Project Checklist for Minors Performing Research in Laboratories

Minor's Name _____

Date of Birth _____

Supervisor _____

Principal Investigator _____

Time Frame of Research Project _____

☐ Check here if this minor will be participating in a research laboratory project

☐ Check here if this minor will be participating in a classroom or educational outreach program.

Project Summary and types of experiments to be performed:

Minor's prior research laboratory experience:

Approved exceptions to guidelines (requires approval of appropriate Committee/s):

Signatures (must be completed prior to beginning work):

Minor _____ Parent or Guardian _____

PI _____ Supervisor: (If different than PI) _____

EH&S Officer(s) below:

CHO _____

BSO _____

RSO _____

UC Davis Safety Checklist for Minors Performing Laboratory Work in
_____(PI Name) Lab

This form should be completed for all lab personnel.

For all Lab Workers:

- ☐ Attend Lab Safety Training, Date _____
- ☐ Attend IIPP Training, Date _____
- ☐ Discuss any hazardous lab procedures

Radioactive Materials Users:

- ☐ Attend basic Radiation Safety Training, Date _____
- ☐ Submit a Radioisotope User Enrollment Form

Biohazard Users

- ☐ Discuss Biohazard Issues
- ☐ Attend required Biosafety Class, Date _____

Orientation to Lab & Specific Safety Procedures

☐ Locations of:

- Fire extinguishers and pull stations
- Eyewash/Emergency Showers
- First Aid Kits
- Hazardous Materials Spill Kits

☐ Evacuation Procedures, Personnel List and Gathering Place

☐ Laboratory Chemical Storage Locations

☐ Laboratory Procedures for Chemical Safety Information:

- MSDS Access
- Locations and Type of Written Lab Safety Procedures, including any Lab required approvals

☐ Location and Safe Use Procedures for Engineering Controls

- Chemical Fume Hoods and Biological Safety Cabinets
- Other Engineering Controls

☐ Laboratory Procedures for Personal Protective Equipment

- Gloves
- Lab Coats
- Eye Protection
- Other (Specify) _____

☐ Laboratory Waste Disposal Practices, including location and supplies

Area Safety Coordinator _____

Minor _____
(Name) (Signature) (Date)