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 attached to the online POI request only. 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 ☐ Working in K-12 Schools ☐ Handling/managing checks, 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

**Note:** Those who will volunteer in K-12 Schools will require DCF Clearinghouse at a cost.

Is this “hands-on” work in a laboratory/greenhouse/clinic area/animal facility/BSL2 lab/fieldwork associated with research diving/boating? ☐ 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: Research Labs 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: ________________________________
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/fieldwork associated with research diving/boating.

To comply with University EH&S policies, the following information must be obtained for the application to be properly reviewed. Please complete this form and attach with all other application forms to the Intern or Research Lab POI request online 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 the necessary information to decide as to whether the Intern or Research Lab POI can perform the services. EH&S and ORED will review the application and advise whether the Intern or Research Lab POI work has been approved and what restrictions, if any, are applicable. Once EH&S and ORED reviews and approves the form, they will approve the request so that it goes to HR for final review and processing. If you have any questions regarding the EH&S requirements, please email ehs@fiu.edu. If you have any questions regarding the final HR review and approval process, please email volunteers@fiu.edu.

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>□ 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>
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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/Boating</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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<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.