

VOLUNTEERS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES – REGISTRATION FORM

- This form should be completed for adult volunteers (i.e., **persons 18 years of age or older**) who want to participate in activities in research laboratories and who are not enrolled in an Emory University or Oxford College regular catalog course or degree program; or not employed by Emory University as a full-time or part-time employee.
- For volunteers who are less than 18 years of age, please complete the Registration Form for Minors Participating in Research Activities (review the Emory University Policy and Procedure on Minors in Laboratories at <http://policies.emory.edu/7.21>).

IMPORTANT NOTES:

- This form addresses only laboratory safety issues associated with volunteers working in laboratories. Additional human resources issues associated requirements may need to be completed. Accordingly, you should contact the appropriate University human resources representatives to determine the acceptability of the use of volunteers in your particular situation.
- All required sections of the form must be completed and submitted to EHSO/IACUC for approval.
- The volunteer cannot participate in any research activities until all training requirements are completed and written approval is received from EHSO/IACUC.
- The PI/Sponsor should contact the appropriate EHSO Bldg. Liaison to make arrangements for the volunteer to complete training.

Instructions:

- **Principal Investigator (PI) / Sponsor:**
 - Request External Learner Access for ELMS (Emory Learning Management System) Training.
 - ELMS External Learner: <https://apps.hr.emory.edu/elms/external>
 - Training Guidance: <http://www.ehso.emory.edu/training/courses.html>
 - Request a Sponsored Account.
 - <http://help.emory.edu>
 - Complete Sections I, II, III, IV, V of the Registration Form after training completion.
 - Volunteer must complete and sign Section V.
 - Submit the completed document to EHSO.
 - Click on *Submit by Email* button in top right corner or scan & send to biosafe@emory.edu.
 - Additional Documentation Considerations:
 - Submit the appropriate protocol amendment to add Volunteer as lab personnel.
 - Biosafety, Chemical Safety or Radiation Safety protocols (as applicable)
 - Hepatitis B Documentation
 - Required for Volunteers that will handle human material.
 - Immunization Record must indicate 3 doses of Hep B and Titer.
 - Titer can be completed through Employee Health Services.
 - If unable to obtain a Hep B Titer, the Volunteer must sign the Hep B Declination Form.
 - Other Immunizations
 - Additional Immunizations may be required based on biological agents used.
 - IACUC Approval
 - Volunteers must receive EHSO approval before being adding to IACUC protocols.

VOLUNTEERS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES - REGISTRATION FORM

SECTION I: Demographic Information (to be completed by PI/Sponsor)

PRINCIPAL INVESTIGATOR/SPONSOR INFORMATION					
PI/Sponsor Name & Title				Dept	
Campus address		Room#		Phone #	
Alternate Contact Name				Phone #	
Campus address				Room #	
VOLUNTEER INFORMATION:					
Name				Email	
Campus address at which activities will take place		Lab #	Date of Birth	Phone #	
Reason for request (<i>Check one</i>)	<input type="checkbox"/> Volunteering <input type="checkbox"/> Internship <input type="checkbox"/> Other:			Dates of Activity From: To:	

SECTION II: Experiment/Procedure Descriptions

Provide a non-technical abstract (using lay terminology) to describe the specific techniques to be used by the Volunteer. The description should include examples of the materials and methods required (e.g., cell culture, PCR, Cell Sorting). If the volunteer will participate in animal experiments, then include examples of the procedures (i.e. tail vein injection of human cell lines; oral administration of chemotherapeutic agent). Attach a separate sheet if necessary.

Project Title (*if applicable*):

Project Description: *This is a fillable box that will expand for the text entered.*

SECTION III - Requirements for Research involving Animals:*(to be completed by the Principal Investigator /Sponsor)*

A). As indicated below, the written approval of the IACUC Office will be required prior to the Volunteer beginning research or work involving animals.

I agree to sponsor and provide supervision for _____(insert Volunteer's Name), and by my signature below I acknowledge and agree as follows:

- I have provided the Volunteer's hazard specific safety training and had the Volunteer complete any other training required and provided by EHSO, IACUC or other appropriate Emory units. I provided hazard specific safety training by doing the following:

NOTE: The Principal Investigator or Sponsor must provide information to the Volunteer regarding specific lab hazards that will be encountered while participating in research activities.

- Personal protective equipment appropriate for and specific to laboratory hazards will be provided to Volunteer, and Volunteer will be instructed in the use/disposal of this equipment.
- While in the laboratory, the Volunteer will be supervised at all times by me or by another responsible faculty member or full-time staff member to whom I have specifically delegated this responsibility.
- Volunteers shall not be issued card keys to any animal facilities.
- Volunteers must be continuously accompanied by responsible members of the research team to whom the Division of Animal Resources (DAR) or Yerkes has issued card keys.

My laboratory is in full compliance with all applicable Emory University safety programs.

If animals are involved in the research, the following information is required:

Type of Animal: _____

IACUC Protocol Number: _____

DAR Training Completion Date: _____

IACUC (AALAS) Training Completion Date: _____

(To be completed by IACUC):

IACUC signature

Date

SECTION IV - Requirements for Research involving work with hazardous chemicals or biological materials:

The written approval of the Environmental Health and Safety Office (EHSO) will be required prior to the volunteer beginning research activities.

