

CHECKLIST FOR ADULTS

Please initial each statement when reviewed.

- _____ 1. This project involves the following area(s) and REQUIRES PRIOR APPROVAL before experimentation begins.
- | | |
|---|---|
| <input type="checkbox"/> Human Subjects (including surveys) | <input type="checkbox"/> Controlled Substances |
| <input type="checkbox"/> Nonhuman Vertebrate Animals | <input type="checkbox"/> Recombinant DNA |
| <input type="checkbox"/> Pathogenic Agents* | <input type="checkbox"/> Human or Animal Tissue |

*All bacteria, fungi, etc. isolated from the environment should be considered potentially pathogenic.

Call MOST at (315) 425-9068 x2146 or your school's SRC for approval before starting experimentation.

_____ This project does not involve any of the research areas listed in 1a.

- _____ 2. This project involves human subjects, including surveys.

The project just have direct adult supervision or written parental permission. Human subjects must be kept confidential. No names or pictures of the people involved may be used in the exhibit. Attach any surveys to this form.

- _____ 3. This project involves the hazardous substances or devices checked below . **(A Designated Supervisor must provide proper supervision to the students .)**

Chemicals (i.e., hazardous, flammable, explosive, or highly toxic substances; mutagens, carcinogens, and all pesticides). I have reviewed with student proper safety procedures for using chemicals. **Do NOT bring chemicals or flames to the Fair.**

Equipment (i.e., welders, lasers, voltage greater than 220 volts). I have reviewed with the student proper operational procedures and safety precautions for the equipment used by the student.

Firearms. I have reviewed with student proper safety standards for firearms use. **Do NOT bring firearms to the Fair.**

Radioactive Substances. I have reviewed the proper safety standards for each radioactive substance the student will use.

Radiation (i.e., x-ray, nuclear, unshielded ionizing radiation of 100-400 nm wavelength). I have reviewed with the student the proper safety methods concerning the type of radiation the student will use.

Student's Printed Name

Student's Signature

Date

Teacher's Printed Name

Teacher's Signature

Date

Parent's Printed Name

Parent's Signature

Date

Designated Supervisor (if applicable)

Designated Supervisor's Signature

Date

SRC Signature

Date

CHECK LIST MUST ACCOMPANY REGISTRATION FORM