Harvard Forest Working Alone and Working After Hours Form

Section I: Researcher

Lab Location: ________________________________________________________________

Overall Duration of Work: _____________________________________________________

Description of Work to Be Done: ______________________________________________

____________________________________________________________________________

____________________________________________________________________________

I, _______________________________, have read the “Harvard Forest Working Alone and Working After Hours Policy” and agree to abide by its provisions. I have received training in the proper experimental and emergency procedures and understand those procedures for the work I am authorized to do.

Required for undergraduate students and minors aged 16-18

☐ I will adhere to additional safety measures. In consultation with my supervisor, I will check in and check out with the appropriate person via telephone, text or email. I understand that if I do not check out by 9:00pm, measures to ensure my whereabouts will be instituted.

Signature: ___________________________  Date: ___________________________

Section II: Supervisor Permission

I, _______________________________, have ensured proper training in lab procedures and safety of the worker, and approve this request for permission to work after hours.

Required for undergraduate students and minors aged 16-18

☐ I have instituted a check in/check out procedure with the above stated individual.

Signature: ___________________________  Date: ___________________________

Section III: Laboratory Safety Training

This individual has completed the appropriate lab safety training on ________________(date).

Signature: ___________________________  Date: ___________________________

Manisha V. Patel

Updated 03/23/12 by Manisha V. Patel