

2012-2013 SIP Training Plan Risk Assessment

Mentor: _____

Program: _____

Sponsor: _____

Sponsor Phone: _____

1. What **chemicals** will the student be handling? How much and in what concentrations?

- | | |
|---|---|
| <input type="checkbox"/> flammables & combustible liquids | <input type="checkbox"/> corrosives (acids & bases) |
| <input type="checkbox"/> explosive materials | <input type="checkbox"/> compressed gases |
| <input type="checkbox"/> unstable compounds | <input type="checkbox"/> oxidizer |
| <input type="checkbox"/> cryogenes | |

2. Will the student work in laboratories where known **carcinogens, reproductive toxins, or other acutely toxic chemicals** are handled? Examples: benzidine, benzene, formaldehyde, methylene chloride, fluorouracil, BrdU, CDNB, ethidium bromide, 2-Mercaptoethanol, EMS, acrylamide, sodium azide, or methanol? (See "**The Chemical Quick Reference Chart For Minors**" located on the SIP Web-site under "Program Information" for a full listing.)

3. Is there a possibility that the student will be working with **radioactive** materials? If yes, has written permission been obtained through the EHS Radiation Office?

4. Will the training plan require the student(s) to work with any of the following **biologically** hazardous materials? (Check all that apply and specify details in the space provided.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> -Human | <input type="checkbox"/> Blood: | <input type="checkbox"/> Tissues: | <input type="checkbox"/> Bodily Fluids: |
| | <input type="checkbox"/> Cell Lines: | <input type="checkbox"/> Screened for the presence of human pathogens: | |
| | <input type="checkbox"/> Positive tests: | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> -Non-Human Primate | <input type="checkbox"/> Blood: | <input type="checkbox"/> Tissues: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> -Infectious Materials | <input type="checkbox"/> Live Virus: | <input type="checkbox"/> Attenuated Virus: | |
| | <input type="checkbox"/> Inactivated Virus (specify method and validation of inactivation): | | |
| | <input type="checkbox"/> Other potentially infectious materials: | | |
| <input type="checkbox"/> -Recombinant DNA: | | | |
| <input type="checkbox"/> -Animals | <input type="checkbox"/> Live: | <input type="checkbox"/> Carcass: | <input type="checkbox"/> Tissues: |
| <input type="checkbox"/> -BSL-2*/ABSL-2* (Biosafety Level 2 enhanced with Biosafety Level 3 practices) | | | |

ALL MENTORS AND SPONSORS MUST COMPLETE THE FOLLOWING ACKNOWLEDGEMENT:

I have received, reviewed, and understand the Minors Policies and Guidance Documents provided by EHS, as they pertain to me and my responsibilities for participation as a mentor/sponsor to students enrolled in the Werner Kirsten Student Intern Program, as well as for any other minor student who may be working in my laboratory at any given time.

Mentor/Sponsor Signature: _____

Date: _____

Return this form to EHS, Building 426 no later than December 31, 2011.

EHS Reviewer: _____

Date completed: _____