



University of New Haven

POLICIES AND PROCEDURES

Policy Title:

Laboratory Use for
Visitors and Minors

Policy No.: 8219

Effective Date: November 2016

Revision Date: January 2024

Responsible Office: Department of Public Safety

Responsible Official: Associate VP of Public Safety & Administrative Services

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1. Policy Description

The University of New Haven Laboratory Use for Visitors and Minors policy establishes guidelines for ensuring visitors' safety while in potentially hazardous areas on campus. The policy guidelines cover visitations, ranging from passive tours to active research projects and include specific guidelines applicable to minors. Visitors and minors are not permitted in potentially hazardous work areas except as outlined below.

In the event that a visitor is invited to the laboratories, the Lab Manager and Department Chair must be informed in advance. If they approve, adequate steps must be taken to prevent injury or disruption to others at work.

It is especially important that younger minors under the age of 13 be restricted from hazardous work areas due to their developing immune/neurological systems and their general lack of hazard recognition ability. Careful attention must be given to work areas where hazardous material or equipment is located.

This policy is also applicable to any travel to locations away from the main University campus in conjunction with participation in the associated lab activity including, but not limited to, collecting samples in the field or on a boat, transporting material to another facility, or conducting activities at any of the University's satellite campuses.

2. Definitions

Potentially Hazardous Work Area: An area where hazardous substances (e.g., hazardous chemicals, biohazardous agents, compressed gases) or physical hazards (e.g., moving machine parts, extreme temperatures, electrical apparatus) are present.

Laboratory: Includes all University campus laboratories and field research. A laboratory can be defined as both inside a campus infrastructure and outside where field work is conducted (collecting samples in the field or water). Also referred to as "lab" in this document.

Visitors: A visitor is anyone who is not University faculty, staff, or a currently enrolled student.

Minors: Anyone under the age of 18.

LD-50: Lethal dose (LD50) is the amount of an ingested substance that kills 50 percent of a test sample. It is expressed in mg/kg, or milligrams of substance per kilogram of body weight.

BSL: A **biosafety level** is a set of biocontainment precautions required to isolate dangerous biological agents in an enclosed laboratory facility. The levels of containment range from the lowest biosafety level 1 (BSL-1) to the highest at level 4 (BSL-4).

3. Responsibilities

Department Chair is responsible for ensuring that employees under the Chair's jurisdiction comply with this policy. The Department Chair will be responsible for reviewing and approving all submitted *Visitor Research Proposal* forms.

Supervisors of hazardous work areas (Principal Investigators, Lab Managers, etc.) are responsible for monitoring the health and safety of visitors and minors.

Sponsors of the visitors and minors (Principal Investigators, Faculty Mentors, etc.) must be an employee of the University and obtain all permissions and completed forms prior to the visitor or minor entering the laboratory facility. They are responsible for accompanying a minor at all times. Sponsors must ensure the visitor or minor receives appropriate and required laboratory safety and other training before engaging in the activity or entering the lab. Sponsors are ultimately responsible for the visitors and minors which they invite into a potentially hazardous work area and must ensure that all principles of the policy are being followed.

Human Resources must conduct a criminal background check in accordance with University policies and procedures on University employees overseeing minors.

Health and Safety Committee is responsible for assisting lab personnel in monitoring the health and safety of minors and proper visitors' procedures.

Visitors must sign all required liability and release forms and comply with all aspects of the

guidelines within the policy. All visiting researchers must obtain an approved *Visitors Research Proposal Form* and attend the departmental laboratory safety training **BEFORE** participating in active research or any laboratory work.

Parents and Guardians of minors must sign all required liability and release forms permitting their minors to work in hazardous areas.

