Environmental Health and Safety at WTAMU is composed of three distinct but integrated environmental safety departments that report to the Vice President of Research and Compliance. Academic and Research Environmental Health and Safety (AR-EHS) is responsible for research and academic related compliance, which includes laboratory and academic research and the associated compliance committees. Fire and Life Safety (FLS-EHS) is responsible for fire related compliance and conducts fire and life safety inspections of campus buildings and assists with the testing all fire detection and suppression systems. General Safety (GHS-EHS) promotes safe work and health practices, to all faculty, staff, students, and visitors. Examples of General Health and Safety components include: office safety, proper lifting techniques, trip and fall prevention.

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**PURPOSE:**

The purpose of this procedure is to protect the health and welfare of visitors on the West Texas A&M University campus, by controlling access to hazardous and restricted locations by all persons, other than approved persons with appropriate information, training and supervision. The program is designed to eliminate the potential for injury to visitors or risk to the University’s business operations that could occur from uncontrolled access to such locations. This SOP refers to visitors in teaching and research areas at WTAMU. It supplements WTAMU Rule 24.02.02.W1/BF, TAMU System Policy 24.2, and System Regulation 24.02.02.
GENERAL:
Safeguarding Visitors and University resources from unauthorized access, misuse, removal, or injury is a duty of all faculty, staff and students. In laboratories, this obligation rests primarily with the PI; however, all laboratory personnel have a responsibility to take reasonable precautions against injury, theft or misuse of materials, particularly those that could threaten the safety of the public. Any visitor (anyone not employed or enrolled in higher education at WTAMU) must be provided appropriate training and have a signed release for the tour prior to entry.

Laboratories at WTAMU are diverse and may contain hazards such as biological or energetic materials (SOP No. 24.01.01.W1.01AR Environmental Health and Safety Program). Some Laboratories may not be toured because of Export Controls. Faculty and Staff conducting laboratory tours should contact EHS for clearance prior to scheduling the tour. (West Texas A&M University Rule Export Controls 15.02.99.W1)

Children under 15 are generally not allowed in areas where dangerous equipment, hazardous chemicals, or biological materials are located or used. Exceptions may be granted for guided tours, educational programs or other reasons if appropriate precautionary measures are taken (Contact EHS or the Office of Risk Management for approval process). These measures will include written consent of a parent or guardian, and/or direct adult supervision. (Texas Penal Code §22.041 for children younger than 15)

PROCEDUREAL RESPONSIBILITIES

The faculty/staff member hosting/conducting the visit needs to inform EHS and the Office of Risk Management a minimum of one week prior to the visit (Appendix A). Consent forms and a relevant training session will be proctored prior to any activity in WTAMU teaching or research laboratories.

Faculty or Staff conducting/hosting tours, exhibitions, or visiting scholars/artists in WTAMU teaching or research laboratories (designated by EHS). The following are required:

- Faculty/Staff must have lab access authority for the tour area(s),
- Signed liability waiver (provided in Appendix C),
- Minor Assent form (minors only – see Appendix B)
- An explanation of operational, safety, and emergency procedures by qualified lab personnel
- Appropriate personal protective equipment relevant to those activities.
- General and Lab specific training by qualified lab personnel. Training must be completed prior to the lab activity and documented by each individual participating in the visit.

Training must include information pursuant to WTAMU SOP No. 24.01.01.W1.02AR Hazard Communications Program and TAMUS Regulation 24.01.01. Online Hazardous Communications training or equivalent is available at https://apps6.system.tamus.edu/TrainTraq/web/External/ExternalGatewayLogon.aspx, course 2111163: Hazard Communication and Laboratory Safety. Contact EHS for access and instructions.
The faculty/staff member hosting/conducting must maintain paper records of the training and Liability Release forms. Digital copies of these records must be forwarded to EHS and the Office of Risk Management.

