Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist: (All questions must be answered; additional page(s) may be attached.)

- 1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
- 2. Identify and assess the risks involved in this project.
- 3. Describe the safety precautions and procedures that will be used to reduce the risks.
- 4. Describe the disposal procedures that will be used (when applicable).
- 5. List the source(s) of safety information.

To be completed and signed by the Designated Supervisor (or Qualified Scientist, when applicable): I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and will provide direct supervision.			
Designated Supervisor's Printed Name	Signature		Date of Review (mm/dd/yy)
Position & Institution		Phone or email contact information	
Experience/Training as relates to the student's area of research			