

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Sarah Keane

Title of Project The Effects of Membrane Stress and Defects on Lipoprotein Maturation of Acinetobacter Baylyi Δ Int

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).

Household clorox bleach (10%)
Acinetobacter baylyi BSL 1 exempt from pre-approval
70% Ethanol

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

A. Baylyi is not associated with any human disease. A Baylyi is a BSL 1 organism.
The assessment is minimal risk related to the organism that will be used and the standard lab practice that will be applied.

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

Gloves, lab coat and eye protection will be worn at all times in the lab. Long hair will be tied back.
The student will receive training by me and lab personnel in best and safest microbiological techniques.

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

All surfaces will be decontaminated with house hood clorox disinfecting bleach wipes before and after area is used. Biological waste will be placed in the designated biological waste containers in the lab. These containers are disposed of by the University's Environmental Health and Safety Department.

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

ASM Guidelines for Biosafety in Teaching Laboratories
Biosafety in Microbiological and Biomedical Laboratories

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.

Professor Nathan Rigel

Designated Supervisor's Printed Name

Signature

8/19/19
Date of Review (mm/dd/yy)

Associate Professor, Biology

Position & Institution

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Phone or email contact information

PhD in Immunology and Microbiology

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