

MERCER UNIVERSITY
Application for Access to Science Laboratories
for
Non-Mercer Personnel
(Set cursor in shaded fields, enter information & tab to next field)

This form is designed to collect information in accordance with the Institutional Hazardous Chemical and Drug Safety Committee (IHCDSC) Science Laboratory Operations Manual.

- I. Name of Applicant:
- II. School or Group Affiliation (if appropriate):
- III. Mercer University Faculty Sponsor or Supervisor:
- IV. Facility Space (Building & Room Number):
- V. Experimental Protocol (Attachments, if needed):

Deleted: ¶
¶

NOTE #1: If the protocol involves exposure to laboratory animals, hazardous chemicals, radioactive materials, or biohazardous materials, the Faculty Sponsor or Supervisor, by signing below, assures that the applicant has received appropriate safety training before initiating any activities in the laboratory. Persons under the age of 18 are not permitted to work with or handle radioactive materials, materials covered by the Bloodborne Pathogens Act or requiring Biosafety Level-2 containment, or P- or U-rated chemicals.

- VI. Time Period of Request
FROM: _____ TO: _____
- VII. Summary of related experience and/or safety training:

NOTE #2: The summary must include the date(s) of OSHA, EPA, and other training.

VIII. **Signature of Applicant:** _____

Date of Submittal of Application: _____

- IX. **Is the applicant under the age of 18? (Check Y or N)** YES NO
If yes, a Parent or Legal Guardian must sign:

Signature of Parent or Legal Guardian: _____

Address: _____

Phone number (day): _____ **(night):** _____

X. **Signature of Faculty Sponsor/Supervisor:** _____

XI. **Signature of DEPARTMENT CHAIR:** _____

NOTE #3: Submit the original form to the departmental chair named above, with copies submitted to departmental safety officer (when applicable) and the Mercer University Health & Safety Office (Patterson Building, Macon Campus). The applicant and Sponsor/Supervisor should keep copies for their records.