

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Jack Racer

Title of Project Towards an Animal Model to Study Sporadic ALS

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 toxic chemical paraformaldehyde will be used.

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

Paraformaldehyde is a chemical that can cause damage when it comes into contact with people. It is also a possible carcinogen, so exposure to the chemical may harm human researchers.

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

In order to mitigate exposure to paraformaldehyde, protective gloves, goggles, and a lab coat will always be worn when handling equipment that touches the chemical. Once any equipment touches the chemical, it will be treated as contaminated. Wash skin after handling.

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

When disposing of the chemical, it will be placed in a labeled container designated for paraformaldehyde and the pipette tips will be disposed of in a sharps container labeled as a biohazard.

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

"MSDS - 158127 SAFETY DATA SHEET - Paraformaldehyde"

[https://www.sigmaaldrich.com/MSDS/MSDS/DisplayMSDSPage.do?](https://www.sigmaaldrich.com/MSDS/MSDS/DisplayMSDSPage.do?country=US&language=en&productNumber=158127&brand=SIAL&PageToGoToURL=http%3A%2F%2Fwww.sigmaaldrich.com%2Fcatalog%2Fproduct%2Fsial%2F158127%3Flang%3Den)


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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.

Pablo M Peixoto

Designated Supervisor's Printed Name


Signature

7/1/2019

Date of Review (mm/dd/yy)

Baruch College of City University of New York

Position & Institution

pablo.peixoto@baruch.cuny.edu

Phone or email contact information

20 years

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