DREXEL UNIVERSITY
Department of
Environmental
Health & Safety

Request for Minors in University Laboratories

Principal Investigator and Department Chair Use Only:

Minor Name: _____ **DOB:** _____ **Email:** _____

Department Name: _____

Department Chair: _____ **Telephone Number:** _____

PI Name: _____ **Telephone Number:** _____ **Email:** _____

Building Name: _____ **Lab Room Number(s):** _____

Start Date: _____ **End Date:** _____

List the personnel who will directly supervise the minor(s) on a daily basis:

Describe research, process or educational program involving the Minor(s). Please include the list of chemical and biological materials and equipment the minor will be using:

Description of the current research performed in the laboratory on a daily basis. Please include list of current personnel (Post Docs; Graduate and Undergraduate Students; Supervisors, etc.):

➢ Have you reviewed the Minor in Research Laboratories Guideline?	Yes	No
➢ Is there personal protection equipment available for use?	Yes	No
➢ Have you and your personnel completed the online laboratory safety training?	Yes	No
➢ Is the laboratory compliant with all applicable university policies and procedures?	Yes	No

Principal Investigator Consent Signature: _____ Date: _____

Department Chair Consent Signature: _____ Date: _____

Environmental Health and Safety Use Only:

- ➢ Is this a prohibited laboratory (i.e. BSL 3 or Explosive Facility)?   Yes   No
- ➢ Does the laboratory utilize or store prohibited materials or equipment?   Yes   No
- ➢ Will the minor be working with prohibited materials or equipment?   Yes   No

If yes to any of the above please list the specifics:

- ➢ Are there any outstanding findings listed in the laboratory audit?   Yes   No
- ➢ Has the minor completed the online laboratory safety training?   Yes   No
- ➢ Has the PI completed the online laboratory safety training?   Yes   No
- ➢ Have all laboratory personnel completed the online laboratory safety training?   Yes   No
- ➢ Is hazard specific training required for this research, process or educational program?   Yes   No

If yes to hazard specific training then please specify:

- ➢ Facility Risk Level: High   Medium   Low
- ➢ Work Risk Level: High   Medium   Low

Approved

Denied

Reviewed by: _____ **Signature:** _____ **Date:** _____