

**Proposed Project Checklist for Minors Performing Research in Laboratories  
Form 1**

Minor Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

PI & Location: \_\_\_\_\_

Time frame of research project: \_\_\_\_\_ through \_\_\_\_\_

Check here if this minor will be participating in a research laboratory project:

Check here if this minor will be participating in a classroom or education outreach program:

1) Please list the chemical hazards or radioactive materials this minor will be using: \_\_\_\_\_

\_\_\_\_\_

2) Will the minor be using biohazardous materials such as bacteria, viruses, human cells/tissues, recombinant DNA? If yes, please explain (**minors of ages of 12 through 15 are limited to handling BSL-1 materials; 16 and 17 year-old minors are limited to handling BSL-1 and BSL-2 materials**):

\_\_\_\_\_

\_\_\_\_\_

3) Will the minor be handling physical hazards such as radiation producing machines or lasers? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Please provide a project summary and they types of experiments to be performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minor's prior research laboratory experience: \_\_\_\_\_

\_\_\_\_\_

**Signatures (must be completed prior to the beginning of work):**

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

Contact email and phone: \_\_\_\_\_

PI: Supervisor (If different than PI): \_\_\_\_\_

RMS Review and Approval: \_\_\_\_\_