

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: _____

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

Chemicals

Flammable

 Reactive

 Carcinogenic *

 Toxins *

 Corrosive

 Oxidizer

 Cryogen

 Pharmaceuticals *

 Gases

 Radioactive Materials *

 Infectious organism/agents *

 Controlled substances *

Biological Material

Recombinant DNA **

 Bacteria **

 Viruses **

 Fungi **

 Parasites **

 Human Source Material *

 Insects **

 Plants **

 Animals **

 Research Diving/Boating

Equipment

Fume Hood

 Biosafety Cabinet

 Laminar Clean Bench

 Autoclave

 Centrifuge

 Analytical Instruments

 Industrial Machinery

 Noise Producing Equipment

 Other Equipment (specify)

 Radiation Producing Machine *

 Climbing on scaffolding, etc. *

 Lasers *

***Prohibited for minors**

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