

# UNIVERSITY OF SCRANTON

## CHEMISTRY DEPARTMENT RESEARCH AUTHORIZATION FORM

### INSTRUCTIONS

1. In addition to this application form you are also provided with a copy of the Chemistry Department Laboratory Safety Manual, a copy of the Chemistry Department Laboratory Research Hours, and copy of the Hazardous Waste Disposal Program guidelines. Please read these documents carefully and if you have any questions contact your research mentor.
2. Students must complete sections A, D and E of this application.
3. The faculty mentor must complete sections B and C of the application.
4. Students must have the completed application, including appropriate attachments, signed by the faculty mentor, stockroom manager, and the chairperson. Final approval to conduct research will be made by the chairperson of the Chemistry Department.
5. The student is allowed to commence research activity only after the faculty mentor and the student have been notified in writing that the research authorization has been approved.

**FACULTY CANNOT ALLOW UNAUTHORIZED PERSONS TO WORK IN THE LABORATORY!**

### PART A. STUDENT INFORMATION

NAME:

DATE:

STUDENT ID #

E-MAIL:

LOCAL ADDRESS:

LOCAL PHONE:

CELL PHONE:

HOME ADDRESS:

HOME PHONE:

PROGRAM OF STUDY AND MAJOR:

(e.g. B.S. Biochemistry, M.A. Chemistry)

EXPECTED GRADUATION DATE:

STATUS OF THE APPLICANT (CHECK THE CATEGORY THAT APPLIES)

- ◇ I Chemistry Department Graduate Research Student (MA Program)  
(Attach a copy of your completed and signed research proposal cover sheet).
- ◇ II Chemistry Department Undergraduate Research Student  
(Indicate the semester and year in which you plan to enroll in CHEM 493-494, Chemistry Research or CHEM 487, Honors research in Chemistry).
- ◇ III Faculty Student Research Program (FSRP) (Attach a copy of the FSRP application).
- ◇ IV Other (e.g. technical assistant, postdoctoral research)  
(Indicate status and attach copies of the authorization forms from the Personnel Office)

## PART B. MENTOR AND PROJECT INFORMATION

FACULTY MENTOR:  
TITLE OF THE PROJECT:

DATE:

ABSTRACT OF THE PROJECT:

FUNDING SOURCE(S):

COMMITTEE APPROVALS (Check those that apply, indicate dates of approval and attach copies of the application and approval documents)

Institutional Review Board for the Protection of Human Subjects (IRB) Approval Date \_\_\_\_\_  
 Institutional Animal Care and Use Committee (IACUC) Approval Date \_\_\_\_\_  
 Chemistry Department Bodily Fluids Committee Approval Date \_\_\_\_\_  
 Radiation Safety Committee Approval Date \_\_\_\_\_

## PART C. CHEMICAL AND EQUIPMENT INFORMATION

	Chemicals to be used	CAS Number	PA Hazard Code*	Cost/ Quantity	MSDS in Lab (Y/N)	Acute Toxin, Toxic or Carcinogenic *
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

\*Information may be obtained through the chemistry stockroom.

(List on separate sheets if necessary)

### **PART C. CHEMICAL AND EQUIPMENT INFORMATION (CONTINUED)**

Please estimate the cost of this project (include chemicals, disposables, animals, etc.) Please itemize to a reasonable extent:

New equipment required for the project and estimated cost:

Unusual waste disposal expenses:

### **PART D. STUDENT PERSONAL INFORMATION**

Please note that the information in this section is held in confidence and is available only to the Chemistry Department chairperson, the faculty mentor or supervisor and the stockroom manager. In case of an emergency, the information will be released to appropriate health care personnel.

1. Do you wear contact lenses? Yes    No  
(Contact lenses cannot be worn in the laboratory).

2. Do you have any allergies to medication? Yes    No  
(If yes, indicate the medication to which you have allergies.)

3. Do you suffer from any chronic or acute medical problems or physical disabilities which have the potential of affecting your safety in the laboratory? Yes    No  
(If yes, indicate the problems here or report these problems to your mentor or supervisor and the chairman at the time of application).

4. Name, address, and phone number of your personal physician:

5. Name of person to contact in an emergency:

Relationship:

Phone:

6. Medical insurance information: (Include Insurer's Name, Individual ID #, Group # and/or Plan Code.)

## **PART E. ACKNOWLEDGMENT SECTION**

Please initial all sections that are appropriate to your research and sign below.

<p>_____ I have read and I understand the rules for laboratory safety as described in the Chemistry Department Laboratory Safety Manual. I also understand the information concerning the danger of contact lenses in or about the chemistry laboratories and I agree never to wear soft or hard contact lenses in or about the chemistry laboratories.</p>			
<p>_____ I have been informed by my faculty research mentor or faculty supervisor that I am to wear safety goggles and a lab coat at all times in the laboratory and I agree to do so.</p>			
<p>_____ My faculty research mentor or faculty supervisor has described and I understand the locations and proper use of the following laboratory emergency equipment in the research laboratories.</p>			
<p>Fire extinguishers</p> <p>Eye wash fountains</p> <p>Hoods</p>	<p>Fire blankets</p> <p>Safety showers</p> <p>Hood Alarms</p>	<p>First aid box</p> <p>Exit routes</p> <p>Emergency Phone</p>	<p>Spill control materials</p> <p>Gas shut offs</p>
<p>_____ My faculty research mentor or faculty supervisor has explained the use and location of MSDS documents which relate to the laboratory work. I understand how to use these documents.</p>			
<p>_____ My faculty research mentor or faculty supervisor has provided me with a copy of IRB (Institutional Review Board for the Protection of Human Subjects) and/or IACUC (Institutional Animal Care and Use Committee) applications which pertain to my work. The mentor has provided me with a copy of the IRB and/or IACUC regulations and has explained these regulations and outlined my responsibilities to those oversight committees and I understand my responsibilities related to these regulations.</p>			
<p>_____ I read and understand the Chemistry Department Laboratory Research Hours document and I agree to abide by these regulations. I understand the sanctions which will be imposed if violations occur.</p>			
<p>_____ I release the University of Scranton, its Chemistry Department, its professors, staff and its agents from any and all liability in the event of injury incurred due to failure to follow the rules and regulations as described in the Chemistry Department Laboratory Safety Manual and in the Chemistry Laboratory Hours document.</p>			
<p>_____ I am financially responsible for any equipment I have not returned to the stockroom or not returned to the research group's storage area at the end of my research. I will contact the stockroom when I terminate my research.</p>			

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

## **PART F. DEPARTMENT APPROVALS (In the listed order)**

<p>Signature of the faculty mentor or supervisor:</p>	<p>Date:</p>
<p>Signature of Stockroom Manager:</p>	<p>Date:</p>
<p>Signature of the Chairperson:</p>	<p>Date:</p>
<p>Check In Attendant:</p>	<p>Date:</p>
<p>Room Assignment:</p>	<p>Locker assignment:</p>
<p>Check Out Attendant:</p>	<p>Date:</p>