

## RISK ASSESSMENT FORM

Title of project:

Student Name(s):

School:

Teacher's name:

**If the project is to be completed outside of school:**

Name of Institution:

Supervisor/Scientist's Name:

Contact number:

Contact email:

1. List/identify the hazardous chemicals, activities, instruments or microorganisms that will be used.

2. Identify and assess the risks involved.

3. Describe the disposal precautions and procedures that will be used to reduce the risks.

**To be completed and signed by the designated supervisor/qualified scientist:**

- I agree with the risk assessment and the safety precautions described above.
- I certify that I have reviewed the research plan and will provide direct supervision.

Supervisor/Scientist's signature:

Date: