

## Microorganisms (1E)

This form must be completed by all applicants. Answer the questions as appropriate in each section. If your research did not involve the topic matter of that section, you must still answer "No" to the first question in that section.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Title of Project: \_\_\_\_\_

### Section 1: Did your project involve any microorganisms, such as bacteria, mold or viruses?

Yes	No	Did you grow or test commercially available microorganisms (bacteria, mold or viruses)?
Yes	No	Did you grow or test samples taken from a person (examples: hands, saliva, etc.), your household (examples: door knobs, cheese, bread, etc.), or your environment (examples: water, dirt, etc.) that you believed could possibly be contaminated with microorganisms?
If you checked "NO", STOP HERE and go to SECTION 2.		
If you checked "YES", continue to answer the questions in this section.		

Microorganisms are no longer allowed to be cultured in the home. You must grow microorganisms at an institution under proper supervision. Please indicate the type of microorganism that was used in your project (if it was grown from a sample taken from the environment, indicate the type as unknown), the institution/facility that was used to culture the microorganism and who supervised the experiment.

Bacteria                      Mold                      Virus                      Type: \_\_\_\_\_

Institution: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

### Section 2: Did your project involve any of the following potential hazards?

*(Check all of the following hazards that were used in your project. If a hazard is not found in the list below, please circle **others** and enter a brief description.)*

<b>NO HAZARDS</b>	Controlled Substances *	Dangerous Machinery	Fire
Fire Arms/Explosives	Flammable Liquids	Radioactivity/Radiation*	Strong Acids
Toxic Chemicals	Weapons/Knives	Others	

If you checked "NO HAZARDS", **STOP HERE** and go to SECTION 3.

If your project used any of the above hazards that are indicated by an asterisk (\*), you must complete the Qualified Scientist/Engineer Form 3 and the Regulated Research Institutional/Industrial Setting Form 2. For all other hazards, provide a description of the hazard, and the name and signature of the person that supervised your work.

Description of Hazard: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

### Section 3: Did you do your research in a setting other than your home or school?

Yes	No	Did you perform your research in a medical or research institution, a university, or at an industrial facility (aside from your home or school)?
If you checked "YES" you must complete the Regulated Research Institutional/Industrial Setting Form 2.		