



Proposal for Minor to Conduct Research or Work in a Laboratory

(To be completed by CNS Faculty or Staff Sponsor)

Persons under 18 years of age (minors) wishing to work or conduct research in a Center for Nanoscale Systems (CNS) laboratory must be sponsored by a member of the CNS Faculty or Staff. In no case are minors under 16 years of age permitted to work in a laboratory.

The role and responsibilities of a Principle Investigator (i.e. Faculty or Staff Sponsor), as defined in the Harvard Chemical Hygiene Plan, are especially relevant to minors working in your research laboratory. These responsibilities include ensuring that:

- Laboratory personnel have adequate knowledge and information to recognize and control chemical hazards in the laboratory.
- Hazardous operations are defined and safe practices and protective equipment are designated and provided.
- Safe work practices, personal protective equipment and engineering controls are used to reduce the potential for exposure to hazardous chemicals.
- Laboratory personnel are informed of the potential hazards of the chemicals they use and are trained in safe laboratory practices, controls and emergency procedures.
- Laboratory personnel are informed of the signs and symptoms associated with exposures to hazardous chemicals used in their laboratory.
- Chemical waste is managed properly.
- Action is taken to correct work practices and conditions that may result in the release of hazardous chemicals.
- He or she grants approval, where required, prior to the use of particularly hazardous substances in the laboratory.
- Laboratory operations are supervised to ensure that the Chemical Hygiene Plan is being followed.
- Compliance with the CHP is maintained and documented.

Furthermore, the Faculty Sponsor must ensure the following departmental requirements are met for eligible minors:

Laboratory research approval: The Faculty or Staff Sponsor will complete and sign this document. The CNS Director must also sign the form before it is returned to the **CNS Safety Office**.

Parental Consent: The *Acknowledgement of Risk and Release* form must be read and signed by the eligible minor's parent/guardian and the minor. The form should be returned to the **CNS Safety Office**.

Emergency Contact Information: The *Emergency Contact Information* form must be completed by the eligible minor's parent or guardian and returned to the **CNS Safety Office**.

Safety Training: The eligible minor must receive laboratory safety training from the CCB Safety Officer before they begin any work or research in a laboratory. This training will in no way replace or obviate the need for training offered by their Faculty Sponsor or research supervisor.

Supervision: The Faculty Sponsor will ensure that the eligible minor's activities are closely supervised by themselves or will explicitly appoint a qualified scientific supervisor or supervisors. Eligible minors will not be permitted to work in the laboratory without supervision.

Hazardous Materials Restrictions: The Faculty Sponsor will guarantee that eligible minors do not work with or come into the immediate vicinity of:

- Radioactive materials
- Highly hazardous or highly toxic chemicals
- Infectious agents

The Faculty Sponsor will receive written notification from the CNS Safety Office when the above forms and safety training have been satisfactorily completed. Only then will the eligible minor be free to begin research or work in the laboratory.

Student's Last Name: _____ First Name: _____

Date of birth (must be at least 16 years old by start date): _____

Project start date: _____ Project end date: _____

CNS Sponsor: _____

Qualified person(s) appointed to supervise minor in lab: _____

Description of project the above student will be doing: _____

Please provide a summary of techniques this student is likely to use and list the materials and equipment they will employ which will require particular care or training:

Techniques: _____

Materials and Equipment: _____

*Note: any significant changes in the activities or scope of work described above will require re-notification of the **CNS Safety Office**.*

Does your laboratory use:

Radioactive materials	yes <input type="checkbox"/> no <input type="checkbox"/>	Infectious agents	yes <input type="checkbox"/> no <input type="checkbox"/>
Toxic and hazardous substances	yes <input type="checkbox"/> no <input type="checkbox"/>	Primate/Human blood, fluids, etc.	yes <input type="checkbox"/> no <input type="checkbox"/>
Flammable substances	yes <input type="checkbox"/> no <input type="checkbox"/>	Recombinant DNA	yes <input type="checkbox"/> no <input type="checkbox"/>
Carcinogenic substances	yes <input type="checkbox"/> no <input type="checkbox"/>	Lasers	yes <input type="checkbox"/> no <input type="checkbox"/>

Please describe any involvement the student might have with any of the above: _____

Sponsoring Faculty Member

CNS Director

Name (print): _____

Name (print): _____

Signature: _____

Signature: _____

Date: _____

Date: _____

*Please send completed form to the CNS Safety Office
(c/o Jim Reynolds, reynolds@cns.fas.harvard.edu)*

for Safety Office Use

Parental consent form	yes <input type="checkbox"/> no <input type="checkbox"/>	
Emergency contact information form	yes <input type="checkbox"/> no <input type="checkbox"/>	
Laboratory Safety training completed	yes <input type="checkbox"/> no <input type="checkbox"/>	as of _____
Project Approved	yes <input type="checkbox"/> no <input type="checkbox"/>	

CNS Safety Office authorization

Name (print): _____

Signature: _____

Date: _____