



Laboratory Visitor Request & Authorization Form

This form must be completed and approved *before* any outside visitor or minor is allowed access to College of Engineering laboratories.

Section 1: Visitor Information

Full Legal Name: _____

Date of Birth: ___ / ___ / ____

Adult (18+) Minor (Under 18)

Affiliation / Organization: _____

Email Address: _____

Phone Number: _____

Emergency Contact Name & Phone: _____

Section 2: Visit Details

Purpose of Visit (check all that apply):

- Observation/Tour
- Educational/Outreach Activity
- Project or Research Participation
- Industry Collaboration
- Other: _____

Description of Activities (be specific):

Requested Start Date: ___ / ___ / ____

End Date: ___ / ___ / ____

Days/Times of Access: _____



Section 3: Laboratory Information

Department: _____

Building & Room Number(s): _____

Lab Type (check all that apply):

- Teaching Lab
- Research Lab
- Makerspace / Shop
- Computational / Dry Lab

Does the lab include any of the following hazards?

- Chemicals
- Machine Tools
- Lasers
- High Voltage / High Pressure
- Radiation
- Biological Materials
- Robotics / Automated Systems
- None

(EHS approval required if any hazards are checked.)

Section 4: Lab Sponsor Information

Lab Sponsor Name (Faculty/Staff): _____

Title: _____

Email: _____

Phone: _____

Sponsor Responsibilities (Check all):

- I will provide required safety training
- I will ensure continuous supervision
- I will verify PPE use



- I will limit activities to those approved
- I will retain this form and training records

Sponsor Signature: _____ **Date:** _____

Section 5: Training & PPE (to be completed before access)

Required Training Completed:

- Lab Safety Orientation
- Hazard Communication
- Emergency Procedures
- Equipment-specific briefing (if applicable)

Required PPE:

- Safety Glasses
 - Lab Coat
 - Gloves
 - Hearing Protection
 - Other: _____
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Section 6: Minor Participants (Complete ONLY if Visitor is Under 18)

Program Name: _____

- This visit is part of a university-approved program

Parental/Guardian Documentation (required):

- Informed Consent Form
- Liability Waiver & Assumption of Risk
- Emergency Contact Information
- Medical Disclosure (if applicable)

Minor Restrictions Acknowledged:

- No unsupervised lab access
 - No hazardous equipment/materials
 - Approved activities only
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Section 7: Approvals

Department/HFCOE Approval

Name: _____

Signature: _____ Date: _____

EHS Approval (required if hazards are present)

Name: _____

Signature: _____ Date: _____

Section 8: Visitor Acknowledgement

I acknowledge that I have been informed of laboratory risks, agree to follow all safety rules, and understand that access may be revoked at any time.

Visitor Signature: _____ **Date:** _____