

Risk Assessment Form (3)

Required for projects using hazardous chemicals, activities or devices.

Must be completed before experimentation.

Student's Name _____

Title of Project _____

To be completed by the Student Researcher in collaboration with Designated Supervisor/Qualified Scientist:

1. List/identify the hazardous chemicals, activities, devices or microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules) that will be used.

2. Identify and assess the risks involved.

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** and will provide direct supervision.

Designated Supervisor's Printed Name

Signature

Date of Review
(must be prior to experimentation.)

Position & Institution

Phone or email contact information

Experience/Training as relates to the student's area of research