⮊ This form should be completed for adult volunteers (i.e., **persons 18 years of age or older**) who want to participate in activities in research laboratories and who are not enrolled in an Emory University or Oxford College regular catalog course or degree program; or not employed by Emory University as a full-time or part-time employee.

⮊ For volunteers who are less than 18 years of age, please complete the Registration Form for Minors Participating in Research Activities (review the Emory University Policy and Procedure on Minors in Laboratories at Emory University at <http://policies.emory.edu/7.21>)

**IMPORTANT NOTES:**

* This form addresses only laboratory safety issues associated with volunteers working in laboratories. Additional human resources issues associated requirements may need to be completed. Accordingly, you should contact appropriate University human resources representatives to determine the acceptability of the use of volunteers in your particular situation.
* All required sections of the form must be completed and submitted to EHSO/IACUC for approval.
* The volunteer cannot participate in any research activities until all training requirements are completed and written approval is received from EHSO/IACUC.
* The PI/Sponsor should contact the appropriate EHSO Bldg. Liaison to make arrangements for the volunteer to complete training.

**Instructions:**

* **Principal Investigator (PI) / Sponsor:**
	+ Complete Sections I, II, III, and IV
	+ Submit the completed document, sections I, II, III, IV, V-A, and V-B to EHSO
		- Scan & send to biosafe@emory.edu  **or**  fax to 404-727-5904
* **Volunteer:**
	+ complete Sections V-A and V-B and return to PI/sponsor

**SECTION I:** *(to be completed by PI/Sponsor)*

|  |
| --- |
| **Principal Investigator/Sponsor Information** |
| PI/Sponsor Name & Title |       | Dept |       |
| Campus address |       | Room# |       | Phone # |       |
| Alternate Contact Name |       | Phone # |       |
| Campus address |       | Room # |       |
| **Volunteer Information:** |
| Name  |       | Date of Birth |       | Email  |       |
| Campus address at which activities will take place |       | Lab # |       | Phone # |       |
| Reason for request *(Check one)* | [ ]  Volunteering[ ]  Internship (name of educational program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Project title *(if applicable)*       |
| Dates of Activity From       To       |

**SECTION II:**

Briefly describe the project and the role of the Volunteer in this project. Describe specific techniques (materials and methods) to be used by the Volunteer, including animal experiments, if any. Attach a separate sheet if necessary.

*This is a fillable box that will expand for the text entered.*

|  |
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|  |

**SECTION III - Requirements for Research involving Animals:** *(to be completed by the Prinicpal Investigator / Sponsor)*

**A).**  As indicated below, the written approval of the IACUC Office will be required prior to the Volunteer beginning research or work involving animals.

I agree to sponsor and provide supervision for       (insert Volunteer’s Name), and by my signature below I acknowledge and agree as follows:

* I have provided the Volunteer’s hazard specific safety training and had the Volunteer complete any other training required and provided by EHSO, IACUC, or other appropriate Emory units. I provided hazard specific safety training by doing the following:

 *insert description of training Principal Investigator/Sponsor provided to Volunteer on specific lab hazards].*

|  |
| --- |
|       |

* Personal protective equipment appropriate for and specific to laboratory hazards will be provided to Volunteer, and Volunteer will be instructed in the use/disposal of this equipment.
* While in the laboratory, the Volunteer will be supervised at all times by me or by another responsible faculty member or full-time staff member to whom I have specifically delegated this responsibility.
* Volunteers shall not be issued card keys to any animal facilities and while in animal facilities, Volunteers must be continuously accompanied by responsible members of the research team to whom the Division of Animal Resources (DAR) or Yerkes has issued card keys.

My laboratory is in full compliance with all applicable Emory University safety programs.

If animals are involved in the research, the following information is required:

Type of Animal:

IACUC Protocol Number:

**B).** **Approved: INSTITUTION ANIMAL CARE AND USE COMMITTEE** *(to be completed by IACUC):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*IACUC signature Date*

**SECTION IV - Requirements for Research involving work with hazardous chemicals or biological materials:**

The written approval of the Environmental Health and Safety Office (EHSO) will be required prior to the volunteer beginning research activities. The following items must be completed prior to the volunteer receiving EHSO approval to begin working.

**Training completion** (*to be completed by Principal Investigator/Sponsor*)

|  |  |
| --- | --- |
| ***Mandatory*** | ***Additional Requirements (as necessary )*** |
| * **Lab Safety Training**

**Date of completion:** | * **Bloodborne Pathogen Training (*if work involves the use of human cells, human cell lines, human blood, human body fluids, or human blood borne pathogens*)**

**Date of completion:** |
| * **Lab Self Inspection:**

 **Date of completion:** | * **IACUC (CITI) Training (*if working with animals*)**

**Date of completion:** |
| * **Biosafety Protocol Amendment**

**Date of submission:** | * **Radiation Safety Training (*if working with radioactive isotopes*)**

**Date of completion:** |
|  | * **Required Immunizations**

**Date of completion:** |
|  | * **Herpes B Training (*if working with macques or blood / tissue samples from macques*)**

