

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)