

### Proposal for a Visiting Researcher in a Laboratory

*Assignment proposals must be submitted to Human Resources (HR) at least two weeks before the beginning of the assignment. Completed forms should be sent to [elrelations@uchicago.edu](mailto:elrelations@uchicago.edu)*

<b>Assignment Type (check one):</b>	
<input type="checkbox"/>	Visitor (Professional – 1-5 days, i.e. Visiting Researcher, Visiting Fellow, UCM shadow)
<input type="checkbox"/>	Visitor (6 days or more)

<b>Assignment Description:</b>	
<input type="checkbox"/>	Hands-on activities (manipulating reagents or materials)
<input type="checkbox"/>	Research
<input type="checkbox"/>	Operational Support
<input type="checkbox"/>	Observation of daily operations only
<input type="checkbox"/>	Tour of facility of department

<b>Indicate type of environment where assignment will be held:</b>	
<input type="checkbox"/>	Wet lab (e.g. where hazardous chemicals or biological materials are stored or manipulated)
<input type="checkbox"/>	Dry lab (e.g. computer lab)
<input type="checkbox"/>	Workshop/machine shop (e.g. shop where potentially hazardous equipment is operated)
<input type="checkbox"/>	Studio (e.g. art studio)
<input type="checkbox"/>	Outdoors/in the field
<input type="checkbox"/>	Office Environment

<b>Visitor Information:</b>				
<b>Name</b>				
<b>DOB</b>		<b>Today's date:</b>		
<b>Email</b>				
<b>Mailing Address</b>				
<b>Phone</b>				
<b>Professional Title:</b>				
<b>If none of the above, explain:</b>				
<b>Anticipated start date:</b>				
<b>Anticipated end date:</b>				
<b>Source institution (where you are coming from):</b>				
<b>Current UChicago affiliate?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

<b>UChicago Department &amp; Supervisor Information:</b>				
<b>Principal Investigator</b>				
<b>Email:</b>		<b>Phone:</b>		
<b>Supervisor Name</b>				
<b>Email:</b>		<b>Phone:</b>		
<b>Supervisor role/title:</b>				
<b>Department:</b>				
<b>Division:</b>				
<b>Visiting location:</b>				
<b>Dept. Administrator</b>		<b>Email:</b>		
<b>HR Partner</b>		<b>Email:</b>		

**Description of Activities: If person will be in a laboratory or other research setting/activity, please provide a detailed description of the activity or reason for coming below.** Be sure to list any hazardous chemicals, biological agents or materials, or potentially hazardous equipment that this person may handle or encounter throughout their assignment and describe the nature of the supervision that will be provided. Attach additional pages as needed:

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<b>Hazard Assessment:</b>	<b>YES</b>	<b>NO</b>
Are <b>hazardous chemicals</b> present where the assignment will be held? If yes, will the hazardous chemicals be handled by the individual?		
Are any accessible class 3b or 4 <b>lasers</b> present where the assignment will be held (this only applies to enclosed systems, e.g. confocal microscopes, if you plan on defeating interlocks for beam access at any point)? If yes, will the lasers be operated by the individual?		
Are <b>pathogenic microorganisms</b> present where the assignment will be held? If yes, will the pathogenic microorganisms be handled by the individual?		
Will any <b>human-derived material</b> (e.g. blood, tissues) be present where the assignment will be held? If yes, will these human-derived materials be handled by the individual?		
Will there be any <b>radioactive materials</b> present where the assignment will be held? If yes, will the radioactive materials be handled by the individual?		
Will there be any <b>animals</b> present where the assignment will be held? Will animals be handled by the individual?		
Will the individual have access to <b>HIPAA, PHI or any other confidential/sensitive information?</b> (If “Yes”, HR Partner must verify the individual will timely receive HIPAA training) Will the individual be interacting with patients?		
Are any <b>protocols (IBC/IACUC/Radiation)</b> associated with the project the individual will be working on? If yes, indicate IBC, IACUC or Radiation Safety Committee and give the protocol number:		
Protocol Number:		

## Supervisor's Acknowledgement

I AGREE TO SPONSOR/HOST (insert name) \_\_\_\_\_, AND BY MY SIGNATURE BELOW, WILL ENSURE THAT:

- This safety training appropriate to the visitor has been completed and documented.
- Personal protective equipment appropriate for, and specific to, hazardous activity will be provided and used.
- This individual will always be directly supervised while in the laboratory by the on-site supervisor who has completed all safety training as applicable.
- My laboratory is in full compliance with all University of Chicago safety programs.

