

Laboratory Volunteer Information

Does the individual you wish to volunteer currently hold a visa? *If yes, please contact HR before completing the forms to determine if volunteering is allowed for the visa type.*

TO BE COMPLETED BY VOLUNTEER:

First Name: _____ Middle Name: _____ Last Name: _____
 Laboratory PI: _____
 UIC Student (current or previous)? Yes No
 If current or previous – UIN Net Id
 Have you ever consulted or done work for UIC? Yes No
 Have you ever volunteered for UIC before? Yes No
 Anticipated dates of volunteer experience: Start _____ End _____
 Date of Birth: _____
 Email address: _____
 Do you hold a visa*? Yes No
 If yes” to visa, indicate type _____
 Visa Dates: Start _____ End _____

EMERGENCY CONTACT INFORMATION (this section is mandatory):

Name: _____ Relationship: _____ Phone number: _____
 Address: _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY FACULTY/PI:

Which buildings are required for **supervised** access?
 Start Date _____ End Date _____ for building access?

If volunteer DOES NOT HAVE a UIN - please complete the Request for University Identification Number (UIN) form.

NOTE: Please return completed forms to the Human Resources contact (krighe2@uic.edu)

Procedure for Visitors in UIC Laboratories

OBJECTIVE – In order to protect the Principal Investigator (PI) and the University of Illinois at Chicago from the liability associated with having visitors in laboratories, the Lab Visitor Policy was created to ensure that all visitors entering UIC laboratories have been informed of potential hazards and have received the appropriate lab safety training.

APPLICABILITY – This procedure applies to all UIC facilities involved in laboratory operations that have biological, chemical, nanomaterials, non-ionizing radiation, ionizing radiation, or physical hazards.

Limitation of Acceptance of Risk, Waiver and Release – The signed waiver only applies to the particular PI and his/her laboratory space on campus. If the visitor, volunteer, collaborator or observer transfers to a different PI on campus, a new waiver must be signed for their location. The reasoning for a new waiver is that potential laboratory hazards change from location to location on campus, and each visitor, volunteer, or observer, has the right to know about the hazards and receive appropriate safety training on them.

DEFINITIONS:

Collaborator – any person employed by an outside company or institution who has been given permission by their employer and the UIC department to perform laboratory work at UIC.

Observer – a participant in a special program or tour who is not employed by UIC that enters a laboratory on campus to observe laboratory work.

Volunteer – any person who is not employed by UIC who enters a laboratory on campus to conduct laboratory work activities. This shall include unpaid UIC students, unpaid high school student, interns working on a stipends not provided by UIC, spouses, or unpaid post-doctoral researchers.

Visitor – a collaborator, observer, or volunteer.

Laboratory – an area where biological, chemical, nanomaterial, physical and radioactive (e.g. lasers) manipulations are carried out.

Procedures for all Visitors to Labs

1. Colleagues, prospective students, and others may be invited into laboratories for academic and research purposes. Non-work related visitors are discouraged. If the area does not meet the definition of laboratory, general rules for visitors to campus apply.
2. Anyone wanting to bring a visitor into a laboratory must first obtain the approval of the PI.
3. The laboratory must be in full compliance with all safety regulations and UIC safety procedures (UIC Lab Safety Plan, Biological Safety Program, Radiation Safety Program, Animal Care Committee, Institutional Biosafety Committee (IBC), etc.). Violations found during internal laboratory audits or by external agencies must be corrected or resolved prior to visitors entering the lab.
4. All visitors must wear appropriate personal protective equipment (PPE) as outlined in the UIC

- Lab Safety Plan. All field trips and tours will need appropriate PPE made available to the visitors.
5. All volunteers must wear appropriate personal protective equipment (PPE) outlined in the UIC Lab Safety Plan and the PPE/Lab Hazard Assessment completed by the PI. The visitor should read and sign the PPE/Lab Hazard Assessment.
 6. The attached Lab Visitor Matrix shall be followed to determine requirements for different types of visitors in the lab.

Collaborators

1. The PI is responsible for ensuring that a collaborator has appropriate safety training and is aware of relevant UIC-specific safety procedures.
2. Collaborators seeking to work with infectious materials must seek approval from the EHSO Biosafety Staff.

Observers

1. Observers are not allowed in laboratories unless accompanied by the PI or designee.
2. Before bringing observers into a lab, a safety briefing should be provided regarding the location of eyewash stations and safety showers, activities currently underway in the lab, where not to touch, what to do in case of an emergency.

Volunteers

3. An Acceptance of Risk, Waiver, and Release Form, must be signed by all volunteers. A signed copy of the form must be maintained by the department in charge of the laboratory.
4. Volunteers must complete live or on-line UIC laboratory safety training. They may register for this training at the link below: <http://www.uictraining.org>
5. All volunteers in labs must undergo activity and area specific training provided by PI or designee.
6. All volunteers should read and sign the PPE/Lab Hazard Assessment specific to the lab. Volunteers must be provided the appropriate PPE for the laboratory tasks they will be conducting.
7. Volunteers who will use radioactive material or ionizing radiation must have approval from the campus Radiation Safety Officer (RSO) in EHSO's Radiation Safety Section (6-7429).

