

Risk Assessment Form (3)

Required for projects using hazardous chemicals, activities or devices, and microorganisms which are exempt from pre-approval. Must be completed before experimentation.

Student's Name(s) Ethan Howe Shane Stewart

Title of Project Fitness Lock

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).

n/a

2. Identify and assess the risks involved in this project.

This project will lock a user phone. This will be an issue because it could block users from emergency calls .

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

We will allow a few required apps like phone call and email.

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

n/a

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

n/a

To be completed and signed by the Designated Supervisor (or 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.

Eugenie Farrow
Designated Supervisor's Printed Name

Eugenie Farrow
Signature

11/29/17
Date of Review (mm/dd/yy)

Teacher / Spokane Valley Tech
Position & Institution

509 558-6508
Phone or email contact information

Computer Science Instructor
Experience/Training as relates to the student's area of research