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.

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.

Signature: ___________________________   Date: ______________

Section III: Laboratory Safety Training

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

Signature: ___________________________   Date: ______________

Manisha V. Patel