

Researcher Consent Form for Working Alone on High-Risk Activities

*University of Notre Dame
Department of Chemistry & Biochemistry*

- I understand that I am not obligated to work alone on High-Risk activities.
- I understand the risks involved in working on High-Risk activities and those risks are increased when working alone where limited assistance exists in the case of an emergency.
- I will not work alone on High-Risk activities without first having reviewed appropriate safety protocols and risk mitigation strategies with my PI.
- I will always adhere to specific High-Risk SOPs.
- I understand that the Department's working alone policy on High-Risk activities requires that I enlist a second person to check in with periodically while conducting these activities.
- I understand that, in the event I sustain an injury in the laboratory outside of normal business hours, I am still eligible for Worker's Compensation care per the State of Indiana Worker's Compensation guidelines.
- I understand that if I have engaged in good faith efforts to perform my research responsibilities, I will be indemnified per University policy:
<https://treasury.nd.edu/risk-and-insurance-management/programs-and-resources/defense-and-indemnification-of-employees/>
- I will always adhere to the following general SOPs but in particular when working alone:
 1. All required PPE and requisite attire will be worn (e.g., gloves, lab coat, safety glasses, closed-toe shoes).
 2. All efforts will be made to minimize the quantity of handled chemicals and materials.
 3. All attempts will be made to avoid working with highly toxic, corrosive, reactive, pyrophoric and/or explosive materials.
 4. All attempts will be made to avoid working with laboratory equipment presenting sizable risks for entanglement, amputation, electrocution, or other serious bodily harm.
 5. All efforts will be made to utilize appropriate risk mitigation equipment (e.g., conducting work in a hood, using the sash, using shields when needed) and strategies (e.g., avoid working in confined spaces).

Signature of Researcher (Type in name as a digital signature)

Date

Name of Principal Investigator

Email to Mary Prorok: mprorok@nd.edu