The following documents need to be procured prior to visit and kept on file:
- Waiver, Indemnification, and Medical Treatment Authorization Form (see Appendix C)
- Appendix A: Request for Tour
- The Minor Assent form (Minors only) (see Appendix B)
- Documentation of compliance training provided for visitors.
- Restricted Party Screening Form (see Appendix D)

TRAINING
West Texas A & M University Environmental Health and Safety will follow the Texas A & M University System Policy 33.05.02 Required Employee Training. Staff and faculty whose required training is delinquent more than 90 days will have their access to the Internet terminated until all trainings are completed. Only Blackboard and Single Sign-on will be accessible. Internet access will be restored once training has been completed. Student workers whose required training is delinquent more than 90 days will need to be terminated by their manager through Student Employment.

RECORD RETENTION
No official state records may be destroyed without permission from the Texas State Library as outlined in Texas Government Code, Section 441.187 and 13 Texas Administrative Code, Title 13, Part 1, Chapter 6, Subchapter A, Rule 6.7. The Texas State Library certifies Agency retention schedules as a means of granting permission to destroy official state records.

West Texas A & M University Records Retention Schedule is certified by the Texas State Library and Archives Commission. West Texas A & M University Environmental Health and Safety will follow Texas A & M University Records Retention Schedule as stated in the Standard Operating Procedure 61.99.01.W0.01 Records Management. All official state records (paper, microform, electronic, or any other media) must be retained for the minimum period designated.

Contact Office

WTAMU Environmental Health and Safety
(806) 651-2270
Appendix A

Request for Tour in WTAMU Research or Teaching Lab

Faculty/Staff member requesting tour (PI): ____________________________________________

Date of Proposed Tour ___________ Projected number of individuals: ___________

Campus Location: (areas where access needs to be granted) __________________________

Name/Affiliation of group: _________________________________________________________

Purpose of the Tour: ______________________________________________________________

Are the individuals minors?_________ Are the individuals Foreign persons? ___________

Is the Teaching/Research Lab under Export Controls? ________________________________

Is the Teaching/Research Lab biohazard? __________________________________________

What is the Main Purpose of the Teaching/Research Lab? _____________________________

PI Printed Name: ___________________________ PI Signature: ____________________________

Department Head: __________________________

Dept Head Signature: _______________________

Received by: ______________________________

EHS: Date __________________ Printed Name _____________________________________________

Approved: ___________________________ Denied: ________________________

Office of Risk Management: Date: ______________ Printed Name: _______________________

Directions for submission:

Forward this form to EHS: aswindell@wtamu.edu for approval and distribution.
Appendix B

MINOR ASSENT FORM

Title of Tour or Project: ____________________________________________________________

Age and Physical Condition: I state that I am a minor below age eighteen (18) years of age, in good physical health, and wish to participate in ________________________ (with the consent of my legal guardian) being conducted by ______________________ of West Texas A&M University.

Purpose: The purpose of the tour/project is ________________________________________________

Risks and/or Discomforts: ______________________________________________________________
                                                                                         ________________________________________________________________
                                                                                         ________________________________________________________________

Benefits:                                                                                   ________________________________________________________________

Opportunity to ask Questions or to withdraw: I understand that I am free to ask questions or to withdraw from participation at any time without any penalty.

Other Requirements: I understand that I am to abide by the rules and precautions to protect myself and others.

Rights: Visitors may contact EHS (Phone: 806-651-2270), Email: aswindell@wtamu.edu) with questions about their rights.

Contact Information:  ________________________________________________________________
                                                                                         ________________________________________________________________
                                                                                         ________________________________________________________________
                                                                                         ________________________________________________________________

I authorize my child to participate in the Tour/Project described above.

_________________________________________________  ________________________________
Signature of Parent/Legal Guardian                   Child Signature

_________________________________________________  ________________________________
Printed Name of Parent/Legal Guardian               Printed Name of Child

____________________________________
Date
WEST TEXAS A&M UNIVERSITY
Youth Group Agreement
CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned parent and/or legal guardian of______________________________________, allow my child to participate in the activities of West Texas A&M University (WTAMU) and/or________________, including but not limited to on campus events and scheduled off campus events. I do hereby release and discharge WTAMU and/or________________ representatives from any and all damages on account of any injuries or illnesses sustained to or by my child while engaged in such whether related or not to the activity enumerated above. I understand the risk of injury may be similar to sport types of injuries like heat exhaustion, falls, pedestrian accidents or even death.

