Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Aditya Kendre

Title of Project Generative Adversarial Networks for PCG Arrhythmia Detection

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).

   The only device used in this research project is a laptop.

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

   N/A

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

   N/A

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 the International Rules, including the science fair ethics statement and will provide direct supervision.

Mike Flored

Designated Supervisor's Printed Name

Admin

Position & Institution

BS BCC

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

Signature

Date of Review (mm/dd/yy) 10/30/20

Phone or email contact information 717 - 506-3413