



Request for Visitors in University Laboratories

Visitor Use Only:

Visitor Name: _____ Telephone Number: _____
Email Address: _____

- As a visitor of Drexel University, I certify that I have read and understand the **Guidelines for Visitors & Volunteers Participating in Research Guideline**. By checking the box on this form, I acknowledge my responsibility and intention to comply with all requirements outlined in this guideline. I further understand that I will no longer be granted permission to perform research activities in a Drexel University laboratory if I fail to comply with the requirements included in this guideline.

Principal Investigator and Department Chair Use Only:

PI Name: _____ Telephone Number: _____ Email: _____
Department Name: _____
Department Chair: _____ Telephone Number: _____
Building Name(s): _____
Laboratory Room Number(s): _____
Start Date: _____ End Date: _____

List the personnel who will directly supervise the visitor on a daily basis:

Describe research, process or educational program involving the visitor. Please include the list of chemicals, biological materials and equipment the visitor will be using:

- Have you reviewed the Visitor in Research Laboratories Guideline? Yes No
➤ Is there personal protection equipment available for use? Yes No
(i.e. laboratory coat, eye protection, and gloves at a minimum)
➤ Have you and your personnel completed the online Laboratory Safety Training? Yes No
➤ Is the laboratory compliant with all applicable University policies and procedures? Yes No

Principal Investigator Consent Signature: _____ Date: _____

Department Chair Consent Signature: _____ Date: _____



DREXEL UNIVERSITY
 Department of
**Environmental
 Health & Safety**

Environmental Health and Safety Use Only (Attach All Records):

- Is this a prohibited laboratory (i.e. BSL3 or Explosive Facility)? Yes No
- Does the laboratory utilize or store prohibited materials or equipment? Yes No
- Will the visitor be working with prohibited materials or equipment? Yes No

If yes to any of the above please list the specifics:

- Are there any priority 5 unacceptable issues listed in the laboratory audit? Yes No
- Has the visitor completed the online laboratory safety training? Yes No
- Has the PI completed the online laboratory safety training? Yes No
- Have all laboratory personnel completed the online laboratory safety training? Yes No
- Is hazard specific training required for this research, process or educational program? Yes No

If yes to hazard specific training then please specify:

- Facility Risk Level: High Medium Low
- Work Risk Level: High Medium Low

Approved

Denied

Reviewed by: _____ **Signature:** _____ **Date:** _____