

## Risk Assessment Form (3)

Required for projects using hazardous chemicals, activities or devices and microorganisms exempt from pre-approval. Must be completed before experimentation.

Student's Name(s) \_\_\_\_\_

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 microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules), and all hazardous chemicals, activities, or devices or that will be used.
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** and will provide **DIRECT** supervision.

\_\_\_\_\_  
Designated Supervisor's Printed Name      Signature      Date of Review (mm/dd/yy)  
*(must be prior to experimentation.)*

\_\_\_\_\_  
Position & Institution      Phone or email contact information

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