

Proposed Project Checklist for Minors Performing Research in Laboratories

University of Michigan- Dearborn

Minor's name: _____ Date of Birth: _____

Supervisor: _____ Contact Phone# _____

PI & Location: _____

Time frame of research project: _____ through _____

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.

1) Please list the chemical hazards this student will be using _____

2) Will the minor be using biohazardous materials such as bacteria, viruses, human cells/tissues, recombinant DNA? _____

3) Will the minor be handling physical hazards such as radiation producing machines or lasers?

Project summary and types of experiments to be performed:

Minor's prior research laboratory experience: _____

Approved exceptions (require letter of approval from appropriate Official):

Signatures (must be completed prior to beginning work):

Minor: _____

Parent or Guardian: _____

Contact email & Phone: _____

PI: Supervisor (If different than PI): _____

EHSEM Director Review & Approval:

Send completed form for review to EHSEM - via fax – 436-9161