

PERMISSION TO WORK INDEPENDENTLY

SECTION I: STUDENT

_____ Campus Address: _____
(please print)

Supervising Faculty Member: _____

Short Description Of Work To Be Done:

I have read the "Laboratory Working Alone and After Hours Policies" and agree to abide by their restrictions. **Under no conditions will I work alone 'after hours' in the laboratory.** I have received training in the proper experimental and emergency procedures and understand those procedures for the work I am authorized to do after hours.

Student Signature: _____ Date: _____

SECTION II: FACULTY PERMISSION

The student has been trained in proper experimental and emergency procedures for the work to be performed after hours and understands the requirements of the "Laboratory Working Alone and After Hours Policies" and any restrictions on work that can be done after hours, alone, or without faculty supervision.

I approve this request for permission to work after hours.

Building and Room Number(s): _____

Hours Access is Allowed: _____

Duration of Permission: _____

Restriction on Independent Work: _____

Supervising Faculty Signature: _____ Date: _____

Campus Extension: _____ Emergency Number: _____

SECTION III: LABORATORY SAFETY TRAINING (required for Chemical Use)

This student has completed laboratory safety training provided by the Office of Environmental Health & Safety (EH&S).

Training Date: _____

EH&S Signature: _____ Date: _____

SECTION IV: FOR DEPARTMENT USE

Date Card Access Requested: _____

Building Access Hours: _____

Room(s) and Access Hours: _____