VOLUNTEERS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES - REGISTRATION FORM

Dates of Training completion (to be completed by Principal Investigator/Sponsor)

Mandatory	Additional Requirements (as applicable)
<input type="checkbox"/> Research Lab Safety Training <u>Date of completion:</u> <input type="text"/>	<input type="checkbox"/> Radiation Safety Training (if working with radioactive isotopes) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Biosafety Training <u>Date of completion:</u> <input type="text"/>	<input type="checkbox"/> Respiratory Protection Training (if respirator required) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Bloodborne Pathogen Training <u>Date of completion:</u> <input type="text"/>	<input type="checkbox"/> IACUC (AALAS) Training (if working with animals) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Protocol Amendment(s) <u>Protocol#:</u> <input type="text"/> <u>Date of submission:</u> <input type="text"/>	<input type="checkbox"/> Herpes B Training (if working with macques or blood / tissue samples from macques) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Required Immunizations <u>Name of Immunization:</u> <input type="text"/> <u>Date of Submission:</u> <input type="text"/>	<input type="checkbox"/> Site Specific Requirements (i.e. Yerkes access) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Lab Self Inspection: <u>Date of completion:</u> <input type="text"/>	<input type="checkbox"/> Laser Safety Training (if work involves use of Class IIIB or Class IV Laser) <u>Date of completion:</u> <input type="text"/>

Principal Investigator Name

Department

Principal Investigator/Signature

Date

VOLUNTEERS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES - REGISTRATION FORM

Volunteer Training verification (to be completed by EHSO)

Mandatory	Additional Requirements (as applicable)
<input type="checkbox"/> Research Lab Safety Training <u>Date of completion:</u> <input type="text"/>	<input type="checkbox"/> Radiation Safety Training (if working with radioactive isotopes) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Biosafety Training <u>Date of completion:</u> <input type="text"/>	<input type="checkbox"/> Respiratory Protection Training (if respirator required) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Bloodborne Pathogen Training <u>Date of completion:</u>	
<input type="checkbox"/> Protocol Amendment(s) <u>Protocol#:</u> <input type="text"/> <u>Date of submission:</u> <input type="text"/>	<input type="checkbox"/> Herpes B Training (if working with macques or blood / tissue samples from macques) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Required Immunizations <u>Name of Immunization:</u> <input type="text"/> <u>Date of Submission:</u> <input type="text"/>	<input type="checkbox"/> Site Specific Requirements (i.e. Yerkes access) <u>Date of completion:</u> <input type="text"/>
<input type="checkbox"/> Lab Self Inspection: <u>Date of completion:</u> <input type="text"/>	<input type="checkbox"/> Laser Safety Training (if work involves use of Class IIIB or Class IV Laser) <u>Date of completion:</u> <input type="text"/>

EHSO Signature

Date

SECTION V: Volunteer Acknowledgement of Understanding

A).

- **I have read** the “**Rules for Volunteers Performing Activities Working in Laboratories**” below.
- **I UNDERSTAND** these rules and **AGREE** to follow them.
- **I UNDERSTAND** that if I do not follow these rules, I may be asked to leave.

Volunteer Name:

Volunteer Signature:

Date:

RULES FOR VOLUNTEERS PERFORMING ACTIVITIES IN LABORATORIES

1. Never work alone in any laboratory environment or animal facility without direct, immediate supervision from the Principal Investigator/Sponsor or someone designated by him/her as supervisor. In the case of animal facilities, your supervisor must have been issued a valid access card key.
2. Always follow the instructions of the Principal Investigator/Sponsor or designated supervisor. Always report any accident (regardless of severity) immediately to the Principal Investigator/Sponsor or designated supervisor.
3. Always wear the personal protective equipment as directed and dispose of it appropriately. This personal protective equipment may include safety glasses, gloves, coats/gowns, and other face/body protection as dictated by the hazard with which you are working.
4. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area.
5. Never eat, drink, chew gum, smoke, apply lip balm or cosmetics or touch contact lenses while in any laboratory environment.
6. Always wear closed-toe shoes while in any laboratory.
7. Always tie back long hair to keep it out of all the hazards.
8. Always wear clothing that reduces the amount of exposed skin.
9. Always ask questions if you don't understand the safety requirements.

B).

By signing this form, I certify that I:

- Understand that I am volunteering to participate in the Activity described above.
- Understand that it is my choice to participate in this Activity, and that I am not being required to do so.
- Understand that the Activity will take place in an academic research laboratory at Emory University.
- Understand that there are certain hazards and risks involved in taking part in activities in a laboratory including, but not limited to, cuts, scratches, eye injuries, burns, and exposure to potentially harmful chemicals and biological matter and agents that can cause illness and/or injury.
- Understand that if the blank above under "Animal Use" is checked, the activity will involve the use of the described animals.
- Understand that there certain hazards and risk involved in working with animals including, but not limited to, scratches, bites, allergic reactions to animal dander, and potential to contract disease from the animal.
- Understand that I am responsible for following all rules and instructions while participating in the Activity and that my failure to do so will result in my participation in the Activity ending.
- Understand that if any time the Emory personnel in charge of the activity decide, in their sole discretion, that it is in my best interest or the best interest of Emory University for me to no longer participate in the Activity, then my participation will immediately end.
- Understand that by participating in this Activity, I will not be an employee of Emory University or a student enrolled in an Emory catalog course or degree program.
- Understand that Emory will not provide any accident, health or other insurance for me and that it is my responsibility to pay for treatment of any injuries or illness that result from my participation in the Activity.
- Agree that the I am voluntarily participating in this educational Activity, and I am not being compelled to do so, and, in consideration of my participation, I will hold harmless and indemnify Emory University, its trustees, faculty, staff and students, from and against any and all claims, damages or liability arising from, or in any way related to, my participation in the Activity or presence at Emory facilities in relation with the Activity.

Signature of Volunteer

Date

Contact Information for Volunteer:

Home Phone: Work Phone:

Cell Phone: Pager/Other:

Contact Information for Alternate Person to Contact in the Event of Emergency if Volunteer is Incapacitated:

Name: _____ Relationship to Volunteer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager/Other: _____