

Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.
SRC/IACUC/IBC approval required before experimentation.

Student's Name(s) Kyle Chavira

Title of Project Multifaceted approach to eradicate the lethal plant pathogen, Botrytis cinerea, by

To be completed by the QUALIFIED SCIENTIST/DESIGNATED SUPERVISOR in collaboration with the student researcher(s). All questions are applicable and must be answered; additional page(s) may be attached. (examining the roles of proteins ADF4, ILR3, Xanth, and FIS2)

SECTION 1: PROJECT ASSESSMENT

1. Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.
The fungus Botrytis cinerea was utilized and the source is the BOS.10 strain. It is replicated the strain which has a BSL-1.
2. Describe the site of experimentation including the level of biological containment.
Performed in a laboratory in Michigan State University. The fungus was sealed to ensure no contamination.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
Gloves, Eye wear, aprons, and fume hoods.
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
BSL-1
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
Placed in Biohazard bags and autoclaved.

SECTION 2: TRAINING

1. What training will the student receive for this project?
Introductory Course to autoclave, lab safety, biohazards, and fungicide pesticides.
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).

SECTION 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES - To be completed by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR - Check the appropriate box(es) below:

- ☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will NOT be conducted at a Regulated Research Institution, but will be conducted at a (check one) ☐ BSL-1 or ☐ BSL-2 laboratory. This study has been reviewed by the local SRC and the procedures have been approved prior to experimentation.
- ☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution and was approved by the appropriate institutional board prior to experimentation; institutional approval forms are attached.
Origin of cell lines: _____ Date of IACUC/IBC approval _____
- ☒ Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution, which does not require pre-approval for this type of study. The SRC has reviewed that the student received appropriate training and the project complies with ISEF rules.

CERTIFICATION - To be SIGNED by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR

The QS/DS has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above. This study has been approved as a (check one) ☐ BSL-1/ ☐ BSL-2 study, and will be conducted in an appropriate laboratory.

Bruce Proctor

QS/DS Printed Name

08/07/19

Date of review (mm/dd/yy)

[Signature]

Signature

SECTION 4: CERTIFICATION - To be completed by the LOCAL or AFFILIATED FAIR SRC

The SRC has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above.

BRAD DAY

SRC Printed Name

July 1, 2019

Date of review (mm/dd/yy)

[Signature]

Signature