checkbox"/> Oxidizer:			
<input type="checkbox"/> Reactive:		<input type="checkbox"/> Cryogen:			
<input type="checkbox"/> Carcinogenic:		<input type="checkbox"/> Gases:			
<input type="checkbox"/> Toxic:		<input type="checkbox"/> Corrosive:			
<input type="checkbox"/> Other Chemicals:					
Biological Materials					
<input type="checkbox"/> Recombinant DNA:		<input type="checkbox"/> Parasites:			
<input type="checkbox"/> Bacteria:		<input type="checkbox"/> Live Animals:			
<input type="checkbox"/> Viruses:		<input type="checkbox"/> Animal Tissues/Parts:			
<input type="checkbox"/> Fungi:		<input type="checkbox"/> Human Source Materials (including blood, saliva, body fluids or tissues):			
<input type="checkbox"/> Other Biologicals:					
Equipment					
<input type="checkbox"/> Chemical Fume Hood:		<input type="checkbox"/> Analytical Instruments:			
<input type="checkbox"/> Biosafety Cabinet:		<input type="checkbox"/> Laminar Clean Bench:			
<input type="checkbox"/> Centrifuge:		<input type="checkbox"/> Noise Producing Equipment:			
<input type="checkbox"/> Autoclave:		<input type="checkbox"/> Industrial Machinery:			
<input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4		<input type="checkbox"/> Other Equipment:			
If other, describe:					
HEALTH & EMERGENCY					
21. Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> • Basic Laboratory Safety Training • Chemical Right to Know Training • Bloodborne Pathogen Training • Fire Safety Training If the Minor will have contact with live animals, the Supervising Faculty Member and/or Mentor is responsible for certifying completion of CITI Training (online) in addition to any other EH&S courses as they relate to research and retaining documentation of such training prior to the individuals entering the laboratory.					
PERSONAL PROTECTIVE EQUIPMENT (PPE)					
24. Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):					
Type	Required	Not Required	Type	Required	Not Required
N/A					

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

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

N/A

25. List all protocol numbers that the Minor will participate under. If Minor is added to additional protocols after EH&S approval of this document, Faculty Mentor shall notify the appropriate committee (**BSMC, IBC, IACUC, IRB**) and additional review may be required by EH&S if risk factors increase.

BMSC	If the Minor will work on a project involving biological materials provide the BSMC registration number:
IBC	If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:
IACUC	If the Minor will work on a project involving animals provide the IACUC protocol number:
IRB	If the Minor will work on a project involving human subjects provide the IRB protocol number:

MINOR INFORMATION

26. Please provide the following for each Minor participating in the program. If there are multiple Minors in this program, please attach a document with the following information:

- Minor's Name: **Tristin Mick, Ndiya Onuoha**
- Minor's Age: **17, 17**
- Parent/Guardian Name: **Ian Mick, Adaobi Akpati**
- Parent/Guardian Telephone: **Day - Evening - 6785241877, 4044356217**

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 Name, Supervising Faculty Member:
Michael J. Leamy 5/17/24
Supervising Faculty Member Signature *Date*

Printed Name, Mentor, if not the same as Supervising Faculty Member:
Michael J. Leamy 5/17/24
Mentor Signature *Date*

DEPARTMENT CHAIR APPROVAL

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

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, Department Chair: <u>Devesh Ranjan</u> <u>05/20/2024</u>
	<u>Department Chair Signature</u> <u>Date</u>

ENVIRONMENTAL HEALTH & SAFETY APPROVAL	
28.	Printed Name, Manager, Environmental Health and Safety: [REDACTED]
	Computational Work. No Signature Required.
	<u>Team Manager, Environmental Health and Safety Signature</u> <u>Date</u>

Youth Programs 2024 Application #349

REAL Lab 5 of 6



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

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 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.

PROPOSED 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? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please provide the name of the sponsor: NSF</i>
4.	Expected number of Minors participating in the Program: 1
5.	Status of Minors in the Program: <input type="checkbox"/> Temporary Employee <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Other* <i>*If Other, please explain:</i>
FACULTY & 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
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: 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 (<u>BOR Policy on Minors</u>). 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 producing devices</u> : No radioactivity or radiation producing devices is in our lab.

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

18. Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals:
No explosive chemicals are in our lab.
19. Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and biological agents:
They will observe other members' experiments, and they will not run any experiments in our lab.

