

Texas State University

Minor Laboratory Worker Agreement

Departmental Agreement

A copy of this document will be maintained on file in the principal investigator's laboratory, department office, Dean's office and EHSREM.

Name of sponsored program (if applicable): \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person providing direct supervision: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

Lab location \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Start/date: \_\_\_\_\_ End Date: \_\_\_\_\_

Detailed description of work activities, including materials and equipment that will be used:

Training Required:

- Online safety training provided by EHSREM
- Site specific laboratory safety training by P.I.
- Other training(specify):

I acknowledge that I have read and I am familiar with the requirements of the University Policy for Minors on Campus and the Guidelines for Minors in Laboratories. I agree to provide supervision for the above named minor, to provide the required and necessary training, and to take steps to assure his/her safety and the safety of others present in the laboratory. The activities involved in the proposed work or learning activities to be performed by the above named minor are activities permitted under the Guidelines for Minors in Laboratories or an exemption has been granted. I certify that the activities to be performed by the minor are not activities that would otherwise be performed by a paid employee. I agree to provide an appropriate and reasonable amount of funding for supplies and services to support the minor's work.

\_\_\_\_\_  
Principal Investigator name (print or type)      signature      Date

\_\_\_\_\_  
Department Chair name (print or type)      signature      Date

\_\_\_\_\_  
Dean of College name (print or type)      signature      Date

\_\_\_\_\_  
EHSREM representative name (print or type) signature      Date