



## **Risk Assessment Form**

For a print version [click here](#).

**Must be completed BEFORE any TESTING begins.**

Team Name:

Student Usernames:

**To be completed by the team in collaboration with Team Advisor: (All questions must be answered; additional page(s) should be attached.)**

1. Will any hazardous chemicals, activities, or devices be used? (see [Hazardous Chemicals, Activities, Devices document](#)).

YES

NO (if no, skip to 4)

2. List all hazardous chemicals, activities, or devices that will be used.

3. Explain how all hazardous chemicals, activities, or devices will be handled based on the requirements explained on the [Hazardous Chemical, Activities & Devices document](#).

4. Will any Potentially Hazardous Biological Agents be used? (see [Potentially Hazardous Biological Agents document](#)).

YES

NO (if no, skip to 7)

5. List all Potentially Hazardous Biological Agents that will be used AND their biosafety level (BSL).

(continued)



6. Explain how all Potentially Hazardous Biological Agents will be handled based on the requirements explained on the [Potentially Hazardous Biological Agents document](#).

7. Identify and assess the risks and hazards involved in this project.

8. Describe the safety precautions and procedures that will be used to reduce the risks.

9. Describe the disposal procedures that will be used (when applicable).

10. List the source(s) of safety information.

**To be completed and signed by the Team Advisor:**

I agree with the risk assessment and safety precautions and procedures described. I certify that I, or another responsible adult, will provide direct supervision when required.

\_\_\_\_\_  
Team Advisor Printed Name

\_\_\_\_\_  
Team Advisor Signature

\_\_\_\_\_  
Date