

Policy on Volunteer Workers involved in Laboratory Research and Teaching Activities in the Biochemistry and Molecular Biology Building at Michigan State University.

Volunteers are permitted to perform research and teaching activities in the Biochemistry and Molecular Biology Building provided the following requirements are met:

- 1) Principal Investigators or Faculty members must notify the departmental personnel office.
- 2) The volunteer worker should complete and document all applicable safety training.
- 3) The volunteer worker is under the supervision of a Principal Investigator, faculty member, Research Associate, or Graduate Research Assistant in the laboratory where the work will occur.
- 4) The supervising researcher meets with the volunteer worker and reviews all laboratory specific hazards and safety precautions. It is recommended that the Biological Safety Checklist be completed during this meeting.
[http://www.orcbs.msu.edu/biological/programs_guidelines/biosafety_manual/Appendix K Site-Specific Checklist.pdf](http://www.orcbs.msu.edu/biological/programs_guidelines/biosafety_manual/Appendix_K_Site-Specific_Checklist.pdf)
- 5) The volunteer must follow all departmental and university safety procedures and policies.
- 6) The Acceptance of Risk, Waiver, and Release Form must be completed by the volunteer.

Acceptance of Risk, Waiver, and Release

Last name: _____ First name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ email: _____

Dates of volunteer work: _____ to _____

I acknowledge and fully understand that by working in a research laboratory, I will be engaging in activities that might involve exposure to dangerous and hazardous materials.

I agree to adhere to all departmental safety policies and procedures.

I certify that I am over 18 years of age, and that I fully understand the risks involved, my responsibilities, and the terms of this Acceptance of Risk, Waiver, and Release. If I am under 18 years of age, I certify that my parent or legal guardian has been provided a copy of this release for review and has included his/her signature below.

Volunteer signature _____ Date: _____

Consent and Release on Behalf of Minor

I am the parent or legal guardian of the above named minor. I certify that I understand the foregoing Acceptance of Risk, Waiver, and Release. Knowing the risks stated above, I consent to my child's/ward's presence and use of equipment and materials in the research laboratory.

Parent or legal guardian signature _____

Parent or legal guardian printed name _____ Date _____

Principal Investigator Commitment

I certify that the volunteer worker named above has been trained in appropriate safe laboratory work practices and will be supervised according to the policy stated above.

Principal Investigator Signature: _____ Date: _____