Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Jason Linzer

Title of Project Examining P53 Mutant Triple Negative Breast Cancer Cell Viability and Sphingosine Kinase 1 in Response to CHK1 Inhibitor and Doxorubicin

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).

   Hazardous substances that will be used are 70% ethanol, 100% dimethyl sulfoxide, thiazolyl blue tetrazolium bromide [MTT], trypan blue, and doxorubicin. The BSI-1 commercially available cell line MDA-MB-231 from ATCC will be used.

2. Identify and assess the risks involved in this project.

   Chemical risks are outlined on the Material Safety Data Sheets. The MDA-MB-231 cell line is non-harmful. There will be little risk with the proper following of safety procedures and the use of personal protective equipment.

3. Describe the safety precautions and procedures that will be used to reduce the risks.

   Experimentation will be conducted in a BSL-2 laboratory with limited access, biohazard warning signs, sharps containers, and bacteriological hoods. Student researcher will be required to complete courses in chemical and biological safety. Lab coats and gloves will be worn at all times.

4. Describe the disposal procedures that will be used (when applicable).

   Biological waste will be disposed of in red biohazard bags. Sharps will be disposed in sharps containers. These wastes will be collected and disposed by the Stony Brook University Health & Safety Department.

5. List the source(s) of safety information.

   Chemical information will be from respective materials safety data sheets. Knowledge on safety procedures will be based on required safety courses.

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.

Joseph Bonica	Joseph Bonica	7/13/19
Designated Supervisor's Printed Name	Signature	Date of Review (mm/dd/yy)

Graduate Student Research Assistant, Stony Brook University	jospeh.bonica@stonybrook.edu
Position & Institution	Phone or email contact information

Eight years of experience in cell culture, biochemical techniques, and safety training

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