4. Program Components

a. Visitor Restrictions Based on Activity

Visitors are not permitted in potentially hazardous work areas except when the following criteria are met:

- 1) **Entering** the potentially hazardous work area, but not performing laboratory-related work (e.g., class tours, donor presentations, parent showing work area to minor, etc.):
 - a. Visitor is personally accompanied at all times by a University employee who is trained and knowledgeable of the area's potential hazards.
 - b. The trained University employee ensures that visitor is NOT placed into a situation where the health and safety of self or others may be compromised.
 - c. Visitor is provided appropriate personal protective equipment (PPE) if necessary and will comply with departmental PPE policy
 - d. For group tours, a safety briefing is provided to the group prior to entry.
- 2) **Participating in** a University-sponsored activity where laboratory-related work will be performed in a potentially hazardous area (e.g., conducting a research project, volunteering to assist with a research project, educational program, etc.):
 - a. Visitor completes
 - i. *Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment*
 - ii. *Potential Hazards Information Form*
 - iii. *Rules for Visitor & Minors in Lab*
 - b. If the Visitor is conducting a research project that is not already currently being done in the laboratory, then the visitor must complete the *Visitor Research Proposal Form*.
 - c. Completed forms are to be maintained by the Department for three years. (If visiting as part of University employment or enrolled coursework, University employees and students are exempted from completing the Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment). Parent/Legal Guardian must sign for minors and completed forms are to be kept 3 years after the minor has turned 18.
 - d. Visitor is under direct supervision of a University employee who is trained and knowledgeable of the hazards
 - e. Visitors are provided with department laboratory safety training and work unit specific training by the Supervisor BEFORE doing any type of hazardous work in the laboratory.

- f. Visitors are provided with appropriate PPE if necessary and will comply with departmental PPE policy.

b. Minors in Laboratories and Shops

- 1) The following are additional general guidelines and exceptions to visitors who are minors.
 - a. Minors below the age of 13 are not allowed in any University laboratories except when participating in tours or educational programs, where they are always under supervision. This includes minors related to lab personnel.
 - b. Minors are never allowed in labs where research with controlled substances is performed.
 - c. Minors between the ages of 13 and 18 are allowed only when they are enrolled in an academic lab class, part of a supervised tour, or if they have their guardian's consent to participate in lab activities whereby, they received all required training and are *always* under supervision.
 - d. Minors and Parent/Legal Guardians must review and sign all applicable forms based on the nature of their visit (refer to section 4.A. *Visitor Restrictions Based on Activity*)

Note: Principal Investigator/Supervisors should keep in mind that minors need considerable explanatory preludes to understanding standard documents such as Safety Data Sheets, Standard Operating Procedures, etc. Supervisors should perform all training necessary to try and bring the minor to a safety awareness level comparable to trained lab personnel.

- 2) The following additional restrictions apply to minors working with the following categories of hazardous activity:

Activity	Requirements
Chemical Hazards	<p>Minors are prohibited from working with:</p> <ol style="list-style-type: none"> 1. Highly hazardous material – including but not limited to, severe corrosives, pyrophoric, explosives, flammables more than 4L and compounds with an LD-50 LESS than 50 ppm 2. OSHA regulated carcinogens
Biological Agents	<p>Minors aged 13-17 may never enter areas with situations that may require BSL-2, BSL-3 or BSL-4 containment. They may enter and work in a BSL-1 area provided they are under constant supervision.</p> <p>Minors aged 16-17 may never work with or around BSL-3 or BSL-4; they may enter a BSL-1 area and work with BSL-1 agents only after Department Chair approval and documented training. They may enter BSL-2 areas with appropriate documented training and constant surveillance provided there is NO contact with BSL-2 work.</p>
Physical Hazards	<p>Especially hazardous equipment, heavy machinery, high voltages, elevated pressures/temperatures or heights must be avoided, and the minor must always be accompanied while performing a physically hazardous operation.</p>

Note: Work more hazardous than described here or any exceptions require written approval by the Department Chair or School Dean. (Refer to *Research Project Proposal* form)

5. Reporting Requirements

Any conflicts resulting from implementation of the program shall be brought to the attention of the appropriate supervisory personnel and, if necessary, referred to the appropriate Administrator.

6. Other Information and University Policies

A. University Safety Policies can be found on our website at

<http://www.newhaven.edu/about/departments/public-safety/environmental-health/policies.php>

B. Visitors will also need to comply with other University policies and procedures that are accessible in the University Student Handbook.

