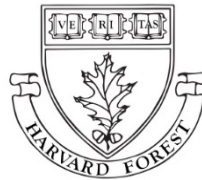


**HARVARD UNIVERSITY**

**HARVARD FOREST**

324 NORTH MAIN STREET  
PETERSHAM, MASSACHUSETTS  
U.S.A. 01366



PHONE 978•724•3302

FAX 978•724•3595

HTTP://HARVARDFOREST.FAS.HARVARD.EDU

**Harvard Forest Working Alone and Working After Hours Form**

**Section I: Researcher**

Lab Location: \_\_\_\_\_

Overall Duration of Work: \_\_\_\_\_

Description of Work to Be Done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, have read the “Harvard Forest Working Alone and Working After Hours Policy” and agree to abide by its provisions. I have received training in the proper experimental and emergency procedures and understand those procedures for the work I am authorized to do.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section II: Supervisor Permission**

I, \_\_\_\_\_, have ensured proper training in lab procedures and safety of the worker, and approve this request for permission to work after hours.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section III: Laboratory Safety Training**

This individual has completed the appropriate lab safety training on \_\_\_\_\_ (date).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manisha V. Patel