



Minor Research Laboratory Participant Agreement and Consent Form

Departmental Agreement

A copy of this document will be maintained on file with the Department Chair as well as with the supervising Principal Investigator/Faculty's Laboratory Safety Plan.

Name of sponsored program (if applicable): _____

Principal Investigator (if applicable): _____

Phone Number: _____

Faculty or Staff providing direct supervision: _____

Phone Number: _____

Department: _____

Lab Location: _____

Name of Minor: _____

Date of Birth: _____

Start/date: _____ End Date: _____

Detailed description of work activities, including materials and equipment that will be used:

Training Required:

- The online "Employee Orientation for Laboratory Workers" training
- The initial laboratory safety plan training
- Other training(specify):



I acknowledge that I have read and I am familiar with the requirements of the JSNN Minors in Research Laboratories Policy. I agree to provide supervision for the above named minor, to provide the required and necessary training, and to take steps to assure his/her safety and the safety of others present in the laboratory. The activities involved in the proposed learning activities to be performed by the above named minor are activities permitted under the JSNN Policy for Minors in Laboratories. I certify that the activities to be performed by the minor are not activities that would otherwise be performed by a paid employee.

Principal Investigator name (print or type)

Signature Date

Direct supervisor name if different than above (print or type)

Signature Date

Department Chair name (print or type)

Signature Date

Office of Environmental Health and Safety representative name (print or type)

Signature Date