

Renewal Date: _____
 (Completed by EHS)

Undergraduate Working Alone Risk Assessment (Outside Normal Hours*)

Department and PI/Supervisor:

Instructions for completing this form:

- PI/Lab Manager: complete highlighted sections, save, and send to EHS
- EHS verify training completion, schedule risk assessment meeting with PI/Lab Manager
- PI/Lab Manager jointly complete sections 3 and 4
- PI/Lab Manager and students sign; return signed form to EHS
- EHS track renewals

1. The undergraduate student(s) listed below have permission to work alone in the following laboratories. *(indicate student name, email, building and lab room number)*

Student Name	Student Email	Building & Lab Room Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2. Work that will be excluded *(list specific work that WILL NOT be performed by the students)*

3. Based on EHS risk assessment, the following safeguards will be used *(indicate specific activities or materials and any restrictions)*

Activity	Requirements

4. Using the following Personal Protective Equipment *(list)*

5. For the following dates *(can be specific days or and extended period. No more than a semester)*

(Continued from page 1)

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6. Signatures (any change in location, safeguards, PPE, or dates should be amended in this form and initialed or a new form should be issued)

By my signature below, I certify that I understand I may be issued a warning for a violation of the stated conditions and that repeat violations can result in dismissal from the lab.

PI/Lab Mgr/Supervisor Signature

Date

Student Signature

EHS Lab Safety Training completed (Date)

Date

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Department CHO Signature

Date

EHS Signature

Date

Copy of signed forms returned to the PI; Original in EHS office.

Addendums

PI Initial

Date

EHS Department

Date

*Note: Normal Hours are M-F, 8:30 a.m. – 5:00 p.m.