

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Bailey Fisher and Nellie Fisher
Title of Project Creating a Wearable Device to Help Parkinson's Patients Maintain an Upright Seated Position

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).
There were no hazardous chemicals, activities, or devices used.
2. Identify and assess the risks involved in this project.
Little to no danger for participants when they fall over in a chair because the participants were falling from a seated position and there were pillows and mats on all sides of the chair, so that the participant wouldn't hurt themselves by hitting the hard floor.
3. Describe the safety precautions and procedures that will be used to reduce the risks.
Little to no danger for participants when they fall over in a chair because they will be cushioned by pillows and mats on all sides.
4. Describe the disposal procedures that will be used (when applicable).
Not Applicable
5. List the source(s) of safety information.
Our supervisor was there to observe all the testing of the device and IRB reviewed and approved the testing protocol.

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.

Michael Schweitzer
Designated Supervisor's Printed Name

Michael Schweitzer
Signature

10/01/19
Date of Review (mm/dd/yy)

Engineer
Position & Institution

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Phone or email contact information

Mechanical & Electrical Engineer
Experience/Training as relates to the student's area of research