## Risk Assessment Form (3) Must be completed before experimentation.

	Mir Zayid Alam and Taylor Fox
Student's Name(s)	elating Major Depressive Disorder (MDD) to circadian signaling in Drosophila melanogaster
Title of Project	
	* · · · · · · · · · · · · · · · · · · ·
	by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist per answered; additional page(s) may be attached.)
	chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see dous Biological Agent rules).
10% Bleach ( Dissection mi	500 mL in distilled water) cro scissors
	ss the risks involved in this project.
	sodium hypochlorite solution in water). Bleach can cause skin corrosion, serious and damage to aquatic animals.
	cro scissors can cause skin injuries and bleeding if handled improperly.
<ol><li>Describe the safe</li></ol>	ty precautions and procedures that will be used to reduce the risks.
If sodium hypochlori Poison Control Cent eyes will be rinsed g	ite is ingested, mouth will be rinsed and vomiting will not be induced. If on skin/hair, skin will be rinsed thoroughly. If inhaled, a ter will be contacted and the afflicted person will be moved to fresh air. If in eyes, a Poison Control Center will be called, and gently after removing contact lenses, if applicable. Caution will be exercised during use of the micro scissors. Lab aprons, or rubber gloves will be worn when handling this substance. All lab work and handling of chemicals will be supervised by
	osal procedures that will be used (when applicable). isposal company will be contacted to dispose of 10% bleach solution.
5. List the source(s)	of safety information.
country=US&langua	rite Solution. "Sigma Aldrich, Merck Group, 2019, www.sigmaaldrich.com/MSDS/MSDS/DisplayMSDSPage.do? ge=en&productNumber=425044&brand=SIGALD&PageToGoToURL=https%3A%2F%2Fwww.sigmaaldrich.com%2Fcatalog% 3DSodium%2Bhypochlorite%26interface%3DAll%26N%3D0%26mode%3Dmatch%2520partialmax%26lang%3Den%26regio 63Dproduct.
l agree with the risk Plan/Project Summa	and signed by the Designated Supervisor (or Qualified Scientist, when applicable): assessment and safety precautions and procedures described above. I certify that I have reviewed the Research ary and will provide direct supervision.
Alison Hugo Designated Superv	Asor's Printed Name Signature Signature (516)859-5359  Co   01   19  Date of Review (mm/dd/yy
Science Research Position & Instituti	ion  Alison - Hunger @ Manhallet Schools our Phone or email contact information
degrees in char Experience/Trainir	nistry and biology - worked at Stony Brook University Brotestandayy comp and ng as relates to the student's area of research past expenence as a chemical engineer