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

	dent's Name(s)
itl	e of Project
lei	mental Composition of Possilized Ceratopsidae and Diomaeosauridae Teeth norm the Zanto Testians, 7
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.)	
	List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
	Synchrotron Light Source at Brookhaven National Laboratory in Upton, NY     Collection of fossilized teeth from a ranch in Wyoming
	<ol> <li>There may be radiation associated with the beamlines in case of mechanical failure, or negligence in following proper safety procedures.</li> <li>We may suffer injuries from unsteady terrain, dehydration, or other outdoor physical injuires.</li> </ol>
	Describe the safety precautions and procedures that will be used to reduce the risks.
	<ol> <li>We will be trained in radiation safety prior to beginning of our research, and trained each time we begin working at a new beamline, and will wear a thermoluminescent dosimeter to quantify any radiation exposure which will be read by BNL safety office.</li> <li>We will wear protective clothing, bring water and follow the advice of our supervisor guides, and the on site medicial professional at all times.</li> </ol>
	Describe the disposal procedures that will be used (when applicable).
	N/A
5.	List the source(s) of safety information.
	Standard operating procedure for NSLS-2 Beamline users https://www.bnl.gov/ps/
1	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.
	Dianna Gobler Dienc John 06/01/2020
ī	Designated Supervisor's Printed Name Signature Date of Review (mm/dd/yy)
;	Scinece Teacher, Westhampton Beach High School goblerd@whbschools.org
_	Position & Institution Phone or email contact information
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