# Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.
SRC/IACUC/IBC approval required before experimentation.

Student's Name(s) _____

Title of Project _____

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

**(All questions are applicable and must be answered; additional page(s) may be attached.)**

1. Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.

2. Describe the site of experimentation including the level of biological containment.

3. Describe the procedures that will be used to minimize risk. (personal protective equip., hood type, etc.)

4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
   i.e BSL-1 See Rules
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.

Student fills out

**To be completed by Qualified Scientist or Designated Supervisor**

1. What training will the student receive for this project?
2. Do you concur with the biosafety information and recommendation provided by the student researcher above?
   ☐ Yes ☐ No If no, please explain.
3. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable)

_____
QS/DS Printed Name

Must be before IA
Date of Signature (mm/dd/yy)

_____
Signature

Science teacher fills out

**To be completed by Local or Affiliate Fair SRC: (Check all that apply.)**

☐ The SRC has carefully studied this project's Research Plan and the risk level assessment above **prior to experimentation** and approves this study as a BSL-1 study, which must be conducted at a BSL-1 or above laboratory.
Date of SRC approval (prior to experimentation) _____

☐ The SRC has carefully studied this project's Research Plan and the risk level assessment above **prior to experimentation** and approves this study as a BSL-2 study, which must be conducted at a BSL-2 or above laboratory.
Date of SRC approval (prior to experimentation) _____

☐ This project was conducted at a Research Institution and was reviewed and approved by the appropriate institutional board (e.g. IACUC, IBC) before experimentation at a BSL-1 or BSL-2 laboratory and complies with the Intel ISEF rules. The required institutional forms are attached.
Date of SRC approval (after experimentation) _____

☐ The Research Institution where this study was conducted does not require approval for this type of study. The student has received proper training and the project complies with Intel ISEF rules. Attached is institutional documentation certifying the above.
Date of SRC approval _____

_____ _____
SRC Chair's Printed Name Signature