**Students Working in UHCL Laboratories**

**Application Form**

To be completed and submitted by the Sponsor, and Student wishing to participate in an educational research opportunity in a University of Houston-Clear Lake (UHCL) laboratory. Please print clearly or type the information requested, or indicate Yes/No, checkmarks. Proposed activities must not begin until all forms and required trainings are completed, hazard review is conducted, medical surveillance, if needed, is completed, and personal protective equipment (PPE) is obtained. In addition, the Release and Indemnification Agreement, “Consent Form” must be completed, and work approved by the Lab Safety Committee or Program Chair and Department Chair.

**Sponsor Information:**

Principal Investigator(s):

Department:

Phone:

Email:

Proposed Location:

Proposed Start/End Dates:

**Student Information:**

First Name: Last Name:

Student ID number:

Prior lab courses/experience:

Address (not PO Box):

Phone:

Email:

Emergency Contact Information:

Health Insurance Carrier:

**Description of Proposed Research Activity:**

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**Hazard Assessment:** Will the lab or proposed activity involve any of the following?

Biological Hazards (BSL1 or BSL2)

List biological agents and provide IBC protocol number:

Chemical Hazards (toxic, carcinogenic, corrosive)

List chemicals that will be used:

high hazard chemicals:

Research Animals (live or tissue samples)

Provide IACUC protocol number:

Human Subjects

Provide IRB protocol number:

**Training:**

Completion of [**Advanced** Laboratory Safety Training](https://uhcl.blackboard.com/ultra/courses/_13476_1/cl/outline):

(send UHCL email to [EHS@uhcl.edu](mailto:EHS@uhcl.edu) for enrollment or [self-enroll](https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/documents/lab-blackboard-2022-ehs-training-self-enroll-instructions.docx) in: WRKGRP.LabSafetyAdvanced.coen)

Review [Safety Data Sheets (SDS)](https://onsite.uhcl.edu/ehsa/login?/showSdsHubSearch) and hazards ([PubChem](https://pubchem.ncbi.nlm.nih.gov/)) for chemicals using:

(Health ratings, permissible limits, and hazards/signal words)

Review SDS for any accessible / nearby high hazards in the lab:

Lab Specific training for materials will work with:

(videos, hands on, procedures, resources, etc.)

**PPE:** (Fitted for, and provided)

Full length lab coat

Safety glasses (for solids) and/or goggles (for liquids)

Gloves

**Waste:**

Volume estimated & concentration, percentages of each constituent:

Waste container labeled, put on waste shelf or Autoclaved by:

**Supervisory plan for laboratory activities and controls in place:**

**Liability waiver form** completed by student ([Release and Indemnification Agreement 02.21.13](https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/documents/releaseandindemnificationagreement2013.pdf)).

## Certification

I certify that I have reviewed the Student Researchers Policy in UHCL Laboratories at <https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/documents/l17-student-researchers-policy.pdf> and will be responsible for ensuring all policies and procedures relating to this application, as well as training requirements are complied with.

Sponsor Name: Date:

Sponsor Signature:

**EHS Review and Recommendations:**

EHS Reviewer: Date:

***This approval is invalid without signed UHS Release and Indemnification Agreement and Additional Approval forms on file with the EHS office.***

For questions or assistance, please contact EHS at 281-283-2106 or [EHS@uhcl.edu](mailto:EHS@uhcl.edu)