**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 (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.

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: _____________________________

**EH&S & ORED (When Applicable):** Date Received: _____________________________  Reviewed by: _____________________________

Recommended: o Yes  o No  o Pending additional information

EH&S Signature: _____________________________  Date: _____________________________
ORED Signature: _____________________________  Date: _____________________________

**TAM-HR**

Date Received: _____________________________  Reviewed by: _____________________________

Cleared: o Yes  o No  o N/A
Date Cleared: _____________________________  Date: _____________________________

TAM-HR Approval Signature: _____________________________  Date: _____________________________

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DHR Version: August 2021
**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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<tr>
<td>o Flammable</td>
<td>o Recombinant DNA</td>
<td>o Fume Hood</td>
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<tr>
<td>o Reactive</td>
<td>o Bacteria</td>
<td>o Biosafety Cabinet</td>
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<tr>
<td>o Carcinogenic *</td>
<td>o Viruses</td>
<td>o Laminar Clean Bench</td>
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<tr>
<td>o Toxins *</td>
<td>o Fungi **</td>
<td>o Autoclave</td>
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<td>o Corrosive</td>
<td>o Parasites **</td>
<td>o Centrifuge</td>
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<td>o Oxidizer</td>
<td>o Human Source Material *</td>
<td>o Analytical Instruments</td>
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<tr>
<td>o Cryogen</td>
<td>o Insects **</td>
<td>o Industrial Machinery</td>
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<td>o Pharmaceuticals *</td>
<td>o Plants **</td>
<td>o Noise Producing Equipment</td>
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<tr>
<td>o Gases</td>
<td>o Animals **</td>
<td>o Other Equipment (specify)</td>
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<td>o Radioactive Materials *</td>
<td>o Research Diving/Boating</td>
<td>o Radiation Producing Machine *</td>
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<td>o Infectious organism/agents *</td>
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<td>o Climbing on scaffolding, etc. *</td>
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<tr>
<td>o Controlled substances *</td>
<td></td>
<td>o Lasers *</td>
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*Prohibited for minors
**Classifies as risk group 2 and above.