

**Risk Assessment for Volunteers and Minors**

This form is to be completed by the Principal Investigator/Laboratory Supervisor (PI/LS) and submitted to the Environmental Health and Safety Office (EHS) at labsafe@gmu.edu.

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| **SECTION 1 – PROPOSED LABORATORY WORK** |

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| **PI/LS Name:** |  | |
| **Project Title:** |  | **EHS Use:** RA |
| **Project Overview and Description:** |  | |
| **Proposed Locations:** |  | |
| **IBC Protocol Number (if applicable)** |  | |

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| **SECTION 2 – MINOR INFORMATION** |

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| **Name:** | **Start Date:** | **Age on Start Date:** |
| **Date of Birth:** | **End Date:** |  |

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| **SECTION 3 – PROJECT PROCEDURES** |

For each item checked below, provide a description including biological materials and chemicals involved, description of procedure or process, the engineering controls and personal protective equipment to be utilized.

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| **Molecular Biology Techniques** | | |
| RNA Extraction | DNA Extraction | PCR |
| Transfection | Transformation | Gel Electrophoresis |
| DNA Sequencing | Nanoparticle Sample Preparation | Other: |
| **Description:** | | |

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| --- | --- | --- |
| **Cellular Techniques and Microbiology** | | |
| Electron Microscopy | Flow Cytometry | Cell Culture – Specify cell lines: |
| Confocal Microscopy | Fluorescent Microscopy | Microbial Culture –  Specify microbes: |
| Tissue staining | Laser Capture Microdissection | Viral Plaque - Specify viruses: |
| Other: | | |
| **Description:** | | |

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| **Protein Techniques** | | |
| Protein Extraction | Gel Electrophoresis | Western Blot |
| Immunohistochemistry | Elisa | Reverse Phase Protein Microarrays |
| Mass Spectrometry | Functional Assay | Nanoparticle Sample Preparation |
| Other: | | |
| **Description:** | | |

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| **CHEMISTRY/BIOCHEMISTRY** | | |
| Metabolite Extraction | UV-Vis Spectroscopy | Nanoparticle Development |
| Functional Assay | Other: | |
| **Description:** | | |

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| **ANIMAL STUDIES** | | |
| Live Animals (list below) | Preserved Animal (describe below) | Animal Tissue Collection (list animal species and tissue below) |
| Other: | | |
| **Description:** | | |

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| --- | --- | --- |
| **HUMAN MATERIAL** | | |
| Tissue Sectioning  (fixed or unfixed) | Sample Analysis  (list sample type below) | Cell Culture  (list cell lines below) |
| Other: | | |
| **Description:** | | |

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| **SECTION 4 – SUPERVISION OF MINORS** |

The university requires that all personnel who work with minors complete a background check through the Department of Human Resources. Please list all personnel who will supervise the minor and indicate whether a background check has been completed.

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| --- | --- |
| **Name** | **Background Check?** |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |

**This form was submitted by:**

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| **FOR EHS USE ONLY** |
| **Additional controls required:** |
| **Reviewed by:** |
| **Date approved:** |