

**2015-2016 WHK SIP Training Plan Risk Assessment**

**Mentor:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Sponsor Phone:** \_\_\_\_\_

**Lab Safety Guidance:** [https://ncifrederick.cancer.gov/careers/student\\_programs/internships/SIP/LabSafetyGuidance.aspx](https://ncifrederick.cancer.gov/careers/student_programs/internships/SIP/LabSafetyGuidance.aspx)

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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 attachment)

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) |   |  |   |

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***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 April 1, 2015.**

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EHS Reviewer: \_\_\_\_\_

Date completed: \_\_\_\_\_