

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Drisana Shanthan

Title of Project Synthesis and Cancer Cell Cytotoxic Studies of Styryl Benzylsulfone

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.)

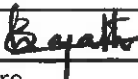
1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
Thioglycolic Acid, 4- Chlorobenzyl Chloride and 4- Fluorobenzaldehyde
2. Identify and assess the risks involved in this project.
If chemicals are not handled properly it may result in irritation to skin, eyes, lungs, nose, etc., sickness if ingested, etc.
3. Describe the safety precautions and procedures that will be used to reduce the risks.
In order to reduce risks some safety precautions that will be taken will be following regular lab safety rules (wearing goggles, gloves, no eating/drinking, etc.), washing areas of contact, having knowledge of safety procedures in case of leakage, spillage, etc.
4. Describe the disposal procedures that will be used (when applicable).
Always dispose all chemicals into the properly labeled waste container/plant, check in with DEP or EPA if unsure of special instructions. In a situation of accidental spills, absorbed all liquids with proper materials and deposit in sealed containers.
5. List the source(s) of safety information.
<https://www.nj.fishersci.com/store/msds?partNumger=AC150242500&productDescription=4-CHLOROBENZYL+CHLORIDE+250GR&vendorId=VN0003219&countryCode=US&language=en>
<https://www.fishersci.com/store/msds?partNumber=AC427191000&productDescription=4-FLUOROBENZALDEHYDE&vendorId=VN00032119&countryCode=US&language=en>
<https://www.nj.gov/health/eoh/rtkweb/documents/fs/1848.pdf>

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.

Gajjela Bharath Kumar

Designated Supervisor's Printed Name



Signature

7/26/19

Date of Review (mm/dd/yy)

Postdoctoralfellow

Position & Institution

Bharathkumar.Gajjela@mssm.edu

Phone or email contact information

10 years of experience in synthesis and development of anti-cancer molecules

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