**AUTHORIZATION FOR MINORS IN LABORATORIES**

(HOP Policy 10.13 – File in the Department Office / Copy to the Laboratory Safety Division

**DATE:** Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
| **LABORATORY INFORMATION** | | |
| **LAB NUMBER AND LOCATION** |  | |
| **LAB SUPERVISOR** |  | |
| **MAXIMUM NUMBER OF MINORS IN THE LAB AT ONE TIME1** | |  |

# COVERED ACTIVITIES INFORMATION

**DATES OF COVERED ACTIVTIES:** START: Click or tap to enter a date. END: Click or tap to enter a date.

**LABORATORY PROJECT/ACTIVITY:**

**PURPOSE FOR THE PRESENCE OF MINOR IN THE LAB** (Brief description of what work the minor will participate in or observe):

|  |
| --- |
|  |

# SIGNATORIES:

Each of the undersigned acknowledges that (s)he has read HOP 10.13, assumes the duties of the Lab Supervisor, Monitorand/or Mentor as appropriate, and is aware of the risk mitigation policy for minors in laboratories.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Lab Supervisor Signature | Printed Name | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Monitor Signature | Printed Name | Date |
| (or not if Lab Supervisor is |  |  |
| also Monitor) |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Mentor Signature | Printed Name | Date |
| (or not if Lab Supervisor is |  |  |
| also Mentor) |  |  |
|  |  |  |

1The Laboratory Safety Division supplies the maximum number of minors in the lab at one time – see HOP 10.13

APPROVAL**:** (see approval chart below)

I approve of the presence of the minor(s) identified above in the laboratory and circumstances described above.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Printed Name | Date |

Department of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Approval Chart

If Laboratory Supervisor is: Then approval needed from:

|  |  |
| --- | --- |
| Faculty or Staff Member | Department Chair |
| Department Chair | Dean |
| Dean | Provost |
| Provost | Vice-President of Research |
| Vice-President (other than Provost) | Provost |