The Environmental Health & Safety Office reviews and authorizes all requests for minors requesting to work or volunteer in UTHSCSA laboratories. A minor is a child under the age of 18. Federal, state, and institutional policies do not allow minors to work in, with, or around certain chemicals, biological agents or radioactive material, equipment, or animals in manners that pose a hazard to their health or safety. **Minors must be supervised at all times while working in laboratories. No minor under the age of 16 may work or volunteer in any UTHSCSA laboratory.** Please print the form and complete the following information for review and approval by EHS to ensure the designated work area meets all safety requirements. Send completed form to: DTL, 1.343T.

**Section 1 – Student Information (Completed by Supervisor/Principal Investigator)**

Name of Minor: ___________________________ Birth Date of Minor: ___________________________
Department/Division: ___________________________ Building/Room #: ___________________________
Supervisor/Investigator: ___________________________ Supervisor’s Phone Number: ___________________________
Laboratory or Office Room #: ___________________________ Start Date: ___________ End Date: ___________
Classification of Minor:  
   ☐ PAID EMPLOYEE  ☐ VOLUNTEER  ☐ OTHER: ___________________________
Name of Program (if applicable): ___________________________

**Section 2 – Hazard Assessment (Completed by Supervisor/Principal Investigator)**

The following activities are **prohibited** for minors:
1. Handle, store, or work near potentially explosive chemicals
2. Perform motor vehicle driving or deliveries
3. Handle, use, or operate power-driven woodworking machines
4. Operate power-driven hoisting apparatus (sky lifts or forklifts)
5. Operate power-driven metal-forming or punching machines
6. Operate power-driven slicing, packaging, or shearing equipment
7. Operate power-driven paper baling machines or compactors
8. Handle, use, or operate power-driven circular saws, bandsaws, bonesaws, trimmers, or shears
9. Work with Lentivirus, VSV-G pseudotyped retrovirus
10. Work in a Biosafety Level 3 laboratory
11. Work in a laboratory that manipulates active pathogenic agents of childhood disease
12. Handle or use Group 1 carcinogens (known to cause cancer in humans)
13. Handle or use highly toxic chemicals (e.g. LD₅₀<0.1 mg/kg)
14. Work with non-human primates or other high-risk species
15. Work with Select Agents or Toxins
16. Work with ionizing radiation

**Non-Laboratory Assessment:**
If the Student is NOT working or volunteering in a laboratory, please describe the activities or projects to be performed by student:

Send completed form to: Environmental Health & Safety, DTL 1.343T. FAX 210-567-2965
Laboratory Safety Assessment (Completed by Supervisor/Principal Investigator): Indicate activities which would require safety training prior to participation.

Lab Room # (s): _____________________

Biosafety Level:  □ BSL-1  □ BSL-2  □ BSL-3

Ionizing Radiation:  □ 3-H  □ 32-P  □ 35-S  □ 125-I  □ Other, please list: _______________

Chemical Hazards:  □ Known Human Carcinogens  □ Acutely Toxic  □ Probable or suspect carcinogens

Other Hazards (please describe):
____________________________________________________________________________________

Describe lab activities / experiments to be performed by Student:
____________________________________________________________________________________
____________________________________________________________________________________

Section 3 – Certification (Must be signed by Minor, Parent or Legal Guardian, and Supervisor)

The following signatures indicate acknowledgement of the information listed above and are required before submitting to employment, internship, volunteer, or study. The potential hazards in the project area assigned to the minor have been communicated and any necessary safety precautions will be taken to prevent exposure to hazardous conditions or agents.

Minor: ___________________________________________          Date: ______________________

Parent or Legal Guardian: ______________________________          Date: ______________________

Supervisor or Principal Investigator: ______________________          Date: ______________________

Section 4 – Safety Review (Completed by Environmental Health & Safety)

APPROVED  DISAPPROVED

Date of Last Lab Safety Evaluation: ______________________________________________________

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

Training Requirements for Student:

Bloodborne Pathogens  □  Tuberculosis (TB) Skin Test  □

Basic Biological Safety  □  Hepatitis B Virus Vaccination  □

Laboratory Safety and Hazardous Waste Generator’s  □  DLAR Orientation Training  □

Basic Radiation Safety Orientation  □  IACUC CITI Training  □

Site-Specific Chemical Hazard Training  □

Dosimetry  □

Additional Comments/Precautions:
____________________________________________________________________________________
____________________________________________________________________________________

EHS Representative: ___________________________________ Date: ___________________________

Send completed form to: Environmental Health & Safety, DTL 1.343T.  FAX 210-567-2965