

# Hazardous Materials Form 3

## Grades 4-8

Required for all research involving hazardous chemicals or devices not routinely used in class, such as radiation, controlled or prescription substances, alcohol or tobacco.

Firearms and explosives are not allowed for student projects in Grades 4 through 8.

**NOTE: Science Pioneers Scientific Review Committee (SRC) approval required before experiment begins**

To obtain SRC approval, e-mail ([elizabeth.i.evans@rockhurst.edu](mailto:elizabeth.i.evans@rockhurst.edu)) and attach this completed form.

Name of Student Researcher(s) \_\_\_\_\_

Title of Project \_\_\_\_\_

School \_\_\_\_\_

**To be completed by Student Researcher and/or Adult Sponsor (answer on attached page if needed):**

1. Describe the purpose of this study.
2. List **all** potentially hazardous materials and how they will be used in this experiment.
3. Describe and assess any potential risks (toxicity, flammability, reactivity, corrosiveness, etc.) that may occur when working with these hazardous materials – information should be available in MSDS or related materials.
4. Describe procedures to minimize risk and identify the specific location at which these materials will be used. Identify who will directly supervise the student's work and all methods of disposal (if applicable).

### All Signatures Required Prior to Start of Research Project

\_\_\_\_\_  
Student Researcher's Printed Name      Signature      Date Signed

\_\_\_\_\_  
Teacher's Printed Name      Signature      Date Signed

\_\_\_\_\_  
Parent or Guardian's Printed Name      Signature      Date Signed

**Student email:** \_\_\_\_\_

**NOTE: If no return contact information is provided, approval cannot be granted for the project to begin.**

**STOP** – Once the form is completed this far, scan and send via email to [elizabeth.i.evans@rockhurst.edu](mailto:elizabeth.i.evans@rockhurst.edu) for review. The signed form will be returned (using above return contact information) to confirm approval.

**Approved by Science Pioneers Scientific Review Committee:**

\_\_\_\_\_  
SRC Chair's Printed Name      Signature      Date of Approval