FIU INTERN Application-Supervisor Form (B)

**Supervisor Instructions:** Please complete this application and consult with your HR Liaison for any internal processes. If the Intern requires AD account access, application A & B must be attach to the online POI request only approvals through POI. If this Intern DOES NOT need AD account access, the HR Liaison or Supervisor must submit application A & B as one legible PDF attachment to volunteers@fiu.edu with approvals.

First and Last Name of Intern: ___________________ Department Name: ______________________
Name of Supervisor: ___________________________ Supervisor Panther ID#: ____________________
Office extension#: _____________________________ Supervisor Email: __________________________
Requested Start Date: _________________________ Requested End Date: _________________________
Standard Hours per week: _____________________ Location of Intern Services: ______________________
Detailed description of work to be performed (Must include purpose, benefit, project title and Project ID# (if applicable):

Note: Cannot be duties that are currently for a paid employee. ____________________________

☐ Working with and/or residing with minors and/or vulnerable persons ☐ Handling/managing cash, checks, cash transactions, gift cards, debit/credit cards and/or cash equivalent ☐ IT related functions ☐ Driving on behalf of the university
☐ Those working in the Athletics Department who travel with students to events ☐ Working within museums

Is this “hands-on” work in a laboratory/greenhouse/clinic area/animal facility/BSL2 lab? ☐ Yes ☐ No

If Yes, then the Intern Application Forms A & B + EH&S Risk Assessment Form must be attached to the Person of Interest (POI) request type: Intern for TAM-HR, EH&S, and ORED approval.

I acknowledge that it is my responsibility to assure that proper training, personal protective equipment and safety information is provided to the Intern before assignment of any task and that appropriate consideration has been given to security issues associated with this assignment. Depending on the Nature of the Intern work, I acknowledge and agree that personal protective equipment appropriate for, and specific to, laboratory hazards will be provided to any Intern. If the Intern work involves a laboratory, I state that my laboratory is in full compliance with all applicable Florida International University safety programs and regulations.

If the Intern is a minor, I acknowledge that I have read, understand, and will adhere to the FIU’s Policy. I have completed the Minor’s Hazard Specific Safety Training. I agree that the minor Intern (s) will be supervised at all times while in the laboratory and never left alone. I agree not to have minors perform services that are not in compliance with the Child Labor Laws.

Supervisor Signature: _________________________ Date: ________________________________

**DEPARTMENT APPROVAL:** (Required unless attached to online POI request)
I have reviewed the application and authorize the Intern to work on the above referenced project.

Print Department Manager Name: _____________________________ Date: ______________________
Department Manager Signature: ______________________________ Date: ______________________

EH&S & ORED (When Applicable): Date Received: ______________ Reviewed by: __________________
Recommended: ☐ Yes ☐ No ☐ Pending additional information ________________________________

EH&S Signature: __________________________________________ Date: ________________________
ORED Signature: _________________________________________ Date: ________________________

TAM-HR Date Received: ______________ Reviewed by: __________________
Cleared: ☐ Yes ☐ No ☐ N/A
Date Cleared: _______________________________ Date: ______________________________
TAM-HR Approval Signature: _________________________________ Date: ______________________
**FIU INTERN - EH&S Risk Assessment Form**

To be completed by supervisor if assignment is “hands on” work in laboratory/greenhouse/clinic area/or animal facility/BSL2 labs.

In order to comply with University EH&S policies, the following information must be obtained for the application to be properly reviewed. Please email this form together with all other application forms to ehs@fiu.edu before beginning any hands-on work in the laboratory/greenhouse/clinic area/animal facility/BSL2 labs, etc. It is important that EH&S and ORED have all of the necessary information to make a determination as to whether the Intern can perform the services. EH&S and ORED will review the application and advise whether the Intern work has been approved and what restrictions, if any, are applicable. Once EH&S and ORED reviews and approves the form, please email to volunteers@fiu.edu for final review and processing.

If the Intern is a Minor (i.e., person between the age of 14 and 18 years) the Intern is restricted by the number of hours he or she can work depending on the Minor’s age and where the services can be performed (e.g., certain laboratory activities are not permitted for Minors to perform).

**Intern First and Last Name:** ________________________________________________________________

**Materials and Equipment to be Used- Check AND List all that Apply**

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<thead>
<tr>
<th>Chemicals</th>
<th>Biological Material</th>
<th>Equipment</th>
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<tbody>
<tr>
<td>□ Flammable</td>
<td>□ Recombinant DNA **</td>
<td>□ Fume Hood</td>
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<tr>
<td>□ Reactive</td>
<td>□ Bacteria **</td>
<td>□ Biosafety Cabinet</td>
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<td>□ Carcinogenic *</td>
<td>□ Viruses **</td>
<td>□ Laminar Clean Bench</td>
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<td>□ Toxins *</td>
<td>□ Fungi **</td>
<td>□ Autoclave</td>
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<td>□ Corrosive</td>
<td>□ Parasites **</td>
<td>□ Centrifuge</td>
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<td>□ Oxidizer</td>
<td>□ Human Source Material *</td>
<td>□ Analytical Instruments</td>
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<td>□ Insects **</td>
<td>□ Industrial Machinery</td>
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<td>□ Pharmaceuticals *</td>
<td>□ Plants **</td>
<td>□ Noise Producing Equipment</td>
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<td>□ Gases</td>
<td>□ Animals **</td>
<td>□ Other Equipment (specify)</td>
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<td>□ Radioactive Materials *</td>
<td>□ Research Diving</td>
<td>□ Radiation Producing Machine *</td>
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<td>□ Infectious organism/agents *</td>
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<td>□ Climbing on scaffolding, etc. *</td>
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<tr>
<td>□ Controlled substances *</td>
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<td>□ Lasers *</td>
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*Prohibited for minors

**Classifies as risk group 2 and above.**