Volunteers who are Minors

1. An Acceptance of Risk, Waiver and Release Form, must be signed by both the minor and the parent/legal guardian prior to working inside a laboratory.
2. No volunteer under the age of eighteen may do the following activities: be alone in a laboratory, handle radioactive materials, work with animals, work with toxic gases, work with pyrophoric chemicals, work with Hydrofluoric Acid (HF), work with Acute Toxins, Select Carcinogens, Mutagens, or Reproductive Toxins, handle human blood, handle human cell lines, handle other material defined as "other potentially infectious materials" by OSHA (Bloodborne Pathogens Standard 29 CFR 1910.1030).
3. No one under the age of sixteen shall be allowed in any University laboratory, except as observers.

Lab Visitor Matrix

Type of Visitor	Training Requirement	Waiver Form Required	PPE Required	EHSO Approval Needed
Observer	Safety Briefing by PI or Designee	No	Observers must be provided appropriate PPE for observation inside a lab.	No
Volunteer Over 18 Years of Age	EHSO Lab Safety Training (live or classroom) and lab-specific training provided by PI or designee.	Yes	All volunteers should read and sign the PPE/Lab Hazard Assessment specific to the lab and be provided the appropriate PPE for the laboratory tasks they will be conducting.	No
Volunteers Under 18 Years of Age	EHSO Lab Safety Training (live or classroom) and lab-specific training provided by PI or designee	Yes (must also be signed by parents)	All volunteers should read and sign the PPE/Lab Hazard Assessment specific to the lab and be provided the appropriate PPE for the laboratory tasks they will be conducting.	No
Collaborators	EHSO Lab Safety Training (live or classroom) and lab-specific training provided by PI or designee	No	All collaborators should read and sign the PPE/Lab Hazard Assessment specific to the lab and be provided the appropriate PPE for the laboratory tasks they will be conducting.	Collaborators seeking to work with infectious materials must seek approval from the EHSO Biosafety Staff.

ACCEPTANCE OF RISK, WAIVER AND RELEASE

Date: Select One: Fall Spring Summer 20

Last Name: First Name:

Address: City: State: Zip:

Phone #: E-mail:

UIC Sponsor: Research Lab Building/ Room #:

Status (Select one): Visitor Volunteer Observer Collaborator Other – specify:

I certify that I have read, understand and agree to follow the “Visitors to University of Illinois at Chicago (UIC) Campus Laboratories” Procedures (<http://www.uic.edu/depts/envh>), and any and all other rules, policies, and procedures applicable to laboratory research. I agree that prior to working in the lab I will complete laboratory safety training, and any other required training, and will have read the UIC Laboratory Safety Plan and the Biosafety Manual. I also understand that failure to follow the Visitors to UIC Campus Laboratories policy will result in suspension of my participation at any time.

I acknowledge and fully understand that research laboratories offer the use of dangerous hazardous materials, including but not limited to biological, chemical, nanomaterial, non-ionizing radiation, ionizing radiation, and physical hazards. I certify that I have read and understand the “Potential Hazards” sheet explaining the hazards involved in scientific research.

I acknowledge and fully understand that by working in a research laboratory, I will be engaging in activities that involve risks of severe and permanent disability, including but not limited to the loss of eyesight, respiratory difficulties, illness, and death, and that severe social and economic losses might result not only from my own actions, inaction or negligence, but the actions, inaction or negligence of others. I agree to wear protective equipment to minimize these risks.

I accept any and all risks of property damage, personal injury, permanent disability or death in connection with my visitation or work in the research laboratory.

I understand that The Board of Trustees of the University of Illinois (University) can neither eliminate all risk nor guarantee my personal health and safety while I am present in the research laboratory.

I acknowledge and fully understand that The Board of Trustees of the University of Illinois is not responsible, and assumes no liability, for any injuries to me, or damages that may result from my use of hazardous materials or presence in the lab; from my own negligence or misuse of the hazardous materials; or from another researcher’s actions.

In consideration for the University allowing me access to the research laboratory, I hereby release, indemnify and hold harmless The Board of Trustees of the University of Illinois, its trustees, officers, agents, employees, volunteers, and assigns of and from any and all claims arising out of or in any way

connected with my access to the research lab, including but not limited to the risks outlined above. I understand that I have given up substantial rights by signing this document, and sign it voluntarily. This waiver and release also binds my heirs and assignees.

ACCEPTANCE OF RISK, WAIVER AND RELEASE

I certify that I am over 18 years of age, and that I have read and fully understood the risks involved, my responsibilities, and the terms of this Acceptance of Risk, Waiver and Release. If I am under 18 years of age, I certify that my parent or legal guardian has been provided a copy of this release for review and has included his/her signature below.

Participant signature:

Date:

Printed Name:

Consent and Release on Behalf of Minor

I am the parent or legal guardian of the above-named minor. I certify that I have carefully read the Lab Visitor’s Policy and understand the foregoing Acceptance of Risk, Waiver and Release and the “Potential Hazards” information sheet, and any other documents that I felt were necessary to giving my consent. I voluntarily agree to the terms of this document on behalf of my child or ward, a minor. Knowing the risks stated above, I consent to my child’s/ward’s presence and use of equipment and materials in the research lab.

