

Safety Clearance Form – for Minor Student’s and/or Minor Volunteers

TO BE COMPLETED BY PI/PRECEPTOR HOSTING MINOR STUDENTS OR VOLUNTEERS

FORM G Revised: 4/09

2009-2010

Directions: PI/Preceptor/Host must complete this form and return to the Office of Research Safety **PRIOR** to the onset of the student or volunteer experience. It is to be completed for minors only (age less than 18 years). The signatures indicates that the minor (student or volunteers) will not be exposed to any industrial hazards (e.g. bloodborne pathogens, chemicals, and/or radiation)

TO: P. I. Preceptor/Host/Manager: _____

Room Number: _____

Extension: _____

UCHC Sponsoring Program: _____

Student’s Name: _____ **Phone/Extension:** _____

Your effort in acting as a preceptor for this minor plays a most important role in the continued success of the mission of the UCHC. For success we must also stress and solicit your help in assuring that the minor has a safe experience at the Health Center. As you supervise this minor, or have others assist you in supervising the minor, please keep in mind the guidelines below that must be followed:

- ◆ This minor may not fully appreciate the potential hazards associated with the activities he/she may observe. Thus, you must play an active role in monitoring the activities and setting appropriate limits for safety.
- ◆ Any activity of this minor must be accomplished so that he/she remains an observer. The minor may not be put in a position where direct contact with or exposure to human materials or infectious agents or exposure to hazardous quantities of dangerous materials (chemicals, ionizing or non-ionizing radiation, etc.) is possible. Personal protective equipment must not be relied upon to provide such exposure protection.
- ◆ The minor has not received laboratory safety training on the safe use or handling of chemicals, radioactive materials, human blood and body fluids, compressed gases, cryogenic materials, x-ray producing equipment, lasers, etc. You must establish appropriate controls and exercise supervision so that the risk of exposure is minimal.
- ◆ Confidentiality issues are of concern. You must ensure that the student does not have unauthorized access to patient records, diagnosis, etc., and that the “Patient Confidentiality Agreement” has been signed.

Please review these guidelines with your minor or minor(s) and others that may assist you with your duties as a Preceptor. (Questions should be referred to the Office of Research Safety x2723). After you have reviewed the above information with the student, sign below and have any other preceptors and the student that you will supervise sign where indicated.

P.I. / Preceptor Signature/Date: _____

- ◆ Signatures/Date of others that will assist with supervision:

Minor Signature/Date: _____

Host/Preceptor/Manager keep copy of form in student file, return original form to the Office of Research Safety - MC 3930

Rev. 6/06, 6/07, 4/08, 4/09