MATERIALS & EQUIPMENT TO BE USED

20. Check all that apply and list each specific item under the category checked:

Chemicals

- | | |
|---|---|
| <input type="checkbox"/> Flammable: _____ | <input type="checkbox"/> Oxidizer: _____ |
| <input type="checkbox"/> Reactive: Dithiothreitol, iodoacetamide | <input type="checkbox"/> Cryogen: _____ |
| <input type="checkbox"/> Carcinogenic: _____ | <input type="checkbox"/> Gases: _____ |
| <input type="checkbox"/> Toxic: _____ | <input type="checkbox"/> Corrosive: _____ |
| <input type="checkbox"/> Other Chemicals: _____ | |

Biological Materials

- | | |
|---|--|
| <input type="checkbox"/> Recombinant DNA: _____ | <input type="checkbox"/> Parasites: _____ |
| <input type="checkbox"/> Bacteria: _____ | <input type="checkbox"/> Live Animals: _____ |
| <input type="checkbox"/> Viruses: _____ | <input type="checkbox"/> Animal Tissues/Parts: _____ |
| <input type="checkbox"/> Fungi: _____ | <input type="checkbox"/> Human Source Materials (including blood, saliva, body fluids or tissues): _____ |
| <input type="checkbox"/> Other Biologicals: _____ | |

Equipment

- | | |
|---|---|
| <input type="checkbox"/> Chemical Fume Hood: _____ | <input type="checkbox"/> Analytical Instruments: HPLC, mass spectrometer |
| <input type="checkbox"/> Biosafety Cabinet: _____ | <input type="checkbox"/> Laminar Clean Bench: _____ |
| <input type="checkbox"/> Centrifuge: _____ | <input type="checkbox"/> Noise Producing Equipment: _____ |
| <input type="checkbox"/> Autoclave: _____ | <input type="checkbox"/> Industrial Machinery: _____ |
| <input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4 | <input type="checkbox"/> Other Equipment: _____ |
| If other, describe: _____ | |

HEALTH & EMERGENCY

21. Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? 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

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

	courses as they relate to research and retaining documentation of such training prior to the individuals entering the laboratory.					
PERSONAL PROTECTIVE EQUIPMENT (PPE)						
24.	Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):					
	<i>Type</i>	<i>Required</i>	<i>Not Required</i>	<i>Type</i>	<i>Required</i>	<i>Not Required</i>
	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.					
	BMSC	If the Minor will work on a project involving biological materials provide the BSMC registration number:				
	IBC	If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:				
	IACUC	If the Minor will work on a project involving animals provide the IACUC protocol number:				
	IRB	If the Minor will work on a project involving human subjects provide the IRB protocol number:				
MINOR INFORMATION						
26.	Please provide the following for each Minor participating in the program. If there are multiple Minors in this program, please attach a document with the following information: <ul style="list-style-type: none"> • Minor's Name: Rachael Staskiewicz • Minor's Age: 15 • Parent/Guardian Name: Michael Staskiewicz • Parent/Guardian Telephone: Day – 404-578-8522 Evening – 					
SUPERVISING FACULTY MEMBER & MENTOR APPROVAL						
27.	<p>I AGREE TO SUPERVISE THE ABOVE NAMED MINOR. BY MY SIGNATURE BELOW, CERTIFY AND AGREE THAT:</p> <ul style="list-style-type: none"> • I have read, understand and will adhere to all applicable GIT policies, including those addressing Minors in laboratories. • The above named Minor has completed or will complete prior to entering the Right to Know, Basic Lab Safety, and all required IRB, IACUC, IBC training and approvals. The Supervising Faculty Member or the Mentor will provide the Laboratory Specific Safety Training. • Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided and the Minor instructed on proper use and disposal. • The Minor will receive constant line-of-sight supervision at all times while in the laboratory and never left alone. • The hours of work or volunteering for the Minor will comply with state and federal laws. • My laboratory is in full compliance with all applicable Georgia Institute of Technology safety programs and regulations. <p>Printed Name, Supervising Faculty Member: Ronghu Wu</p> <p align="right">05-20-2024</p>					

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

<i>Supervising Faculty Member Signature</i>	<i>Date</i>
Printed Name, Mentor, if not the same as Supervising Faculty Member: Usha Mandava	
<i>Mandava Usha</i> Mentor Signature	05-20-2024 <i>Date</i>
DEPARTMENT CHAIR APPROVAL	
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, Department Chair: 	
<i>Department Chair Signature</i>	<i>Date</i>

ENVIRONMENTAL HEALTH & SAFETY APPROVAL	
28. Printed Name, Manager, Environmental Health and Safety:	David Stevenson
DocuSigned by: <i>David Stevenson</i> 190365211B96497...	6/3/2024 9:30 PM EDT
<i>Team Manager, Environmental Health and Safety Signature</i>	<i>Date</i>

Youth Programs 2024 Application #349

REAL Lab 60f6



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

INSTRUCTIONS:

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

PROPOSED PROJECT/PROGRAM INFORMATION	
1.	Project/Program Title: 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? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please provide the name of the sponsor:</i> GIFT
4.	Expected number of Minors participating in the Program: 2
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> High school students
FACULTY & 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
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: Students will design an experiment and collect data to analyze knee joint vibrations.
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: <small>Lab coat: covers n. 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.</small>
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> :

