

## Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Alex Tang

Title of Project Validation of High Order Theories for Sandwich Beam Bending Behavior Using Direct Image Correlation (DIC) Techniques

**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).

Carbon fiber  
Glass-particle embedded foam  
Epoxy binder  
Bending press

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

Inhalation of carbon fiber and glass-particle embedded foam dust may cause temporary respiratory or eye irritation.  
Contact with epoxy resin may cause skin and eye irritation.  
Three-point bending press may cause mechanical damage to appendages.

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

Goggles, gloves, and masks will be used when working with carbon fiber, glass-particle embedded foam, and epoxy resin to minimize the chance of contact with body.  
Three-point bending press will be operated by the adult mentor, who is trained to operate the machine.

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

No hazardous material disposal procedures are applicable.

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


Carbon fiber: <https://www.tapplastics.com/uploads/pdf/MSDS%20Carbon%20Fiber%20Sheet.pdf>  
Glass-particle embedded foam: <http://www.burnhamins.com/images/uploads/29-Pdf1FOAMGLAS%20INSULATION%20MSDS.pdf>  
Epoxy binder: [https://multimedia.3m.com/mws/mediawebserver?mwsId=SSSSSuUn\\_zu8iZNU4x\\_x4YtSNv70k17zHvu9lxtD7SSSSS--](https://multimedia.3m.com/mws/mediawebserver?mwsId=SSSSSuUn_zu8iZNU4x_x4YtSNv70k17zHvu9lxtD7SSSSS--)

**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.

Austin Giordano

Designated Supervisor's Printed Name

  
Signature

06/20/2019

Date of Review (mm/dd/yy)

Graduate Researcher, SUNY Stony Brook University

Position & Institution

austin.giordano@stonybrook.edu

Phone or email contact information

Bachelor's Degree in Mechanical Engineering

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