

Georgetown University
Office of Environmental Health and Safety

*LM-12 Preclinical Science Building
3900 Reservoir Road, N. W.
Washington D.C. 20057-1431*

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Fax (202) 687-5046*

MINORS AND SUMMER STUDENTS REGISTRATION FORM

Authorized User or Principal Investigator: _____ Phone: _____

Lab Address _____ Department: _____

Each Authorized User (AU) or Principal Investigator (PI) who will have students present in the laboratory during the summer, must submit the following information to Environmental Health & Safety (EH&S). This will ensure that the students are informed of the dates when the Summer Student Basic Laboratory Safety Training (including Biological, Chemical and Radiation Safety) will be provided. The AU or PI must ensure that the student/ minor attends the training sessions.

	Student Name	Email	Lab Phone:
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

	Lab Start Date	Lab Departure Date	Sponsoring Organization (if any)
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

General description of student's planned activities and work assignments, including the potential use of (or exposure to) radioisotopes or ionizing radiation, chemical and/or biological hazards:

1.

2.

3.