

**Minors in Laboratories - Exception Request**

An exception to the Minors in the Laboratories Guidelines may be initiated by a Laboratory Supervisor if the determination is made that the pedagogical benefits or outreach opportunities associated with a **laboratory tour** or **work** outweigh any potential risks or disadvantages. This request must be approved by the Department Chair, Dean, EHSREM. Additionally, in the case of ABSL-1 or ABSL-2 laboratories, approval must be obtained from the Institutional Animal Care and Use Committee (IACUC) and the Assistant Vice President for Research.

**Date:** \_\_\_\_\_

**LABORATORY INFORMATION**

**Laboratory Number and Location:** \_\_\_\_\_

**Laboratory Supervisor:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**LABORATORY TOUR EXCEPTION**

**Date of Tour:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Type of exception:**  BSL2  Physical Hazard  Respirator Required  
 ABSL-1 IACUC Approval Date: \_\_\_\_\_  ABSL-2 IACUC Approval Date: \_\_\_\_\_

**Brief Description of any Demonstrations/Laboratory Activities Occurring During the Tour and Justification for the Exception:**

**LABORATORY WORK EXCEPTION**

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Type of exception:**  BSL2  Physical Hazard  Respirator Required  
 ABSL-1 IACUC Approval Date: \_\_\_\_\_  ABSL-2 IACUC Approval Date: \_\_\_\_\_

**Brief Description of Laboratory Activities involving the minor(s) and Justification for the Exception:**

**Minors in Laboratories - Exception Request****SIGNATORIES**

The undersigned acknowledges that (s)he has read AA/PPS Minors on Campus and assumes the duties of the supervisor of the minor.

\_\_\_\_\_  
**Laboratory Supervisor Signature**                      **Printed Name**                      **Date**

**APPROVAL: Department Chair**

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

\_\_\_\_\_  
**Department Chair Signature**                      **Printed Name**                      **Date**

**APPROVAL: Dean**

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

\_\_\_\_\_  
**Dean Signature**                      **Printed Name**                      **Date**

**APPROVAL: Environmental, Health, Safety, Risk & Emergency Management**

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

\_\_\_\_\_  
**Director of EHSREM Signature**                      **Printed Name**                      **Date**

**ABSL-1 or ABSL-2 ONLY - APPROVAL: Chair, Institutional Animal Care and Use Committee (IACUC)**

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

\_\_\_\_\_  
**IACUC Chair Signature**                      **Printed Name**                      **Date**

**ABSL-1 or ABSL-2 ONLY - APPROVAL: Assistant Vice President for Research**

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

\_\_\_\_\_  
**AVP for Research Signature**                      **Printed Name**                      **Date**