



**STUDENT SERVICES REQUEST/POSITION DESCRIPTION**

**FORM H 2011-2012**

Directions: Please complete this form when requesting a student affiliation (compensated or not compensated) in an area that has potential industrial exposure (for example; laboratory, radiation area, etc.). Any questions regarding completion of the form should be directed to Office of Research Safety – 679-2723. Once the form is complete please forward to Office of Research Safety at MC – 3930. All required training, as identified on this form, must be coordinated by the student host (manger/supervisor/PI)

**Part I:**

Department/Division:		Ext:	
Person/Dept. Requesting Student/Minor Service		Date:	
Title:	Office Location:	M.C.	Fax:
Why do you want minor/student assistance?			
Individual Required (Check as many as are acceptable)	Adult: <input type="checkbox"/>	College: <input type="checkbox"/>	High School * (age 15 or older): <input type="checkbox"/>
Date of Birth ___/___/___			
* Requestors and their departments have responsibilities to review and monitor the activities of students so that risks from potential hazards are eliminated or appropriately managed. Minors (under 18 years of age) are prohibited from entry into laboratories, industrial areas and rooms that must be entered by passing through such rooms (see UCHC Policy on Minors in the Workplace). In situation where a structured educational program has been established and the minor is participating in such an educational program, a minor at least 15 years may enter such areas after: obtaining a signed contract between UCHC and the school, obtaining an informed parental consent to participate in the program; the program/department has assigned the host/instructor responsibilities to appropriately reduce risks and supervise the activities of the minor and verified that these responsibilities have been accepted; and, the program/department has determined any additional requirements from Employee Health Services and the Research Safety Office. <i>All persons requesting student service <b>MUST</b> circle the appropriate answers to the questions on the back of this form:</i>			
Student's Name:		Room #:	
Where will the student work?		Is the workstation wheelchair accessible?	
Who will train and supervise the student?		Ext:	
Days preferred:	Number of days per week:		
Hours needed:	How many students can you accept?		
Start date:	End date:		
Brief, specific description of what the student will be required to do (List duties):			
Qualifications:			
If specialized training is required, who will provide it? What will it consist of?			

**CONTINUE ON BACK**

**Part II (Circle Appropriate Answer):**

YES	NO	1. Will the student work in a laboratory? (If yes, contact the Office of Research Safety, Laboratory Safety Training must be completed).
YES	NO	2. Will the student work in a non-laboratory area with the potential for exposure to hazardous chemicals? (If yes, contact the Office of Research Safety, General Chemical Safety Training must be completed).
YES	NO	3. Will the student work with or in an area with radioactive materials, equipment producing ionizing radiation, or lasers? (If yes, contact the Office of Research Safety, Radiation Safety Training must be completed)
YES	NO	4. Will the student work with laboratory animals? (If yes, Animal Care Training must be completed. Contact ACC Office at: <a href="mailto:OOACC@uchc.edu">OOACC@uchc.edu</a> to arrange this).
YES	NO	5. Will the student be exposed to human blood or infectious materials? (Minimum age 16 years old.) (If yes, contact the Office of Research Safety, Bloodborne Pathogen Training must be completed).
YES	NO	6. Will the student require personal protective equipment? (If yes, then the student's supervisor must provide it, train the student in its proper use, and inform the student about the tasks requiring such use).
YES	NO	7. Is the student a minor (under 18)? (If yes, complete Part III. If no, go the Part IV.)

**Part III - Minors (Circle Appropriate Answer):**

YES	NO	1. Is the minor at least 15? (If no, the minor is prohibited from entry into laboratories and industrial areas.
YES	NO	2. Is this student assignment part of a structured education program? (If no, the minor is prohibited from entry into laboratory and industrial areas. If yes, enter name of the educational program _____ and verify by signature on this form that a signed contract with the school has been executed and all other requirements have been met.  Will Minor be Compensated? YES NO                      Signature: _____  <b>If minor will be compensated the Connecticut Department of Labor must inspect the work area prior to initiation of work. Working papers are also required. Call the Research Safety Office for further information x 2723. Allow at least 6 weeks lead time for this inspection!!!</b>
YES	NO	3. Is the minor at least 16? (If no, work with potential exposure to ionizing radiation, lasers and infectious agents including human blood and body fluids is prohibited. If yes, see items 3 and 5 in Part II.)
YES	NO	4. Attached is a description of duties, potential risks and outline of the structured educational program signed by the P.I. or Department Head that will be used as part of the parental consent form.

**Part IV**

This assignment is for:	A limited time period: <input type="checkbox"/>	Ongoing: <input type="checkbox"/>	Begins:	Ends:
<b>Signature of Requester:</b>				<b>Date:</b>
<b>Signature of Department Head*:</b>				<b>Date:</b>
* The above signature of Department Head indicating that they have approved the experience provided for all safety training and verified that all documentation requirements have been met.				

**Keep copy of form in student file, return original to the Office of Research Safety MC3930**