

## Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Kallista Zhuang

Title of Project Xenoestrogen Bisphenol-A Neurotoxicity via Estrogenic Activity and Resulting Alzheimer's Disease Pathogenesis

**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.)

- List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
  - Bisphenol-A, DMSO, Lipopolysaccharide, Okadaic acid (OKA)
  - Handling BPA (making solutions and dilutions), transferring chemicals aforementioned and cell media
  - HTB-11 cells and RAW 264.7 cells are exempt from pre-approval
- Identify and assess the risks involved in this project.

BPA may cause an allergic skin reaction and respiratory irritation.  
LPS may cause skin or respiratory system irritation.  
DMSO may cause skin or respiratory system irritation.  
OKA may cause skin or respiratory system irritation.
- Describe the safety precautions and procedures that will be used to reduce the risks.

Transfers and procedures are carried out under a hood with germicidal UV. Gloves are always worn, and hood is cleaned with ethanol after each use. Only small amounts of chemicals are used
- Describe the disposal procedures that will be used (when applicable).

Cell plates and used pipette tips are disposed in bins specifically for receiving hazardous substances.
- List the source(s) of safety information.

KUMHO P&B Chemicals  
Cayman Chemical  
Sigma-Aldrich

**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.

Wei Zhu  
Designated Supervisor's Printed Name

[Signature]  
Signature

6/28/2019  
Date of Review (mm/dd/yy)

Professor  
Position & Institution

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