Risk Assessment Form (11)

Required for projects using hazardous chemicals, activities, or devices.

Must be completed before experimentation.

(NEOSEF Risk Assessment Form 3 will suffice)

Student Name:		School:	
Title of Project:			
Supervisor/Qualified Scienattached.)	ntist: (All questions m	collaboration with Designated nust be answered; additional page(s) may es, devices, or microorganisms that will b	
2. Identify and assess the ri	isks involved.		
3. Describe the safety preca	autions and procedure	es that will be used to reduce the risks.	
4. Describe the disposal pro	ocedures that will be u	used (when applicable).	
5. List the source(s) of safe	ty information.		
applicable): I agree with the	risk assessment and so	Supervisor (or Qualified Scientist, when afety precautions and procedures describend will provide direct supervision.	
Supervisor's Printed Name	Signature	Date (must be prior to experime	ntation)
Position & Institution		Email/Phone	_
Experience/Training as relat	es to the student's area	a of research	

Contact: bestmedicine@uakron.edu BEST Medicine Engineer Fair, 2018