Georgialnstitute 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.

Pro	OPOSED PROJECT/PROGRAM INFORMATION
1.	Project/Program Title:
	Youth Program #383 – Lab research internship (WERL)
2.	Expected duration of temporary employment, volunteering or other activity:
	Start Date: 06/03/24 End Date: 08/02/24
3.	Is the Project sponsored or funded by an outside organization? Yes* No
	*If yes, please provide the name of the sponsor:
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:
FA	CULTY & MENTOR INFORMATION
6.	Supervising Faculty Member Name: Akanksha K. Menon
7.	Principal Investigator or Mentor (if different from Supervising Faculty Member):
8.	Department: Mechanical Engineering
9.	Email: amenon84@gatech.edu
10.	Telephone Number: 404-894-5737
11.	Campus PO Box: N/A
12.	Building where work will be conducted: Marcus Nanotechnology Building
13.	Room(s) where work will be conducted: 2124/2122
14.	
	Supervising Faculty Member:
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: The Minor's will characterize natural fibers using an SEM/optical microscope and make thermal insulation samples
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 Minor's will be assigned a graduate mentor that is present in the lab to supervise the Minor at all times. The lab safety officer will be notified to supervise the Minor if the Mentor steps away for any period of the Minor at all times.
17.	<u> </u>
	producing devices:
4.0	There are no radiactive materials present in the lab space that the Minor will be working in.
18.	Indicate measures to be taken to ensure the Minor is not exposed to explosive chemicals:
1.0	All flammable/explosive chemicals are stored in a flammables cabinet as per EHS guidelines. The Minor will not work with any of these chemicals
19.	Indicate measures to be taken to ensure the Minor is not unnecessarily exposed to chemical and

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MATERIALS & EQUIPMENT TO BE USED		There are no biological agents in the lab, and all chemicals are stored in cabinets for use only within a fumehood.							
Chemicals	MA	MATERIALS & EQUIPMENT TO BE USED							
Flammable:	20.	Check all that apply and list each specific item under the category checked:							
Reactive:		Chemicals							
Carcinogenic:		Flammable:					Oxidizer:		
Carcinogenic:		Reactive:				$\overline{\Box}$	Cryogen:		
Toxic:		Carcinogenic:				$\overline{\square}$			
Biological Materials Recombinant DNA:						$\overline{\square}$	Corrosive:		
Recombinant DNA:		Other Chemic	als:						
Bacteria:		Biological Materi	ials						
Viruses:		Recombinant	DNA:				Parasites:		
Guerrian Guerrian		Bacteria:				П	Live Animals:		
Other Biologicals: Equipment		Viruses:				П	Animal Tissues/	Parts:	
Other Biologicals: Equipment		Fungi:				靣	Human Source N	Materials (ir	ncluding blood.
Other Biologicals: Equipment									,
☐ Chemical Fume Hood:		Other Biologi	cals:		- 1				
Biosafety Cabinet:		Equipment							
Biosafety Cabinet:		Chemical Fun	ne Hood:			\overline{V}	Analytical Instru	iments:	
Autoclave:		Biosafety Cab	oinet:				Laminar Clean I	Bench:	
Autoclave:		✓ Centrifuge:					Noise Producing	g Equipmen	t:
HEALTH & EMERGENCY									
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		Lasers: C	Class 3B	Class 4			Other Equipmen	t:	
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 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 			r heginning	work in the labor	ato	orv	the Supervising	Faculty Me	mher and/or
 Basic Laboratory Safety Training Chemical Right to Know Training Bloodborne Pathogen Training Fire Safety Training 	23.								
 Chemical Right to Know Training Bloodborne Pathogen Training Fire Safety Training 									
 Bloodborne Pathogen Training Fire Safety Training 									
Fire Safety Training									
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)	PEF								
24. Check which PPE the minor will be required to wear (all are required to wear safety glasses and a lab coat):	24.								
Type Required Not Required Type Required Not Required			Required	Not Required		Tv	pe	Required	Not Required

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	T 1 0	1	<u> </u>						
	Lab Coat				Shoe Covers	<u> </u>			
	Safety Gla	sses			Hair Covers	<u> </u>			
-	Gloves		X		Aprons				
	Surgical M	ask	Ш		Other (Specify):				
Con	OMMITTEE APPROVALS								
25.	List all protocol numbers that the Minor will participate under. If Minor is added to additional								
					ent, Faculty Mentor sha				
			C, <u>IBC</u> , <u>IAC</u>	CUC, <u>IRB</u>) and a	additional review may l	be require	ed by EH&S if risk		
	factors inci								
	BMSC If the Minor will work on a project involving biological materials provide the BSMC registration number:								
	<i>IBC</i>				ct involving recombina	nt DNA c	or Synthetic Nucleic		
	IDC				registration number:				
	IACUC			work on a proje	ct involving animals pr	ovide the	IACUC protocol		
-	meee	numbe							
	IRB	If the number		work on a proje	ct involving human sub	jects prov	vide the IRB protocol		
MIN	IOD INFODA								
-	NOR INFORM			2 1 2 5		T.0	.1.1.1		
26.					participating in the pro				
				se attach a docui	nent with the following	g informa	tion: See attached		
		nor's N							
		nor's A	_						
			ardian Nam						
	Parent/Guardian Telephone: Day – Evening –								
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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: Devesh Ranjan							
	Devesh Ranjan	05/23/2024						
	Department Chair Signature	Date						
Env	VIRONMENTAL HEALTH & SAFETY APPROVAL							
29.	Printed Name, AVP, Environmental Health and Safety:							
	AVP. Environmental Health and Safety Signature	Date						

There are 2 Minor's participating in this program as listed below:

Minor's Name: Dhruv Anupindi

Minor's Age: 17

Parent/Guardian Name: Chandana Kolluru Parent/Guardian Telephone: 404-428-5946

Minor's Name: Rianne Delos Santos

Minor's Age: 16.5

Parent/Guardian Name: Khristine Joyce Delos Santos

Parent/Guardian Telephone: 678-978-0637