Rowan Hall -- After-Hours Lab Policy

Application
This policy applies to all laboratory work in Rowan Hall. Departments and individual faculty members may establish additional limitations to work after-hours for laboratories under their control.

Purpose
This policy has been created to establish protocols for working in Rowan Hall after-hours, so that safe operations are maintained.

Definition of After-Hours
The normal working hours are dependent on the time of year (i.e., Fall, Spring and Summer Semesters; Winter and Summer Breaks; Holidays), and are posted in Rowan Hall. All hours falling outside of normal working hours are defined as “after-hours”.

Policy
Students are not allowed to perform laboratory procedures alone or after-hours under any circumstances. A member of the Henry M. Rowan College of Engineering (students included) must always be present as a co-worker, and available at a speaking distance. Students must be trained to work safely under the intended circumstances specific to that lab and its surroundings. A student may work (but not alone) in the laboratory after-hours after the faculty member in charge has reviewed the experimental procedure and any associated hazards, and has determined that the student possesses adequate training in proper experimental and emergency procedures. Students must have written permission from the supervising faculty member prior to working after-hours in a laboratory. Students must complete the “Permission to Work After-Hours Form” (see next page) signed by the faculty advisor. This form will be on file in the Dean’s Office, and the information provided to Public Safety.

Students must report all accidents and chemical spills to the faculty advisor. Students must also complete all safety training provided by Rowan University and the Henry M. Rowan College of Engineering.
Permission to Work After-Hours

SECTION 1: This section must be completed by Student

Student Name:
Building and Room Number:
Supervising Faculty Member:
Short Description of Work:

Start date:
End date:
After hour work days (circle one or more days): M  Tu  W  Th  F  Sa  Su
Mobile Phone Number:
Email Address:
Training Information:
General Laboratory Training Date………………………………
Laboratory Specific Training Date ………………………………
Additional training, if any…………..    Date Completed:

I have read the “Laboratory Working Alone and After Hours Policies” above, and agree to abide by their restrictions. **Under no conditions will I work alone after-hours in the laboratory.** I have received training in the proper experimental and emergency procedures and understand those procedures for the work I am authorized to do after-hours. In the event that I am not working on those specified hours or specified day, I will inform ahead my supervising faculty about this change.

Student Signature: ______________________________Date: _________________________

SECTION 2: Faculty Permission

The student has attested above that s/he understands the requirement of the “After-Hour Work Policy” and additional limitations on work that can be performed after-hours with a co-worker, but without my direct in-person supervision. I have provided the student with my contact information in case of emergency.

I approve the request for permission to work after-hours.

Faculty Name
Faculty Signature:
Date:
Telephone Number:   Laboratory or Office Number ........ Emergency Contact Number.......