



# Kern County Science Fair

## Hazardous Chemicals

### Qualified Scientist/Designated Supervisor and Risk Assessment Form 7

Student's Name(s) \_\_\_\_\_

Title of Project \_\_\_\_\_

**To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist: (All questions must be answered; additional page(s) may be attached.)**

1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
2. Identify and assess the risks involved in this project.
3. Describe the safety precautions and procedures that will be used to reduce the risks.
4. Describe the disposal procedures that will be used (when applicable).
5. List the sources(s) of safety information.

**Qualified Scientist**- The Qualified Scientist must possess an advanced earned degree (examples, Ph.D., M.D., D.D.S.) in a field related to the project. Further, he/she must be familiar with all regulations - local, state and federal - which relate to that project. The Qualified Scientist and the Teacher/Adult Sponsor may be the same person if qualified as indicated above, as long as that person is not the student's parent.

**Designated Supervisor** -supervises the work approved by the Qualified Scientist. Generally, this person will have practical experience related to the specific project to be supervised. Such projects can include those involving DNA, animal tissues, human research, hazardous materials, toxins, or controlled substances. Designated supervisors might be 4-H project leaders, butchers, farm advisors, single subject credentialed teachers, police officers, or others, depending on the project. The Teacher/Adult Sponsor may act as a Designated Supervisor.

**To be completed and signed by the Qualified Scientist, when applicable:**

I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and will provide direct supervision.

\_\_\_\_\_  
Qualified Scientist's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Review (mm/dd/yy)

\_\_\_\_\_  
Position & Institution

\_\_\_\_\_  
Phone or email contact information

**To be completed and signed by the Designated Supervisor, when applicable:**

\_\_\_\_\_  
Qualified Scientist's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Review (mm/dd/yy)

\_\_\_\_\_  
Phone or email contact information