This agreement shall constitute a bar of any recovery by the undersigned individually or brought for and on behalf of the child, and said agreement may be urged and used by WTAMU as a bar to any recovery by the undersigned or by the child in any suit or claim instituted on account of any injury or illness sustained by my child while engaged in the activities of WTAMU.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, the undersigned, release and discharge WTAMU and/or________________ representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child while engaged in the associated activities. I agree to hold harmless and indemnify WTAMU against any loss, damages, or cost of whatsoever nature including expenditure of attorney's fees which may be suffered as a result of any action, claim, or demand by my child or my child's heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of the child. Please be advised that West Texas A&M University (WTAMU) is a research university that provides unfiltered internet access to university students. WTAMU is not responsible for internet content accessed by those using the campus network.

I also agree to reimburse WTAMU and/or________________ representatives for any and all expenses incurred from the return transportation of my child for disciplinary reasons.

MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I,__________________________parent or guardian of________________________, hereby acknowledge that as a part of the activities of my child attending WTAMU summer program, that there is the possibility my child may need to receive medical attention due to injury or accident. I understand that WTAMU or its representatives will make a reasonable effort to contact me in the event of injury or accident to my child based on the circumstances. In the event that WTAMU or their representatives are not able to contact me, or if the need for medical care appears to be immediate, then I instruct and authorize WTAMU________________ representatives to consent to and authorize reasonable and necessary medical treatment for my child. I further agree to release WTAMU and their representatives from any liability for their efforts to secure reasonable and necessary medical treatment for my child as stated above.

I, the undersigned parent or legal guardian shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child. I further agree to reimburse WTAMU and their representatives who may incur expenses in the treatment of an accident or illness of my child.

By signing these Agreements, I acknowledge that I have read and understand this document and do hereby agree to its terms and conditions.

________________________________________/date_________
Signed Parent (legal guardian) Printed Name of Parent (legal
With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Name of Insurance Company:________________________________________________________

Group #:__________________________________________

ID or Policy #:_____________________________________

Please attach or send a copy of your insurance card prior to the beginning of the camp.

Does the student have an allergy to any medications?__________________________________

Is the student on any current medication?_______________________________________________

Date of last tetanus shot:____________________________________________________________

Name(s) and telephone numbers for emergency contact:________________________________

________________________________________

Revised 06/09
RESTRICTED PARTY SCREENING FORM

BACKGROUND: In accordance with University Rule 15.02.99.W1 Export Controls international visitors intending to visit WTAMU must undergo a restricted party screening as a pre-condition of their visit to WTAMU.

All international visitors whether present or not in the United States must undergo a restricted party screening when the international visitor:

(i) will be involved in a research project or collaboration, and will have access to laboratories and research facilities for the purposes of observing or conducting research;
(ii) will be issued a WTAMU identification card, keys to offices or laboratories, or otherwise be given access to the WTAMU computing system in any manner; or
(iii) will be paid an honorarium, will be reimbursed for expenses, or will be provided something of value.

It is the responsibility of all employees at WTAMU who intend to host an international visitor to notify and request approval of such visit from the Export Control Official, or the Director of SRS, before the arrival of the International Visitor.

INSTRUCTIONS: Complete the below form for each international visitor and the entity they either represent or are employed by. Forward the completed form to srs@wtamu.edu. Please allow a minimum of 3 working days for the screening to be completed. If additional information is necessary to complete the screening you will be contacted. Results of the restricted party screening will be sent to you via email.

Have questions? Contact Kaaren Downey 651-3554 / kdowney@wtamu.edu.

INTERNATIONAL VISITOR

Name: Click here to enter text.
Address: Click here to enter text.
City/State: Click here to enter text.
Country: Click here to enter text.

COMPANY OR INSTITUTION BEING REPRESENTED

Name: Click here to enter text.
Address: Click here to enter text.
City/State: Click here to enter text.
Country: Click here to enter text.

Date of Visit: Click here to enter text.
WTAMU Point of Contact: Click here to enter text.