CONCEPT SCHOOLS STEM EXPOSITION
SAFETY ASSESSMENT FORM

Student’s Name: __________________________

1- □ This demonstration does not involve any of the research areas listed in below.

<table>
<thead>
<tr>
<th>Human Subjects</th>
<th>Recombinant DNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled Substances</td>
<td>Pathogenic Agents (Bacteria &amp; Fungi)</td>
</tr>
<tr>
<td>Non-Human Vertebrate Animals</td>
<td>Human or Non-Human Vertebrate Animal Tissue</td>
</tr>
</tbody>
</table>

2- This project involves the hazardous substances or devices checked below. A designated supervisor will provide proper supervision to the student. Prior approval by the adult sponsor and certification by a designated supervisor is required.

- □ Chemicals (*i.e.*, hazardous, flammable, explosive or highly toxic; carcinogens; mutagens and all pesticides). I have reviewed with the student the Material Safety Data Sheet (MSDS) Listing for each chemical that will be used. I have also reviewed the proper safety standards for each chemical including toxicity data, proper handling techniques, and disposal methods. For Safety in Academic Chemistry Laboratories, visit the American Chemical Society’s website at http://pubs.acs.org.

- □ Equipment (*i.e.*, welders; lasers; voltage greater than 220 volts). I have reviewed with the student the proper operational procedures and safety precautions for the equipment to be used by the student. For information about laser standards and research, visit the OSHA website at www.osha.gov.

- □ Firearms. I have reviewed with the student the proper safety standards for firearms use.

- □ Radioactive Substances. I have reviewed the proper safety standards for each radioactive substance the student will use.

- □ Radiation (*i.e.*, x-ray or nuclear; unshielded ionizing radiation of 100–400 nm wavelength). I have reviewed with the student the proper safety methods concerning the type of radiation the student will use.

3- Describe the safety precautions that will be taken in this activity.

___________________________  __________________________  __________________________
Adult Sponsor’s Printed Name  Signature  Date of Review (Must be prior to demonstration)