Policies include but are not limited to:

- Policy on Responsible Conduct in Research (RCR)
- Acceptable Computer and Network Usage Policy
- Internet, E-mail and Computer Policies
- Substance Use Policy (alcohol and other drugs)
- Firearms, Weapons and Explosives Policy
- Sexual Misconduct Policy
- Motor Vehicle Policy
- Policy on Harassment & Bias-Motivated Offenses

University of New Haven: Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment for Visitors and/or Minors

I, _____, desire to participate in activities (the "Activities") specified on Schedule A attached hereto connected with the University of New Haven, Incorporated (the "University"). This "Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment" covers the entirety of my participation in the Activities, including travel to any locations off of the University campus in order to participate in the Activities. I understand that the University has made no commitment to make the laboratory/office facilities available for any specific time period, and I will leave and remove my personal property when asked to do so. In signing below, I acknowledge that I have read and understand the information contained in Schedule A, which includes a description of the Activities, location of such Activities, applicable transportation, and potential for risk and/or injury associated with the Activities and my participation in the Activities. Specifically, in signing below, I acknowledge and agree to the following:

1. **Risk Factors** – I understand and acknowledge that using the University facilities and equipment and participating in the Activities involve risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to, permanent disability, illness, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of the equipment or facilities, from the Activity itself, from the acts of myself or others, including the University and its agents, or from the unavailability of emergency medical care. In signing below, I affirmatively represent that I am able to participate safely in the Activities with or without reasonable accommodations.
2. **Assumption of Risk** – I am participating in the Activities of my own free will. I understand that my decision to participate in the Activities is entirely voluntary. I assume full responsibility for all risks that may arise out of, or result from, my participation in the Activities, including but not limited to those risks described in Section 1 above and those described on Schedule A and inherent in the Activities.
3. **Laboratory Setting** – I acknowledge that a laboratory setting involves additional hazards. By entering a University laboratory area, I am accepting any risk that is associated with a laboratory setting, and I fully understand that there are potential risks and hazards associated with exposure to hazardous materials or substances. I agree to review any appropriate laboratory safety rules with the University sponsor or supervisor that will be accompanying me during the Activities. I agree to follow all rules and directions from University personnel regarding use of the laboratory facilities and equipment. If I will be actively working in a laboratory, it will be my responsibility to complete all required forms and attend a Department Laboratory Safety Training session prior to any participation in active laboratory work. The *Laboratory Use for Visitors and Minors Policy* will be provided to me upon my request.
4. **Suspension of Visit or Activity** – I agree that I may be suspended from participating in the Activities at any time, at the discretion of the University and its officers, agents and employees, if the safety of me, University employees and/or other visitors becomes a concern. I agree that I may be suspended from participating in the Activities at any time if I violate any department, laboratory or University rules and/or policies. It is my responsibility to be familiar with all such rules and policies.
5. **Release, Indemnify, and Defend** – I hereby release, waive, discharge, and hold harmless the University, and all of its affiliates, predecessors, successors, trustees, officers, directors, faculty, employees, agents, and representatives, past or present (the "Released Parties") from any and all claims, suits, liabilities, judgments, costs and expenses, including legal fees ("Claims"), for any property damage, property loss or theft, personal injury or illness, death or other loss arising from or relating to my participation in the Activities unless caused by the gross negligence or willful misconduct of any Released Party. I also agree to defend, indemnify and hold harmless the Released Parties from and against any Claims arising from or relating to my own acts or omissions in connection with my participation in the Activities.
6. **Waiver** – I hereby waive any protections afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims.
7. **Payment for Damages** – I agree to pay for any and all damages to any property or Released Party caused by me negligently, willfully, or otherwise.

8. **Representatives** – I enter into this Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment for myself, as well as for my heirs, assigns and legal representatives.
9. **Consent for Emergency Treatment** – I consent to medical treatment for emergencies that occur during, or are related to my participation in, the Activities where I am unable to consent to such treatment. I understand the provisions of this Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment apply to any treatment that might be provided to me under this Section.
10. **Insurance** – I understand that I may be solely responsible for any medical, health, or personal injury costs relating to my participation in the Activities.
11. **Jurisdiction** – This Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment shall be governed by, and construed and enforced in accordance with, the laws of the State of Connecticut without regard to its conflicts of laws principles. The parties agree that any disputes between the parties related to this Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment shall be brought exclusively in the courts located in New Haven, Connecticut and waive any defense that such courts are an inconvenient forum.
12. **Severability** – If any term or provision of this Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable under present or future laws, then and in any such event, it is the express intention of the parties that the remainder of the Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment, or the application of such term, clause, or provision other than to those as to which it is held illegal, invalid, or unenforceable, shall not be affected thereby, and each term, clause, or provision of this Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment and the application thereof shall be legal, valid, and enforceable to the fullest extent permitted by law.
13. **Survival.** The terms of this Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment shall survive the completion of the Activities.

