



Student Inquiry and Research
Chemical, Biological, Physical, and Radiation Research Safety Review

Student Name _____

Advisor/Mentor Name _____ Site _____

Please discuss the safety aspects of your research with your advisor/mentor. If you may be exposed to any chemical, biological, physical, or radiation hazards during your investigation please specify what they are and identify any special precautions or training necessary.

- My investigation does NOT involve chemical, biological, radiation, or physical hazards.
My investigation may expose me to the chemical, biological, physical or radiation hazards:
Hazardous chemicals, including carcinogens and reproductive toxins
Biological materials or microorganisms classified biosafety level 3
Biological materials or organisms requiring biosafety level 2 or above containment:
Human-derived materials (blood products, bodily fluids)
Cell/tissue culture, including established cell lines
Biological agents for which vaccination is required
Recombinant DNA technology or materials
Animals requiring anesthesia
Ether used as an anesthetic
Respirators used for protection against hazardous or nuisance materials
Radioactive materials (sealed or unsealed sources):
Ionizing radiation
X-rays (analytical, medical, dental, veterinary, or industrial)
Physical hazards (electric shock, cryogenic materials, noise, burns, physical impact):
Highly reactive materials
Lasers
High-pressure reactions
Vacuum systems
Compressed gas

Please explain the above in detail, including special precautions or training for the student. Write on the back of this sheet and/or add more pages as necessary.

I HAVE DISCUSSED SAFETY CONCERNS, including environmental hazards, use of research equipment and procedures with my advisor/mentor. I know the location of safety equipment and understand the procedures to follow in case of spill, injury, or exposure to a potentially harmful substance. I understand that although every effort is made to minimize exposure, there is risk involved in research.

Student Signature _____

Date _____

Advisor/Mentor Signature _____

Date _____