

MSU Billings Science Expo 2023

Risk Assessment Form 6

- To be completed by student researcher in collaboration with a Qualified Scientist/Designated Supervisor (QS/DS) and must be completed before experimentation.

Student Researcher Name _____ Project Name _____

QS/DS Name _____ Phone _____ Email _____

Position/Title _____ Associated Company/Institute _____

1. Identify Hazardous material, chemical, activity, device, potentially hazardous biological agent being used in experiment.
2. Identify the source and how you will obtain this agent/material. (If using an established cell line, include catalog number.)
3. How do you plan to store and contain agent/material
4. Identify the quantity and the bio-safety level.
5. Where will you be conducting your experiment?
6. Describe safety measures taken to minimize potential risks.
7. Describe how you will dispose of any and all hazardous biological agents/materials?

Student Signature _____ Date ____/____/____

- As the student researcher, with my signature, I agree to follow the guidelines and plans listed above. I agree to conduct my experiment under the guidance of the Qualified Scientist/Designated Supervisor

QS/DS _____ Date ____/____/____

- As the Qualified Scientist/Designated Supervisor, with my signature, I agree with the risks involved and will provide direct supervision and have full responsibility to above student in conducting this experiment.