I have read and fully understand this Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment, including the attached Schedule A, and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

PRINTED NAME of Participant: _____ SIGNATURE: _____

Date: _____

Permanent Address:

Phone Number: _____ Email: _____

Please complete and attach the following documentation:

- Visitors & Minors: Potential Hazards Information Form*
- Laboratory Safety Rules, Practices and Agreement for Visitors & Minors*

Will the participant be conducting a research project that is not already currently being done in the laboratory? _____

If so, complete and attach the following documents:

- Visitor Research Proposal Form*

Consent and Release on Behalf of Minor (under 18 years of age) by Parent/Legal Guardian

I am the parent or legal guardian of the above-named minor. I have read and understand this *Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment, including the attached Schedule A*, in its entirety and understand that it relates to surrendering valuable legal rights of the above named minor and myself. I agree to be bound by all the terms of this *Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment*. I also give my consent for the above-named minor to participate in the Activities.

PRINTED NAME: _____ SIGNATURE: _____

Date: _____

DATE on which minor turns 18 years of age: _____ (Agreement will be kept 3 years after minor turns 18.)

Permanent Address:

Phone Number: _____ Email: _____

In the unlikely event of an emergency, please provide the name(s) and phone number(s) of any individuals that you would like us to contact.

Please submit all signed forms to the Laboratory Manager.

SCHEDULE A

ACTIVITIES

Description of Activities:

Location of Activities:

Transportation for Activities:

Potential for risk and/or injury associated with the Activities and participation in the Activities:

Visitors & Minors: Potential Hazards Information Form

This list may NOT cover all hazards; supervisors and/or sponsors should ensure that all hazards have been thoroughly communicated and understood.

Type	Characteristics/potential hazards		Examples
Chemicals	Refined compound that may be in the form of a solid, liquid or gas. These may or may not be hazardous. Some compounds may have numerous hazard classifications (e.g., flammable, toxin & carcinogen)	Carcinogens: may cause cancer in the future with long term exposure	Benzene Formaldehyde
		Teratogens: known to affect the reproductive system of males /females & may cause birth defects in the developing fetus.	Alcohol, thalidomide, X-rays
		Neurotoxins: may affect the nervous system.	Ethidium bromide, snake venom, bee venom
		Flammables: may burn or explode	Acetone, Xylene, Alcohol
		Reactives: may react explosively	Peroxides, acrylamide
		Corrosives: may cause tissue damage through inhalation or direct contact with eyes, skin, etc.	Acids (Hydrochloric acid) & Bases (Sodium hydroxide)
		Toxins: may cause illness or death on exposure.	Cyanide
Compressed Gases	Gases frequently housed in large & heavy high-pressure cylinders. The gas itself may be harmless, toxic, corrosive, flammable	Physical hazard: Explosion hazard upon rupture Asphyxiant hazard if gases enter workplace & displace oxygen	Asphyxiant: nitrogen, helium, any other non-oxygen gas Flammable: hydrogen Toxic: ammonia
Physical Hazards	Exposure to noise, machinery, heat, cold, etc. When collecting samples near a water source, there will be a risk of drowning.	Tissue or organ damage, hearing loss, death	Scrapes, cuts, liquid nitrogen (cold), Bunsen burner, autoclave, drowning
Biological Agents	Living organisms or products of living organisms such as viruses, bacteria, fungi, & parasites. Hazards from infection are organism dependent & may range from mild treatable to severe untreatable. Hazards are classified according to recommended containment protocol.	Biosafety Level 1 - Low hazard Biosafety Level 2 - Mild to severe illness <i>UNH does not use Biosafety Level 3 or 4 agents.</i>	BSL-1: Baker's yeast, E. coli, S. aureus BSL-2: Borrelia burgdorferi
Toxins - Microbial, Plant, Animal	Poisonous substances produced by plants, insects or animals.	Tissue & organ damage or death.	Animals - fish, reptile, arachnids, arthropods Pathogens- Staphylococcus, Tetanus, Borrelia

