

**UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
ENVIRONMENTAL HEALTH & SAFETY**

**Hazard Assessment Request for Minors in the Workplace**

The Environmental Health & Safety Office reviews and authorizes all requests for minors requesting to work or volunteer in UTHSCSA laboratories. A minor is a child under the age of 18. Federal, state, and institutional policies do not allow minors to work in, with, or around certain chemicals, biological agents or radioactive material, equipment, or animals in manners that pose a hazard to their health or safety. **Minors must be supervised at all times while working in laboratories. No minor under the age of 16 may work or volunteer in any UTHSCSA laboratory.** Please print the form and complete the following information for review and approval by EHS to ensure the designated work area meets all safety requirements. Send completed form to: DTL, 1.343T.

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**Section 1 – Student Information (Completed by Supervisor/Principal Investigator)**

Name of Minor: \_\_\_\_\_ Birth Date of Minor: \_\_\_\_\_  
Department/Division: \_\_\_\_\_ Building/Room #: \_\_\_\_\_  
Supervisor/Investigator: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
Laboratory or Office Room #: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Classification of Minor:  PAID EMPLOYEE  VOLUNTEER  OTHER: \_\_\_\_\_  
Name of Program (if applicable): \_\_\_\_\_

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**Section 2 – Hazard Assessment (Completed by Supervisor/Principal Investigator)**

The following activities are **prohibited** for minors:

1. Handle, store, or work near potentially explosive chemicals
2. Perform motor vehicle driving or deliveries
3. Handle, use, or operate power-driven woodworking machines
4. Operate power-driven hoisting apparatus (sky lifts or forklifts)
5. Operate power-driven metal-forming or punching machines
6. Operate power-driven slicing, packaging, or shearing equipment
7. Operate power-driven paper baling machines or compactors
8. Handle, use, or operate power-driven circular saws, bandsaws, bonesaws, trimmers, or shears
9. Work with Lentivirus, VSV-G pseudotyped retrovirus
10. Work in a Biosafety Level 3 laboratory
11. Work in a laboratory that manipulates active pathogenic agents of childhood disease
12. Handle or use Group 1 carcinogens (known to cause cancer in humans)
13. Handle or use highly toxic chemicals (e.g. LD<sub>50</sub><0.1 mg/kg)
14. Work with non-human primates or other high-risk species
15. Work with Select Agents or Toxins
16. Work with ionizing radiation

***Non-Laboratory Assessment:***

If the Student is NOT working or volunteering in a laboratory, please describe the activities or projects to be performed by student:

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**Send completed form to:** Environmental Health & Safety, DTL 1.343T. FAX 210-567-2965

**Laboratory Safety Assessment (Completed by Supervisor/Principal Investigator):** Indicate activities which would require safety training prior to participation.

Lab Room # (s): \_\_\_\_\_

Biosafety Level:  BSL-1  BSL-2  BSL-3

Ionizing Radiation:  3-H  32-P  35-S  125-I  Other, please list: \_\_\_\_\_

Chemical Hazards:  Known Human Carcinogens  Acutely Toxic  Probable or suspect carcinogens

Other Hazards (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

Describe lab activities / experiments to be performed by Student:  
\_\_\_\_\_  
\_\_\_\_\_

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**Section 3 – Certification (Must be signed by Minor, Parent or Legal Guardian, and Supervisor)**

The following signatures indicate acknowledgement of the information listed above and are required before submitting to employment, internship, volunteer, or study. The potential hazards in the project area assigned to the minor have been communicated and any necessary safety precautions will be taken to prevent exposure to hazardous conditions or agents.

Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor or Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 4 – Safety Review (Completed by Environmental Health & Safety)**

**APPROVED**

**DISAPPROVED**

Date of Last Lab Safety Evaluation: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Training Requirements for Student:

<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/> Tuberculosis (TB) Skin Test	<input type="checkbox"/>
<input type="checkbox"/> Basic Biological Safety	<input type="checkbox"/>	<input type="checkbox"/> Hepatitis B Virus Vaccination	<input type="checkbox"/>
<input type="checkbox"/> Laboratory Safety and Hazardous Waste Generator's	<input type="checkbox"/>	<input type="checkbox"/> DLAR Orientation Training	<input type="checkbox"/>
<input type="checkbox"/> Basic Radiation Safety Orientation	<input type="checkbox"/>	<input type="checkbox"/> IACUC CITI Training	<input type="checkbox"/>
<input type="checkbox"/> Site-Specific Chemical Hazard Training	<input type="checkbox"/>		
<input type="checkbox"/> Dosimetry	<input type="checkbox"/>		

Additional Comments/Precautions:  
\_\_\_\_\_  
\_\_\_\_\_

EHS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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