

Renewal Date: _____
 (Completed by EHS)

Undergraduate Working Alone Risk Assessment (Outside Normal Hours*)

Department and PI/Lab Manager: _____

Instructions for completing this form:

- Villanova's Chemical Hygiene Plan states NO students are to work alone in the lab outside of normal business hours. If students in your lab are working alone, please complete the risk assessment below. Set limits on hours and activities in the lab to reduce the risks associated with working alone.
- PI/Lab Manager: complete highlighted sections, save, and email to EHS at ehs@villanova.edu
- EHS verifies training completion and schedules risk assessment meeting with PI/Lab Manager.
- PI/Lab Manager jointly complete sections 3 and 4.
- PI/Lab Manager, Department Chemical Hygiene Officer, and students' sign in section 6; return signed form to EHS.
- The PI/Lab Manager or a lab student will be listed for the student to check in and check out with by phone or text when they arrive and leave the lab.
- EHS track renewals.

1. Work to be done outside of normal hours when staff or faculty are not present in the building.

Include a brief description and the task(s). Include the permitted day and time for each task(s) if multiple tasks are listed. Include the student's name, building and lab room number.

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 an 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's Name	Student's Signature	Name of Check-in/ Check-out Person	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

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 _____

Clear Form

Print

*Note: Normal Hours are M-F, 7:30 a.m. – 4:30 p.m.

