

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

Student's Name(s) Katherine St George
Title of Project The Effect of Caffeine Intake and Dietary Restriction on Seizure Intensity in Drosophila melanogaster

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).

Caffeine, chloroform (microscale amounts), dilute acids

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

Low risk, small volumes, only acids would have acute effects (hazardous with single exposure)

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

Use of gloves, eye barrier, working in fume hood, use and disposal of all chemicals according to university hygiene protocols

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

organics will be disposed of by the university as organic waste. acids will be neutralized to a pH of above 3.5 and disposed of as indicated by university chemical hygiene protocol

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

Safety data sheets from manufacturers, laboratory protocols and chemical hygiene protocols

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.

Ted Brummel
Designated Supervisor's Printed Name

[Signature]
Signature

6-24-19
Date of Review (mm/dd/yy)

Associate Professor
Position & Institution

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Phone or email contact information

15 years more than 40 student
Experience/Training as relates to the student's area of research