Signature of parent or legal guardian:

Date:

Printed Name:

Date:

POTENTIAL HAZARD INFORMATION SHEET

Scientific research may involve exposure to various hazards. When deciding to visit, volunteer, collaborate or observe inside University of Illinois at Chicago (UIC) laboratories, you need to be aware of the potential hazards you may encounter. The following information provides the most common potential hazards, but is not intended to be an exhaustive list of all potential hazards.

Hazard Definitions:

Allergens - substances capable of producing an allergic reaction

Animals – can bite, scratch, transmit zoonotic diseases, such as rabies, toxoplasmosis, pox virus, rat bite fever, and various parasitic infections, or release allergens.

Asphyxiant – a substance such as a gas or a toxin that causes a decrease in oxygen concentration or an increase of carbon dioxide concentration within the body

Carcinogens – substances capable of producing cancer

Chemicals – can be unstable, making them reactive and prone to explosion. Potential injuries include skin and eye burns, respiratory problems, allergic reactions, skin, eye, and mucous membrane irritation, and illnesses.

Gas cylinders/compressed gases – gas cylinders with compressed gases can explode causing injury from high speed projectiles. Released gases can cause eye and skin irritations, respiratory problems, light-headedness, asphyxiation and fainting.

Mechanical/electrical equipment and instrumentation – can cause electrocution, burns, cuts, scrapes and injuries from pinch points. High noise levels can cause hearing loss.

Mutagen – agent (chemical or physical) capable of inducing genetic mutation

Nanomaterials – any polymer matrix, liquid dispersion, powder/ aerosol, between 1 and 500 nanometers (nm) in size, where the hazard properties are unknown or known to cause harm.

Non-Ionizing Radiation – any part of the electromagnetic spectrum that can cause bodily harm including but not limited to: microwaves, infrared (IR), ultraviolet (UV), Lasers, radio, extremely low frequency electric and magnetic fields, x-rays.

Pathogens – bacteria, viruses, prions, fungi, and parasites capable of causing diseases

Radiation/irradiation – can cause skin and eye damage, cellular damage and long-term health problems.

Recombinant materials – DNA that has been genetically engineered (altered), usually incorporating DNA from more than one species of an organism. It can interact with the human body and its cells and produce potentially hazardous results

Transgenic – an organism that has had genes from another organism inserted into its genes

Toxins – poisonous substances either chemical or produced by living organisms, plants and animals

Zoonotic diseases – diseases that can be passed from animals to humans

LABORATORY ORIENTATION CHECKLIST

Location of lab safety items:

Eye protection

Masks

Gloves (latex), Gloves (thermal)

Eye wash & shower

Location of lab safety plan manual

Location of commonly used items (glassware, paper towels, pipet tips, etc....)

Location of Common Equipment Rooms

Room : dry ice, liquid nitrogen, autoclave, dishwasher

Equipment rooms (list room numbers)

Location on lab coats

Laboratory Standard Operating Procedures

Gel boxes, glass plates

Bench cleanup, dirty dishes processing

Lab protocols/methods

Other

Visitor/Volunteer will not work unsupervised in the laboratory.

Will add to BioRaft and monitor lab safety training compliance

Visitor/Volunteer Name

Date

Supervisor Name

Date

Request for University Identification Number (UIN)

When to use this form: When a University unit has a guest who needs a UIN. Individuals cannot request a UIN on their own behalf. Having a UIN does not entitle a person to an ID card or any University service.

Many people already have a UIN. All fields are **required** and essential to ensure that a UIN is assigned correctly.

Enter unit and sponsor contact information

Unit name _____

Sponsor's name _____

Sponsor's contact data *email* _____ *phone* _____

Why is a UIN needed? _____

Provide identifying information

Print or type the person's **full** name—not shortened name or nicknames.

First name (full) _____

Middle name (full) _____

Last name _____

Former or maiden name _____

Birth date *month* _____ *day* _____ *year* _____

Gender Female Male

Note all current and former associations with the University

Has your sponsored person:

- Ever** consulted or done contract work for the University? Yes No
- Ever** had a Campus Recreation membership? Yes No
- Ever** applied to or attended classes at any University of Illinois program? Yes No
- Ever** worked, interned, or volunteered (paid or unpaid) for **any** University program or unit?
Consider all possibilities, campuses, and satellite locations—even if you are uncertain. Yes No

Sign to indicate your sponsorship

Sponsor's Signature _____ Date _____

Office Use Only
UIN Assigned: _____ On Date: _____ By: _____

TO BE COMPLETED BY HR:

- Process UIN/NetID
- Request visitor UIC ID
- Send information of new volunteer to: labsafety@uic.edu to be added to Bioraft
- Update spreadsheet of current volunteers
- Save documents in shared drive
- Email volunteer with COVID check in requirements
- Inform Volunteer about DUO requirements (if they have computer access)
- Request building access