By signing below, I acknowledge that the hazards outlined in this sheet are examples of what I might expect and be exposed to in a laboratory setting at the University of New Haven. I understand that I must treat all unknown materials and equipment as if they were hazardous and obtain training if I am unfamiliar in handling a hazardous material or piece of equipment. It is my responsibility to seek additional information and abide by procedures when dealing with hazardous materials and equipment.

PRINTED NAME: _____ SIGNATURE: _____

Date: _____

If Visitor is a minor, the following is required:

Parent/Legal Guardian

PRINTED NAME: _____ SIGNATURE: _____

Date: _____

Supervisor/Sponsor Section:

I have communicated to the visitor any reasonably anticipated potential hazards to which the visitor will be exposed, and such hazards are listed on Schedule A of the Lab Use Assumption of Risk, Waiver, and Consent for Emergency Treatment.

Supervisor/Sponsor NAME: _____ SIGNATURE: _____

Date: _____

Laboratory Safety Rules, Practices and Agreement for Visitors and Minors

Read the following laboratory rules, safety precautions, and regulations carefully. Your laboratory conduct will be governed by these rules, and any deviation from these rules and regulations may result in dismissal from the laboratory. After you have read the information, please sign and return it to your sponsor/supervisor.

General Requirements:

1. Be properly prepared to do the experiment scheduled for that day.
2. There will be no smoking, using CELL PHONES, drinking, chewing gum, or eating in the laboratory.
3. Do not touch your face, handle contact lenses, apply cosmetics or put your fingers in your mouth.
4. Always wash your hands after handling viable material.
5. Avoid working alone in the laboratory.
6. Horseplay will not be tolerated. Avoid distracting others that are working.
7. At the end of each lab session, clean your lab bench, put away all materials, and wash your hands thoroughly before leaving the laboratory. Waste should be deposited in appropriate receptacles.
8. Gloves and lab coats are to be removed prior to leaving the laboratory and may not be worn in non-laboratory areas.

Personal Protective Equipment (PPE):

1. Observe all laboratory signs and chemical labels for required protective equipment.
2. Chemical splash goggles (“Visorgog” brand) will be worn at all times when performing laboratory work.
3. Wearing contact lenses is discouraged.
4. Always wear gloves when handling any chemicals or microorganisms.
5. You are required to wear laboratory coats while working to prevent contaminating your clothes.
6. Wear shoes that cover the entire foot; NO sandals or open shoes. NO short skirts or shorts.
7. Tie back long hair and confine loose clothing to keep away from flames and chemicals.

Hazardous Material Safety:

1. Unauthorized experiments are prohibited. Perform the experiments as directed by your instructor.
2. Never take chemicals, supplies, or equipment out of the laboratory.
3. Students are not allowed to enter the Chemical Stockrooms.
4. Know where the **SDS** (Safety Data Sheets) are for your chemicals. MSDS contains information that you will need in case there is an emergency.
5. Never taste or smell a chemical. Check odors only if instructed to do so.

Spills and Other Lab Incidents:

1. CAMPUS POLICE EMERGENCY NUMBER: 7070 (203-932-7070)
2. Learn the locations and operation of emergency equipment. This includes eyewash, fire extinguishers, fire alarms, fire blanket, sink, first aid supplies and red emergency phone (in the hallway between Rooms 304 and 305).
3. Know what to do in case of an emergency. Know how to exit the building in case of an emergency.
4. Report ALL accidents, injuries, and near misses (close calls) to your instructor immediately.
5. Treat burns immediately by putting the burned area under cold water for at least 15 minutes.
6. Notify your instructor of any chemical spills immediately.
7. In the event that a chemical is spilled/splashed on your eyes, skin or body, IMMEDIATELY rinse the affected area for 15 minutes using the proper emergency equipment such as Eyewash and Safety Shower.
8. If your skin is exposed to a viable material, wash the affected area with antibacterial soap and hot water.
9. In case of accidental ingestion, notify instructor immediately and call for emergency medical services (Dial 911). Have the MSDS ready for personnel to determine the necessary course of treatment.

