

**LABORATORY WORK ALONE EXEMPTION FORM**

**SECTION I: PRINCIPAL INVESTIGATOR**

I have considered the following criteria:

- 1) Tasks and hazards involved in work;
- 2) Consequences resulting from a worst-case scenario;
- 3) The possibility of an accident or incident that would prevent the laboratory personnel from calling for help;
- 4) The laboratory personnel's training and experience;
- 5) The laboratory personnel's physical conditions or handicaps; [consult with Human Resources for guidance and compliance with Americans with Disability Act (ADA)]
- 6) Time the work is to be conducted (during normal business hours. (i.e., 7 am – 8pm Monday through Friday) versus at night or on weekends/holidays)

I ask that the labs listed below be exempt from the working alone requirements.

BUILDING AND LAB NUMBER(S): \_\_\_\_\_

PRINCIPAL INVESTIGATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

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**SECTION II: ENVIRONMENTAL HEALTH AND SAFETY**

Environmental Health and Safety Department (EH&S) has entered the information into the ALERT database.

EH&S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_