

Risk Assessment Form (3)

Required for projects using hazardous chemicals, activities or devices or regulated substances.
Must be completed prior to student 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, or devices 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