|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EXAMPLE | | | | | | | | |
| Undergraduate Working Alone Permission Form | | | | | | | | |
| ***Department, Laboratory or Center:*** | | | | |  | | | |
| The undergraduate students listed below have permission to work alone for the following laboratories/spaces *(indicate room numbers or specific location)*: | | | | | | | | |
| Name(s) | |  | | | | Location(s) | |  |
| after a risk assessment has been performed, Under the following Conditions *(indicate specific activities or materials and any restrictions)*: | | | | | | | | |
|  | | | | | | | | |
| for the following dates *(Could be specific days or an extended period, e.g. a semester)*: | | | | | | | | |
|  | | | | | | | | |
| signatures *(Any change in the location, conditions or dates should be amended in this form and initialed or a new form should be issues.)*: | | | | | | | | |
| *Principal Investigator:* | | |  | | | Date: |  | |
| *Undergraduate Student(s):* | | |  | | | Date: |  | |
|  | | |  | | | Date: |  | |
| *EHS Coordinator:* | | |  | | | Date: |  | |
| *Other:* | | |  | | | Date |  | |
| **All signed forms must be returned to *(location or person)*  for recordkeeping.** | | | | | | | | |
| Addendums: | | | | | | | | |
|  | | | | | | | | |
| *PI Initial:* |  | | | | | Date: |  | |
| *Undergraduate Student(s) Initial:* | | | |  | | Date: |  | |
|  | | | |  | | Date: |  | |
| *EHS Coordinator Initial:* | | |  | | | Date: |  | |
|  | | | | | | | | |