**Please note** approval is required by the Office of Research Safety (ORS) for all students & visitors in areas where lab-based activities occur (i.e., academic/teaching, or research labs with chemical, biological, radiological and/or physical hazards are present.) Contact [researchsafety@uchicago.edu](mailto:researchsafety@uchicago.edu). Environmental Health & Safety (EHS) will review activities which are not related to lab-based activities (i.e. wood shops, art/theater shops, maintenance shops, and fabrication labs not directly associated with a PI/research.) Contact [safety@uchicago.edu](mailto:safety@uchicago.edu).

\_\_\_\_\_  
Principal Investigator/Supervisor (print)

\_\_\_\_\_  
Principal Investigator/Supervisor (signature)      Date

\_\_\_\_\_  
Dept. Chair or designee (e.g. HRP/Dept. Adm-print)

\_\_\_\_\_  
Department Chair or designee (signature)      Date

\_\_\_\_\_  
Employee & Labor Relations (ELR) (print)

\_\_\_\_\_  
ELR (signature)      Date

\_\_\_\_\_  
Authorizing Office (ORS, EHS) (print)

\_\_\_\_\_  
Authorizing Office (signature)      Date

## Emergency Contact Information

1. Name: \_\_\_\_\_ Relation to Assignee: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address (if applicable): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Assignee: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address (if applicable): \_\_\_\_\_

### Insurance Information:

Insurance Carrier: \_\_\_\_\_ Carrier Group Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's ID# \_\_\_\_\_

If applicable, Insurance Carrier pre-certification telephone number: \_\_\_\_\_

Address for claim submission: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## University of Chicago's Approach to Educational Assignments and other research activities

All research activities in laboratories or other potentially hazardous environments are reviewed by the University of Chicago, the Office of Research Safety and/or Environmental Health & Safety to determine that the assignment is appropriate for a student or visitor, that appropriate safety precautions are in place, and all training requirements are identified and completed before the educational activities begin.

The University of Chicago provides safety training to all personnel who may work with or be in the vicinity of potentially hazardous materials. You will be required to attend laboratory safety training and may also be required to attend additional training sessions, depending on the nature of your assignment. If you have further questions on these topics, please contact the supervisor, the department administrator, or the HR Partner with any questions.

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### **Assumption of Risk and Release of Liability**

This document is a legal agreement between me (on behalf of myself and my agents) and the University of Chicago, on behalf of itself, its subsidiaries and affiliates (including but not limited to the University of Chicago Medical Center), and all of their collective past and present trustees, directors, officers, employees and agents ("the University"). I, \_\_\_\_\_, acknowledge that I have freely and voluntarily agreed to participate in \_\_\_\_\_ ("Program"), an educational opportunity or experience organized and hosted by the University.

In exchange for the opportunity to participate in the Program, I agree to the following:

#### **1. Medical Certification and Insurance**

I certify that I have no medical condition, allergy or other special dietary need that might subject me to injury as a result of my participation in the Program. I understand that the University does not provide medical insurance to me. I certify that I have adequate medical insurance to pay for any medical services that may be required while I am participating in the Program.

#### **2. General Waiver and Release of Liability**

I understand that my participation in the Program may involve risks of injury including death. Except to the extent caused by the sole negligence of the University, I hereby release, waive and discharge the University from any and all liability, claim, damages and losses that my property and/or I experience arising out of or in connection with the Program, including, without limitation, any personal injury or death.

#### **3. Assumption of Risk**

I recognize that there may be unavoidable and unforeseeable risks involved in my participation in the Program, including personal injury or death. I further agree that my participation in the Program is at my own discretion and judgment. I recognize that I will be participating in activities in a working research laboratory, and I voluntarily assume the risk of injury or harm to myself and/or my property during my participation in the Program. I understand that the University is not responsible for the acts or omissions of any third party.

#### **4. Knowledge of Risks**

I accept responsibility for informing myself of the potential risks associated with the activities involved in the Program.

It is my express intent that this agreement shall bind myself, members of my family, my heirs and assigns. I agree that this agreement shall be construed in accordance with the laws of the State of Illinois. I have read, fully understand, and agree to all of the foregoing.

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Name of Participant

(Print)

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Signature

(Date)