AUTHORIZATION FOR MINORS IN LABORATORIES
(HOP policy 2.44 - File in Department Office)

DATE: ____________________

LAB INFORMATION:
LAB NUMBER AND LOCATION: ______________________________________________________________
LAB SUPERVISOR\(^1\): ________________________
MAXIMUM NUMBER OF MINORS ALLOWED IN LAB AT ONE TIME\(^2\): ________________

TOUR INFORMATION:
DATE OF TOUR: ________ START TIME: ________ END DATE: ________
LABORATORY PROJECT: ______________________________________________________________
PURPOSE FOR PRESENCE OF MINORS IN LABS: Brief description of any demonstrations/lab activities occurring during the tour (or “none”):

COMPLETE AND ATTACH LIST WITH NAME OF MINORS PARTICIPATING IN THE TOUR

SIGNATORIES:
Each of the undersigned acknowledges that (s)he has read HOP 2.44, assumes the duties of the Lab Supervisor, Monitor\(^3\) and/or Mentor as appropriate, and is aware of the risk mitigation policy for minors in laboratories.

Lab Supervisor Signature ___________________________ Printed Name ___________________________ Date ____________

Monitor Signature (or not if Lab Supervisor is also Monitor) ___________________________ Printed Name ___________________________ Date ____________

Mentor Signature (or not if Lab Supervisor is also Mentor) ___________________________ Printed Name ___________________________ Date ____________

***Department Chair and Dean Approval on page 2***

\(^1\) The Mentor is the UTSA faculty or senior staff member who ensures that all appropriate UTSA paperwork, requirements, and conditions found in HOP policy 2.44 are satisfied before the minor(s) enter the Lab.

\(^2\) EHS&RM supplies the maximum number of minors allowed in a lab at one time—see HOP policy 2.44.

\(^3\) The Mentor is the UTSA faculty or senior staff member who ensures that all appropriate UTSA paperwork, requirements and conditions found in HOP policy 2.44 are satisfied before the minor(s) enter the Lab.
**APPROVAL: Department Chair** (see approval chart below if Department Chair is not the Lab Supervisor)

I approve of the presence of the minor(s) identified above in the laboratory and circumstances described above.

__________________________  ____________________________  ____________
Department Chair Signature  Printed Name  Date

Department of: __________________________

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**APPROVAL: Dean**

I approve of the presence of the minor(s) identified above in the laboratory and circumstances described above.

__________________________  ____________________________  ____________
Dean Signature  Printed Name  Date

College of: __________________________

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**APPROVAL IF LAB SUPERVISOR IS NOT DEPARTMENT CHAIR:**

<table>
<thead>
<tr>
<th>If Lab Supervisor is:</th>
<th>Then approval required by:</th>
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</thead>
<tbody>
<tr>
<td>Dean</td>
<td>Provost</td>
</tr>
<tr>
<td>Staff Member reporting outside of Academic Affairs</td>
<td>Supervisor and Vice-President</td>
</tr>
<tr>
<td>Staff Member AND a Vice President</td>
<td>Provost</td>
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