

RISKS ASSESSMENT FORM (3)

*Required for projects using humans and vertebrate animals tissues, chemicals, dangerous activities or devices and controlled substances. **Must be completed and signed prior experimentation.***

Project title:

Student(s)'s name(s):

To be completed by the Student Researcher(s) in collaboration with the Designated Supervisor or Qualified Scientist:

(ALL questions must be answered; attach extra pages if necessary)

1) List/identify the hazardous chemicals, biological agents, activities or devices, or microorganisms exempt from prior approval, that will be used:

2) Identify and assess the risks involved:

3) Describe the safety cares and procedures taken to minimize risks:

4) Describe the disposal methods that will be used (if applicable):

5) List the safety information source:

To be completed by the Designated Supervisor (DS) or Qualified Scientist (QS): I agree with the risks assessment and with safety cares described above. I certify that I reviewed the **Research Plan** and that I will directly supervise the student(s).

Signature: _____

DS or QS's name:

Date (prior experimentation):

Position/Institution:

Telephone:

E-mail: