

This form shall be submitted to EH&S by email at ehsafety@uta.edu, faxed to 817-272-2144 or mailed to Box 19257.

An exception to the Minors in the Laboratories or Similar Facilities Policy may be initiated by a Laboratory Supervisor if the determination is made that the pedagogical benefits or outreach opportunities associated with a **laboratory tour** or **covered activity(ies)** outweigh any potential risks or disadvantages. This request must be approved by the Department Chair or Director, Dean, EH&S and the Vice President for Administration and Campus Operations. Additionally, in the case of ABSL-1 or ABSL-2 laboratories, approval must be obtained from the Institutional Animal Care and Use Committee (IACUC) and the Vice President for Research.

Date: _____

LABORATORY INFORMATION

Laboratory Number and Location: _____

Laboratory Supervisor: _____

Department: _____

LABORATORY TOUR EXCEPTION

Date of Tour: _____ **Start Time:** _____ **End Time:** _____

Type of exception: BSL2 Hard Hat Area Respirator Required
 ABSL-1 IACUC Approval Date: _____ ABSL-2 IACUC Approval Date: _____

Brief Description of any Demonstrations/Laboratory Activities Occurring During the Tour and Justification for the Exception:

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

COVERED LABORATORY ACTIVITIES EXCEPTION

Start Date: _____ **End Date:** _____

Type of exception: BSL2 Hard Hat Area Respirator Required Pyrophorics or Highly Toxic Gases
 ABSL-1 IACUC Approval Date: _____ ABSL-2 IACUC Approval Date: _____

Brief Description of Covered Laboratory Activities involving the minor(s) and Justification for the Exception:

Minors in Laboratories - Restriction Exception Request

SIGNATORIES

The undersigned acknowledges that (s)he has read HOP Policy 5-308, Minors in Laboratories or Similar Facilities, and assumes the duties of the laboratory supervisor, monitor, and/or mentor as appropriate.

Laboratory Supervisor Signature Printed Name Date

APPROVAL: Department Chair or Director (see approval chart below if laboratory supervisor is department chair, dean, or vice president)

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

Department Chair or Director Signature Printed Name Date

APPROVAL: Dean or Vice President (see approval chart below if laboratory supervisor is department chair, dean, or vice president)

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

Dean or Vice President Signature Printed Name Date

APPROVAL: Environmental Health & Safety

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

Director of EH&S Signature Printed Name Date

ABSL-1 or ABSL-2 ONLY - APPROVAL: Chair, Institutional Animal Care and Use Committee (IACUC)

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

IACUC Chair Signature Printed Name Date

ABSL-1 or ABSL-2 ONLY - APPROVAL: Vice President for Research

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

VP for Research Signature Printed Name Date

APPROVAL: Vice President for Administration and Campus Operations

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

VP for Administration and Campus Operations Signature Printed Name Date

If the laboratory supervisor is	then approval is required by the laboratory supervisor's
faculty or staff member assigned to a college	chair, dean, EH&S and VP for Admin and Campus Operations
department chair	dean, Provost, EH&S and VP for Admin and Campus Operations
staff member reporting outside of Academic Affairs	director, reporting VP, EH&S and VP for Admin and Campus Operations
vice president or dean	Provost, EH&S and VP for Admin and Campus Operations