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.

Stı	Student's Name(s) Sarah Keane		
Title of Projectf The Effects of Membrane Stress and Defects on Lipoprotein Maturation of Acinetobacter Baylyi ΔInt			
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.			
	CCTION 1: PROJECT ASSESSMENT  Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.		
2.	Acinetobacter bayli. Source:ATCC33305. BSL1. All mutants will be built and the 2. Describe the site of experimentation including the level of biological containment. University Laboratory BSL 2/Also at high school BSL1 lab	ey are also BSL1	
3.	3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type,	, etc.).	
	Will use gloves, lab coat, eye protection. Student will be monitored at all times.	Will use gloves, lab coat, eye protection. Student will be monitored at all times.	
4.	4. What final biosafety level do you recommend for this project given the risk assessment you conducted	What final biosafety level do you recommend for this project given the risk assessment you conducted?	
	BSL 1		
5.	<ol> <li>Describe the method of disposal of all cultured materials and other potentially hazardous biological age Disposal in proper waste containers in the lab, collected by university Environmental Safety Dept, at scho</li> </ol>	ents. ool decontamination with bleach.	
	SECTION 2: TRAINING		
1.	What training will the student receive for this project? Will be trained by me in basic molecular and microbiological methods. This will include safety training.		
2.	Experience/training of Designated Supervisor as it relates to the student's area of research (if applicab PhD in microbiology and immunology/As well as high school teacher who was a technician in microbiology.	ala)	
SE	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.		
	<ul> <li>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.</li> <li>Origin of cell lines:</li></ul>		
	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			
8.50	above. This study has been approved as a (check one) BSL-1/ BSL-2 study, and will be conducted in an appropriate laboratory.  Professor Nathan Rigel		
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QS/DS Printed Name Signature			
Date of review (mm/dd/yy)			
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.			
SR	SRC Printed Name Signature		

Date of review (mm/dd/yy)