**Date of completion:** |
|  | * **Respiratory Protection Training (*if respirator required*)**

 **Date of completion:** |
| * **Site Specific Requirements (i.e. Yerkes access)**

 **Date of completion:** |
| * **Laser Safety Training (*if work involves use of ClassIIIB or Class IV Laser*)**

 **Date of completion:** |

|  |  |
| --- | --- |
|       |       |

*Principal Investigator Name Department*

|  |  |
| --- | --- |
|       |       |

*Principal Investigator/Signature Date*

**Training verification** (*to be completed by EHSO*)

|  |  |
| --- | --- |
| ***Mandatory*** | ***Additional Requirements (as necessary)*** |
| * **Lab Safety Training**

**Date of completion:** | * **Bloodborne Pathogen Training (*if work involves the use of human cells, human cell lines, human blood, human body fluids, or human blood borne pathogens*)**

**Date of completion:** |
| * **Lab Self Inspection:**

**Date of completion:****Self-Inspection Conducted by:** | * **IACUC (CITI) Training (*if working with animals*)**

**Date of completion:** |
| * **Biosafety Protocol Amendment**

**Date of approval#:****Biosafety Protocol#:** | * **Radiation Safety Training (*if working with radioactive isotopes*)**

**Date of completion:** |
|  | * **Required Immunizations**

**Date of completion:** |
|  | * **Herpes B Training *(if working with blood or tissue samples from macques)***

**Date of completion:** |
|  | * **Respiratory Protection Training (*if respirator required*)**

 **Date of completion:** |
| * **Site Specific Requirements (i.e. Yerkes)**

 **Date of completion:** |
| * **Laser Safety Training (*if work involves use of Class IIIB or Class IV Laser*)**

 **Date of completion:** |

|  |  |
| --- | --- |
|       |       |

*EHSO Signature* *Date*

**SECTION V:** (*to be completed by volunteer*)

**A).**

* **I have read** the **“Rules for Volunteers Performing Activities Working in Laboratories”** below.
* **I UNDERSTAND** these rules and **AGREE** to follow them.
* **I UNDERSTAND** that if I do not follow these rules, I may be asked to leave.

Name:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RULES FOR VOLUNTEERS PERFORMING ACTITIVIES IN LABORATORIES**

1. Never work alone in any laboratory environment or animal facility without direct, immediate supervision from the Principal Investigator/Sponsor or someone designated by him/her as supervisor. In the case of animal facilities, your supervisor must have been issued a valid access card key.
2. Always follow the instructions of the Principal Investigator/Sponsor or designated supervisor. Always report any accident (regardless of severity) immediately to the Principal Investigator/Sponsor or designated supervisor.
3. Always wear the personal protective equipment as directed and dispose of it appropriately. This personal protective equipment may include safety glasses, gloves, coats/gowns, and other face/body protection as dictated by the hazard with which you are working.
4. Always keep your hands away from your face and wash them well with soap and
water prior to leaving any laboratory area.
5. Never eat, drink, chew gum, smoke, apply lip balm or cosmetics or touch contact lenses while in any laboratory environment.
6. Always wear closed-toe shoes while in any laboratory.
7. Always tie back long hair to keep it out of all the hazards.
8. Always wear clothing that reduces the amount of exposed skin.
9. Always ask questions if you don't understand the safety requirements.

**B).**

**By signing this form, I certify that I:**

• Understand that I am volunteering to participate in the Activity described above.

• Understand that it is my choice to participate in this Activity, and that I am not being required to do so.

• Understand that the Activity will take place in a laboratory at Emory University.

• Understand that there are certain hazards and risks involved in taking part in activities in a laboratory including, but not limited to, cuts, scratches, eye injuries, burns, and exposure to potentially harmful chemicals and biological matter and agents that can cause illness and/or injury.

• Understand that if the blank above under “Animal Use” is checked, the activity will involve the use of the described animals.

• Understand that there certain hazards and risk involved in working with animals including, but not limited to, scratches, bites, allergic reactions to animal dander, and potential to contract disease from the animal.

• Understand that I am responsible for following all rules and instructions while participating in the Activity and that my failure to do so will result in my participation in the Activity ending.

 • Understand that if any time the Emory personnel in charge of the activity decide, in their sole discretion, that it is in my best interest or the best interest of Emory University for me to no longer participate in the Activity, then my participation will immediately end.

• Understand that by participating in this Activity, I will not be an employee of Emory University or a student enrolled in an Emory catalog course or degree program.

• Understand that Emory will not provide any accident, health or other insurance for me and that it is my responsibility to pay for treatment of any injuries or illness that result from my participation in the Activity.

• Agree that the I am voluntarily participating in this educational Activity, and I am not being compelled to do so, and, in consideration of my participation, I will hold harmless and indemnify Emory University, its trustees, faculty, staff and students, from and against any and all claims, damages or liability arising from, or in any way related to, my participation in the Activity or presence at Emory facilities in relation with the Activity.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

*Name of Volunteer Signature Date*

**Contact Information for Volunteer:**

Home Phone: Work Phone:

 Cell Phone: Pager/Other:

**Contact Information for Alternate Person to Contact in the Event of Emergency if Volunteer is Incapacitated:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Volunteer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Work Phone:

 Cell Phone: Pager/Other: