Project Safety Review Form

Needs to be completed, approved and signed prior to beginning of experimentation.

Project Title: _____ Project ID _____

School: _____ Teacher / Advisor: _____

Safety Review Categories

- check the boxes for what is applicable to your project for additional reviews
- if no additional reviews apply – only the teacher and parent signatures are required

☐ **Human Subjects** (example: taste tests, play a game, prototype testing or interacting with humans)

Interaction with humans ☐ Survey ☐ Task Measurement ☐ Prototype Testing ☐ Observation

If your project involves human participants of any age, you must obtain pre-approval to ensure the research is safe. If the review finds more than minimal risk, written consent from all participants and parental consent for participants under 18 are required.

Required Reviewers: Science Teacher, School Admin AND Psychologist, Medical Doctors or Registered Nurse

☐ **Vertebrate Animals** (example: fish, rabbits, chickens, dogs, cats, etc)

Animal / animals in project _____

Experiments involving laboratory animals (rats, mice, hamsters, gerbils, rabbits, etc) cannot be conducted at home except for behavioral studies on pets. Animals must receive proper daily care, and any procedure causing unnecessary pain, death, or a mortality rate of 30% or higher is prohibited. Behavioral and nutritional studies involving pets or livestock may be conducted at home.

Required Reviewers: Science Teacher AND Veterinarian or other Biomedical / Biological Scientist

☐ **Controlled Substances** (example: over the counter or prescription drugs, tobacco and alcohol)

Controlled substance in project _____

Students must follow all laws regarding controlled substances. Experimental or federally controlled substances may only be used under qualified supervision, and students under 21 may not purchase or handle smokeless or black powder for science projects.

Required Reviewers: Science Teacher AND Biomedical / Biological Scientist

☐ **Hazardous Substances or Devices** (example: chemicals, firearms, welders, lasers, radioactive substances, radiation)

Hazard in project _____

Students must follow all federal and state regulations for hazardous substances and devices. Experiments involving hazardous materials or equipment require **direct adult supervision** and compliance with all applicable safety procedures.

Required Reviewers: Science Teacher AND Direct Supervisor

☐ **Potentially Hazardous Biological Agents (PHBA)**

(example: Bacteria, Mold, Fungi, Viruses, Parasites, rDNA, Human or Animal fresh tissues, blood or body fluids, etc)

PHBA in project _____

All **Biosafety Level 1 and 2 projects can be performed in a school laboratory.** **BACTERIA MAY NOT BE GROWN AT HOME.**

Standard microbiological practices must be used and all hazardous agents must be properly disposed of at the end of experimentation. The experiment must be supervised by a qualified scientist or a trained supervisor.

Required Reviewers: Science Teacher AND Biomedical / Biological Scientist

Research Location

☐ Home ☐ School ☐ University ☐ Lab ☐ Public Facility (park, library, etc) ☐ Other

Location 1 _____ Location 2 _____

Continuation Project is a continuation / progression in the same field of study as a previous project conducted by the student.

☐ No (project is not a continuation) ☐ Yes (project is a continuation, include previous year's research plan)

Student Information

Project Type: Individual ☐ Team ☐ Number of Participants 1 ☐ 2 ☐ 3 ☐ 4 (Elem Only) ☐

Student 1 Grade ____ Name: _____

Student 2 Grade ____ Name: _____

Student 3 Grade ____ Name: _____

Student 4 Grade ____ *(Elem only for 4 members)* Name: _____

Student Signatures

I certify the following:

☐ My project complies with all rules of the FRSEF

☐ I have completed and attached a project plan

Parent / Guardian Signatures

I have read and understand the risks and possible dangers involved in the project plan and I consent to my child participating.

Student 1	Date	Parent / Guardian	☐ *Image Consent	Date
Student 2	Date	Parent / Guardian	☐ *Image Consent	Date
Student 3	Date	Parent / Guardian	☐ *Image Consent	Date
Student 4	Date	Parent / Guardian	☐ *Image Consent	Date

**Image Consent: I consent to my child's image being used by the FRSEF and FRSEF partner organizations.*

Completed by Approving Educator

I have reviewed and approved this student's project plan prior to experimentation and certify that it will comply with all rules of the FRSEF.

☐ Approved Educator: _____

Educator Signature Date

Additional Safety Approval ☐ Required

Name _____ Position _____

Signature Date

Additional Safety Approval ☐ Required

Name _____ Position _____

Signature Date

Complete the form and upload to your science fair registration!

Questions? Reach out to us at: director@FlintScienceFair.org

Looking for research plan templates and anything science fair related? www.FlintScienceFair.org

Completed by FRSEF ☐ Approved for competition

Name _____

Signature Date