WORKING ALONE POLICY

These policies apply to laboratory work performed in the following buildings: Shelby Hall, SEC, Bevill, SERC, NERC, and other areas deemed necessary. Departments or individual faculty members may establish more restrictive policies for spaces under their control.

**Independent Student Laboratory Research**

A student may work alone in a laboratory facility for independent research only if the Principal Investigator or faculty member has reviewed the student’s experimental procedures, assessed associated hazards, and determined if the student possesses adequate training for experimental and emergency procedures. Students are responsible for performing all their work in accordance with those reviewed and approved procedures.

They must report all accidents, chemical spills, and unsafe conditions to the supervising Principal Investigator or faculty member. Certain laboratory operations require that a faculty member be present or that another person be present regardless of the time of day. Procedures that involve the use of pyrophoric material, HF, Perchloric acid, energetic materials, DEA/ATF explosives, x-ray, laser, or radioactive materials, may not be performed alone at any time. The Principal Investigator or faculty member will determine what operations require special precautions, inform the students, and make necessary provisions. Students working with chemicals must also complete required safety training provided by the Office of Environmental Health & Safety.

Students must have written permission from the Principal Investigator or faculty member prior to working alone in a laboratory. See the “Permission to Work Independently” form. The permission form must be completed and on file in both the student’s lab notebook and in the Principal Investigator or faculty member’s office. If the alone work involves the use of chemicals, the permission form must indicate chemical type, chemical/experimental procedures in which it will be used, and safety training completed. The Office of Environmental Health & Safety provides certification of successful training completion at the time of training.

**Faculty/Staff in the Laboratories**

There are no restrictions on the use of laboratories by faculty, full time professional or technical staff. They are expected to avoid working alone whenever possible and to use good judgment about performing hazardous procedures when working alone. This in no way implies that other safety requirements are waived; on the contrary, the use of good judgment implies expert knowledge of safe procedures and practices.
PERMISSION TO WORK INDEPENDENTLY FORM

Section I: Student Information:

Name: ____________________________________ CWID: __________ Date: __________
Local address: _________________________________________________________________
Phone: _______________________________

Emergency Contact Information: Must Include At Least Two Emergency Contacts

Name:__________________________________ Relation to student:_____________________
Phone:________________________________

Name:__________________________________ Relation to student:_____________________
Phone:________________________________

Name:__________________________________ Relation to student:_____________________
Phone:________________________________

Supervising P.I. or faculty: __________________________________________________________

Hazards Associated With Your Work:

☐ Strong Acids/ Bases   ☐ Pyrophorics   ☐ High Heat   ☐ Flam. Liquids   ☐ Toxins   ☐ Other

☐ HF   ☐ Perchloric Acid   ☐ DEA/ATF explosives   ☐ x-ray, laser   ☐ radioactive materials

Brief description of experiment or procedure: (you may attach a description if needed)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

I have read the “Laboratory Working Alone Policy” and agree to abide by their restrictions. I have received training in the proper experimental and emergency procedures from the P.I. or Faculty listed above and understands those procedures for the work I am authorized to do alone.

Student Signature: ________________________________ Date: ________________
PERMISSION TO WORK INDEPENDENTLY FORM

Section II: Faculty Permission

The student has been trained in proper experimental and emergency procedures for the work to be performed alone. The student understands the requirements of the “UA Laboratory Working Alone Policy” and any restrictions that may be performed alone or without faculty supervision.

I approve this request for permission to work alone.

P.I. or faculty signature: __________________________________________ Date: ______________

Permission is granted to these specific areas:

Building(s) and Room Number(s): _______________ Duration of permission: _______________
Any restriction for independent work: ____________________________________________________

____________________________________________________

Campus Phone: ___________________________ Emergency number: ___________________________

Section III: Laboratory Safety Training (Required For Chemical Use)

The student has completed all required laboratory safety training provided by both the stated P.I. or faculty and the EHS office.

Courses taken: You may attach a print out from the Academy website of courses completed

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

After all sections are completed please submit this form electronically through the EHS website for approval. If a response is not obtained within five business day from EHS regarding this request please notify Andrea Davidson at adavidson@ehs.ua.edu.