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

MATERIALS & EQUIPMENT TO BE USED					
20. Check all that apply and list each specific item under the category checked:					
Chemicals					
<input type="checkbox"/> Flammable:		<input type="checkbox"/> Oxidizer:			
<input type="checkbox"/> Reactive:		<input type="checkbox"/> Cryogen:			
<input type="checkbox"/> Carcinogenic:		<input type="checkbox"/> Gases:			
<input type="checkbox"/> Toxic:		<input type="checkbox"/> Corrosive:			
<input type="checkbox"/> Other Chemicals:					
Biological Materials					
<input type="checkbox"/> Recombinant DNA:		<input type="checkbox"/> Parasites:			
<input type="checkbox"/> Bacteria:		<input type="checkbox"/> Live Animals:			
<input type="checkbox"/> Viruses:		<input type="checkbox"/> Animal Tissues/Parts:			
<input type="checkbox"/> Fungi:		<input type="checkbox"/> Human Source Materials (including blood, saliva, body fluids or tissues):			
<input type="checkbox"/> Other Biologicals:					
Equipment					
<input type="checkbox"/> Chemical Fume Hood:		<input type="checkbox"/> Analytical Instruments:			
<input type="checkbox"/> Biosafety Cabinet:		<input type="checkbox"/> Laminar Clean Bench:			
<input type="checkbox"/> Centrifuge:		<input type="checkbox"/> Noise Producing Equipment:			
<input type="checkbox"/> Autoclave:		<input type="checkbox"/> Industrial Machinery:			
<input type="checkbox"/> Lasers: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4		<input type="checkbox"/> Other Equipment:			
If other, describe:					
HEALTH & EMERGENCY					
21. Will the Minor be working with live animals or their tissues or with human blood, saliva or other biologicals? <input type="checkbox"/> Yes* <input type="checkbox"/> No * 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? <input type="checkbox"/> Yes* <input type="checkbox"/> 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: <ul style="list-style-type: none"> • Basic Laboratory Safety Training • Chemical Right to Know Training • Bloodborne Pathogen Training • Fire Safety Training <p>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.</p>					
PERSONAL PROTECTIVE EQUIPMENT (PPE)					
24. Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):					
	<i>Type</i>	<i>Required</i>	<i>Not Required</i>	<i>Type</i>	<i>Required</i> <i>Not Required</i>

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

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.	
BMSC	If the Minor will work on a project involving biological materials provide the BSMC registration number:	
IBC	If the Minor will work on a project involving recombinant DNA or Synthetic Nucleic Acid Molecules provide the IBC registration number:	
IACUC	If the Minor will work on a project involving animals provide the IACUC protocol number:	
IRB	If the Minor will work on a project involving human subjects provide the IRB protocol number:	

MINOR INFORMATION

26.	Please provide the following for each Minor participating in the program. If there are multiple Minors in this program, please attach a document with the following information:	
	<ul style="list-style-type: none"> Minor's Name: Kalil Remer Minor's Age: 16 Parent/Guardian Name: Rac Remer Parent/Guardian Telephone: Day -678-559-4222 Evening - 	<ul style="list-style-type: none"> Minor 2 Name: James Mays Minor's age: 17 Parent name: Mays-Pannell, Teresa Parent Guardian Telephone #: (770)609-9626

SUPERVISING FACULTY MEMBER & MENTOR APPROVAL

27.	<p>I AGREE TO SUPERVISE THE ABOVE NAMED MINOR. BY MY SIGNATURE BELOW, CERTIFY AND AGREE THAT:</p> <ul style="list-style-type: none"> I have read, understand and will adhere to all applicable GIT policies, including those addressing Minors in laboratories. The above named Minor has completed or will complete prior to entering the Right to Know, Basic Lab Safety, and all required IRB, IACUC, IBC training and approvals. The Supervising Faculty Member or the Mentor will provide the Laboratory Specific Safety Training. Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided and the Minor instructed on proper use and disposal. The Minor will receive constant line-of-sight supervision at all times while in the laboratory and never left alone. The hours of work or volunteering for the Minor will comply with state and federal laws. My laboratory is in full compliance with all applicable Georgia Institute of Technology safety programs and regulations. 	
	<p>Printed Name, Supervising Faculty Member:</p> <p align="center"><i>[Signature]</i></p> <p>_____</p> <p align="center"><i>Supervising Faculty Member Signature</i></p>	<p align="center">5/16/2024</p> <p>_____</p> <p align="center"><i>Date</i></p>
	<p>Printed Name, Mentor, if not the same as Supervising Faculty Member:</p> <p align="center">Rajini Sundararaj</p> <p>_____</p> <p align="center"><i>Mentor Signature</i></p>	<p align="center">05/16/2024</p> <p>_____</p> <p align="center"><i>Date</i></p>

DEPARTMENT CHAIR APPROVAL

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

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, Department Chair:

Department Chair Signature

Date

ENVIRONMENTAL HEALTH & SAFETY APPROVAL

28. Printed Name, Manager, Environmental Health and Safety: **David Stevenson**

DocuSigned by:

David Stevenson

6/3/2024 | 9:30 PM EDT

190365211B96497...

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 Title: YP#349 Research, Experiment, Analyze, and Learn_R.E.A.L.

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

REQUIRED SAFETY TRAINING

Gloves

Lab Coat

Gloves

ADDITIONAL 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:**
 - o Using the eyewash, sink, or emergency shower for 15 minutes, OR
 - o Leaving the lab (if an inhalation concern)
- 2. Get others out of harm's way by:**
 - o Instructing them to avoid the area, OR
 - o 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: _____