

WORK ASSIGNMENT FOR A MINOR

USUHS FORM 6050 (Rev. 1/02)

Minor's Name: (Last) _____ (First) _____

Department: _____ ¹Mentor's Name: _____

Lab Room Numbers Minor will be working in: _____

MENTOR, please indicate potential hazards that minor could work with: (NOTE: check all that apply)

<input type="checkbox"/>	Chemical
<input type="checkbox"/>	Lasers , List highest ANSI Class: _____
<input type="checkbox"/>	Animal
<input type="checkbox"/>	Posted radiological lab
<input type="checkbox"/>	NONE (e.g. Admin/Clerical) or

Other: _____

1. Mentors are responsible for closely supervising assigned minors to ensure that all standard safety practices as listed in USUHS' Safety Manual (6053-M) are observed in office and laboratory areas.
2. The minor is not authorized to handle human blood, body fluids or unfixed tissue.
3. If the minor plans to handle/use radioactive material, then the Radiation Safety Officer's (295-3390) concurrence must be obtained prior to any work. If approved by the RSO, then minors working in a posted radiological lab will need dosimetry and must receive Radiation Safety Lab Training. No minor is authorized to work with radioiodine.
4. If the minor plans to work with animals, then Animal Safety Training is required.

All required training will be provided during the Minor's Orientation which is scheduled on [] at [] in [].

5. The above captioned minor has received training applicable to the minor's anticipated occupational exposures: EHS Staff: _____ Date: _____

6. As a MENTOR, I fully understand that it is my sole responsibility to closely supervise the above named minor to ensure that all standard safety practices as listed in USUHS' Safety Manual (6053-M), including the additional limitations listed above, are observed in office and laboratory areas and that work involving the above stated occupational exposures will not occur until hazard specific training has been signature documented. I am also aware that I may be asked to produce this training documentation during routine EHS workspace inspections.

MENTOR signature: _____ Date: _____

Please return this completed form to the Civilian Human Resources (CHR) Department.

¹ Mentor= Principle Investigator, Department Chair, Director, Branch Chief, or equivalent