

Minors Research Proposal Registration Form

(Complete all sections of the form)

Proposals are due at the EH&S Office at least 2 weeks prior to beginning the work.

Principal Investigator/Sponsor: _____ Department: _____

Phone: _____ Email: _____

Student/Minor Name: _____ Date of birth: _____

School: _____

Is the minor: (check one)

Student Intern

Volunteering

Employed

Other (specify) _____

Part of a Florida Atlantic University Sponsored Program (which program?)

Other (explain)

This work will be performed in: BLDG _____, Room(s) _____

Project Title: _____

Project Start Date: _____

Project End Date _____

Materials and Equipment to be Used - Check and List all that apply:

Chemicals

- Flammable
- Reactive
- Carcinogenic
- Toxic
- Corrosive
- Oxidizer
- Cryogen
- Pharmaceuticals
- Gasses

Biological Material

- Recombinant/Synthetic nucleic acid
- Bacteria
- Viruses
- Fungi
- Parasites
- Human/ Animal Source Material
- Toxins
- Insects
- Plants
- Animals

Equipment

- Fume Hood
- Biosafety Cabinet
- Laminar Clean Bench
- Autoclave
- Centrifuge
- Analytical Instruments
- Industrial Machinery
- Noise Producing Equip.
- Other Equipment

Project Description (include detail of the work that the minor will be performing; attach separate sheet if necessary):

I AGREE TO SPONSOR (MINOR'S NAME) _____, AND BY MY SIGNATURE BELOW, AGREE THAT:

- I have read, understand, and will adhere to the FAU EH&S “Minors in Research Laboratories or Animal Facilities” Policy. The potential hazard information signature sheet is attached.
- I have completed this Minor’s Hazard Specific Safety Training. All volunteers must complete Laboratory Safety Training. Training was conducted by doing the following:

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- Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided.
 - This individual will be supervised at all times while in the laboratory and never left alone. My laboratory is in full compliance with all applicable FAU safety programs and regulations.

 Printed Name of PI/Sponsor

 Signature of PI/Sponsor

 Date

Institutional Biosafety Committee (IBC) Approval
(if required)

 Initials _____
 Date

Institutional Animal Care and Use Committee (IACUC) Approval
(if required)

 Initials _____
 Date

Environmental Health & Safety (EH&S) Approval

 Initials _____
 Date