Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Rhea Rasquinha

Title of Project Determining the Kinetics of IRF4 and IRF5 Expression During B- and T-Cell Activation

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% Paraformaldehyde Solution, 2% Formaldehyde Solution, 10% Triton X-100

2. Identify and assess the risks involved in this project.
   These chemicals are toxic and caustic if contact with skin or eyes occurs, or when they are not handled properly, and certain chemicals are flammable.

3. Describe the safety precautions and procedures that will be used to reduce the risks.
   Proper safety training will be undertaken, PPE (gloves and lab coat) will be worn, and work will be conducted under a fume hood with lab member supervision to minimize exposure or possibility of injury, and to increase the safety of the lab.

4. Describe the disposal procedures that will be used (when applicable).
   Hazardous materials will be placed into appropriately labeled biohazard bins to ensure proper disposal.

5. List the source(s) of safety information.
   Lab members, material and safety data sheets, safety handbooks, and experimental protocol.

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.

Betsy J. Barnes — Designated Supervisor's Printed Name

Betsy J. Barnes — Signature

6/26/19 — Date of Review (mm/dd/yy)

Professor/Investigator, The Feinstein Institute for Medical Research — Position & Institution

bbarnes1@northwell.edu/516-562-0434 — Phone or email contact information

I have obtained all relevant training and certifications, including IACUC approvals, for the proposed research project.

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