Minors Working in UH Laboratories

Application Form

To be completed and submitted by the Sponsor of a Minor wishing to participate in an educational research opportunity at a University of Houston (UH) laboratory. Proposed activities must not begin until approval is received and the required trainings are completed, medical surveillance, if needed, is conducted and PeopleSoft identification is issued. In addition, the Release and Indemnification Agreement, “Consent Form” must be completed and approved by the Vice President of Research and Technology Transfer or appropriate Dean.

Routing: Sponsor----> EHLS Review

Sponsor Information Section
Principal Investigator(s): _______________________________
Department: _______________________________
Phone: _______________________________
Email: _______________________________

Description of Research Activity:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Location and description of laboratory where research activity will take place:
Building/Room/Description:
Proposed Start/End Dates:

**Minor Information**

First Name: __________________________ Last Name: __________________________

Age at start of proposed activity:
Address (not PO Box):
Phone:
Emergency Contact Information (Name and Phone):
Health Insurance Coverage: Y/N
Provide Insurance carrier:
People Soft ID/Person of Interest number:

**Hazards Assessment Section:** Will the laboratory where the proposed activity is conducted involve any of the following?

Biological Hazards (BSL1 or BSL2)
List agents and provide IBC protocol number:

Chemical Hazards (toxic, carcinogenic, corrosive)
List high hazard chemicals:

Research Animals (live or tissue samples)
Provide IACUC protocol number:

Human Subjects
Provide IRB protocol number:

Radiation Hazard (radioactive material, x-ray or laser)
Provide license or registration number:

**Training**
Proposed training plan for laboratory activities

**Supervision**
Supervisory plan for laboratory activities: (please provide a description of planned oversight for the Minor’s activities and the controls in place to ensure safety: e.g. observation only, personal protective equipment, containment equipment, etc.)

**Certification**
I certify that I have reviewed the Policy Governing Minors in University of Houston

*Revised 5/2013*
Laboratories at www.uh.edu/ehs and will be responsible for ensuring all policies and procedures relating to this application, as well as, training requirements are complied with.

Sponsor………………………………………………… Date……………………………

Sponsor Signature………………………………………………………………………

**EHLS Review:**
EHLS Recommendations (recommendations or restrictions on the proposed activity must be met for the entire duration of the assignment):

For questions on safety, please contact EHLS at 713-743-5858 or ehs@uh.edu

EHLS
Reviewer…………………………………………………………..Date…………………………