

## Risk Assessment Form (3)

**Must be completed before experimentation.**

Student's Name(s) Anna Rentz

Title of Project Assessing the Contaminants in Drinking Water

**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).

LaMotte water test kits for sulfate, fluoride, copper, zinc, manganese, nitrate, chlorine, iron, and chromium contain some hazardous chemicals including: sulfate reagent, sodium arsenite solution, acid-zirconyl reagent, copper 1 solution, zinc indicator solution, methyl alcohol, zinc buffer powder, sodium cyanide, formaldehyde solution, free chlorine reagent, nitrate tablets, manganese reagent, iron reducing reagent, chromium tablets

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

Risks include skin and eye irritation, oral, dermal, and inhalation toxicity, target organ toxicity, skin sensitization, and reproductive toxicity or germ cell mutagenicity. Any chemical with risks greater than irritation will be handled by the designated supervisor only.

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

Designated supervisor will handle dangerous chemicals included in the zinc and manganese test kits. Researcher will wear lab coat, splash-proof goggles, and nitrile gloves throughout experimentation. Wash hands thoroughly after experimenting. Use chemicals in lab with mechanical ventilation. Keep flammable chemicals away from heat, open flames, or other ignition sources.

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

Dispose of contents/container to an approved waste disposal company. Water coliform test kit to be bleached for 24 hours before disposal.

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


SDS from LaMotte and Carolina Biological

**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.

Mary Kroll

Designated Supervisor's Printed Name



Signature

Dec. 21, 2018

Date of Review (mm/dd/yy)

science teacher, West Islip HS

Position & Institution

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Phone or email contact information

B.S. Biology, St. Joseph's College; M.A.L.S., Stony Brook University; lab safety training

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