

Microorganisms (1E)

This form must be completed by all applicants. Answer the questions as appropriate in each section. If your research did not involve the topic matter of that section, you must still answer "No" to the first question in that section.

Student Name: _____

School: _____

Title of Project: _____

Section 1: Did your project involve any microorganisms, such as bacteria, mold or viruses?

<input type="radio"/> Yes	<input type="radio"/> No	Did you grow or test commercially available microorganisms (bacteria, mold or viruses)?
<input type="radio"/> Yes	<input type="radio"/> No	Did you grow or test samples taken from a person (examples: hands, saliva, etc.), your household (examples: door knobs, cheese, bread, etc.), or your environment (examples: water, dirt, etc.) that you believed could possibly be contaminated with microorganisms?
If you checked "NO", STOP HERE and go to SECTION 2.		
If you checked "YES", continue to answer the questions in this section.		

Microorganisms are no longer allowed to be cultured in the home. You must grow microorganisms at an institution under proper supervision. Please indicate the type of microorganism that was used in your project (if it was grown from a sample taken from the environment, indicate the type as unknown), the institution/facility that was used to culture the microorganism and who supervised the experiment.

Bacteria Mold Virus Type: _____

Institution: _____

Supervisor Name: _____

Supervisor Signature: _____

Section 2: Did your project involve any of the following potential hazards?

*(Check all of the following hazards that were used in your project. If a hazard is not found in the list below, please circle **others** and enter a brief description.)*

<input type="checkbox"/> NO HAZARDS	<input type="checkbox"/> Controlled Substances	<input type="checkbox"/> Dangerous Machinery	<input type="checkbox"/> Fire
<input type="checkbox"/> Fire Arms/Explosives	<input type="checkbox"/> Flammable Liquids	<input type="checkbox"/> Radioactivity/Radiation*	<input type="checkbox"/> Strong Acids
<input type="checkbox"/> Toxic Chemicals	<input type="checkbox"/> Weapons/Knives	<input type="checkbox"/> Others	

If you checked "NO HAZARDS", STOP HERE and go to SECTION 3.

If your project used any of the above hazards that are indicated by an asterisk (*), you must complete the Qualified Scientist/Engineer Form 3 and the Regulated Research Institutional/Industrial Setting Form 2. For all other hazards, provide a description of the hazard, and the name and signature of the person that supervised your work.

Description of Hazard: _____

Supervisor Name: _____ Supervisor Signature: _____

Section 3: Did you do your research in a setting other than your home or school?

<input type="radio"/> Yes	<input type="radio"/> No	Did you perform your research in a medical or research institution, a university, or at an industrial facility (aside from your home or school)?
If you checked "YES" you must complete the Regulated Research Institutional/Industrial Setting Form 2.		