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:
(All questions must be answered; additional page(s) may be attached.)

1. List/identify the hazardous chemicals, activities, devices or microorganisms 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 _____