Equipment:

1. Turn off your Bunsen burner or other heat source whenever you are not using it. Never let it operate unattended.
2. Do not use your mouth for pipetting or to start a siphon. Use electric or manual pipettors.
3. Be careful when handling glassware to avoid breakage. Do not use damaged glassware. Discard broken glass, and ONLY broken glass, in designated broken glass boxes. Hand protection should be used when picking up broken glass, use a brush and dustpan for small pieces.

I have read and fully understand the rules, safety practices and regulations governing my conduct in the laboratory. I will abide by these rules and regulations for my own safety and that of others.

PRINTED NAME: _____ SIGNATURE: _____

Date: _____

If Visitor is a minor, the following is required:

Parent/Legal Guardian

PRINTED NAME: _____ SIGNATURE: _____

Date: _____

Visitor Research Proposal Form

To be completed by the PI/Sponsor of any visitor that will be performing laboratory work and is NOT receiving payment, benefits, or compensation of any kind from the University of New Haven.

Principal Investigator/Sponsor Name: _____

Department: _____

Phone: _____ Email: _____

Visitor Name: _____

Date of Birth (only if minor) _____

Home Institution/School: _____

Project Information: The nature of this project is (check one)

Student Intern Volunteer UNH Sponsored Program (specify below)

Other (specify below)

Project Title: _____

Start Date: _____ End Date: _____

Location where the work will be performed:

Project Description (attach separate sheet if necessary):

Materials and Equipment to be used (check and list all that apply):

Chemicals <ul style="list-style-type: none"><input type="checkbox"/> Flammable<input type="checkbox"/> Reactive<input type="checkbox"/> Carcinogen<input type="checkbox"/> Teratogen<input type="checkbox"/> Neurotoxin<input type="checkbox"/> Toxic<input type="checkbox"/> Corrosive<input type="checkbox"/> Oxidizer<input type="checkbox"/> Cryogen<input type="checkbox"/> Pharmaceuticals	Biological/Live Material <ul style="list-style-type: none"><input type="checkbox"/> Recombinant DNA<input type="checkbox"/> Bacteria<input type="checkbox"/> Viruses<input type="checkbox"/> Fungi<input type="checkbox"/> Parasites<input type="checkbox"/> Human Source Material<input type="checkbox"/> Insects<input type="checkbox"/> Plants<input type="checkbox"/> Animals<input type="checkbox"/> BSL-2 agents	Equipment <ul style="list-style-type: none"><input type="checkbox"/> Fume Hood<input type="checkbox"/> Biosafety Cabinet<input type="checkbox"/> Laminar Clean Bench<input type="checkbox"/> Autoclave<input type="checkbox"/> Centrifuge<input type="checkbox"/> Analytical Instruments<input type="checkbox"/> Industrial Machinery<input type="checkbox"/> Noise Producing Equipment<input type="checkbox"/> Other Equipment	Other <ul style="list-style-type: none"><input type="checkbox"/> Gases<input type="checkbox"/> Liquid Nitrogen Other <ul style="list-style-type: none"><input type="checkbox"/> Gases<input type="checkbox"/> Liquid Nitrogen
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Specifically name any materials or equipment that will require special training and supervision due to the severe hazard or nature of the item:

I AGREE TO SPONSOR (Visitor Name) _____, UNDER THE FOLLOWING TERMS:

£ I have read, understand, and will adhere to the *Laboratory Use for Visitors and Minors* policy. The potential hazard information signature sheet is attached. I will ensure that this Visitor's or Minor's Hazard Specific Safety Training is completed and documented.

£ Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided. This individual will be supervised at all times by myself or another employee while in the laboratory and never left alone.

£ My laboratory is in full compliance with all applicable University of New Haven safety programs and regulations

Name of PI/Sponsor: _____ Signature: _____
Date: _____

Approved by Dept. Chair: _____ Signature: _____
Date: _____