Risk Assessment Form

For a print version click here.

Must be completed BEFORE any TESTING begins.

Team Name: Team 5

Student Usernames: Eleane Lin, Fatimatou Ndiongue, Raina Qorri, Jessica Wang

To be completed by the team in collaboration with Team Advisor: (All questions must be answered; additional page(s) should be attached.)

1. Will any hazardous chemicals, activities, or devices be used? (see Hazardous Chemicals, Activities, Devices document).
   - YES
   - NO (if no, skip to 4)

2. List all hazardous chemicals, activities, or devices that will be used.

3. Explain how all hazardous chemicals, activities, or devices will be handled based on the requirements explained on the Hazardous Chemical, Activities & Devices document.

4. Will any Potentially Hazardous Biological Agents be used? (see Potentially Hazardous Biological Agents document).
   - YES
   - NO (if no, skip to 7)

5. List all Potentially Hazardous Biological Agents that will be used AND their biosafety level (BSL).

(continued)
6. Explain how all Potentially Hazardous Biological Agents will be handled based on the requirements explained on the Potentially Hazardous Biological Agents document.

7. Identify and assess the risks and hazards involved in this project.
   The risks involved in this project are Covid-19 and/or leaking personal information.

8. Describe the safety precautions and procedures that will be used to reduce the risks.
   The safety precautions we will use are social distancing, which means we will do the experiment entirely online, and making sure to keep all survey responses anonymous.

9. Describe the disposal procedures that will be used (when applicable).
   N/A

10. List the source(s) of safety information.
    N/A

To be completed and signed by the Team Advisor:
I agree with the risk assessment and safety precautions and procedures described. I certify that I, or another responsible adult, will provide direct supervision when required.

Jacqueline Carlisle
Team Advisor Printed Name

Jacqueline Carlisle 3-1-21
Team Advisor Signature Date
IRB Review and Approval Form (TWO pages)

To be completed by the team with the Team Advisor

Team Name: Team 5

Student Usernames: Eleane Lin, Fatimatou Ndiongue, Raina Qorri, Jessica Wang

Team Advisor Name: Jacqueline Carlisle

Description of project: Conducting a survey to figure out how social isolation affects mental health of teenagers

The team’s interaction with humans/animals will be through (check all that apply):

- Surveys, questionnaires, focus groups, interviews
- Games, experiments in physical or in electronic environments
- Physical or biomedical procedures – blood collection
- Diet, nutrition studies, taste tests
- Studies examining effectiveness of educational tools or curricula
- Use of instruments or devices, including phones, to collect data or monitor or influence behavior
- Studies examining individuals’ responses to manipulation of their physical or online environment
- Activity that involves observation of, or interaction with, individuals to gather information for research
- Physical exertion (exercise, sports, etc.)

Explain in detail how your team will interact with humans/animals in your project? If you will be conducting a survey or having humans answer questions of any kind please include the survey and all questions in the text or as an attachment.

My team will be creating an online survey on Google Forms and asking questions about mental health and how quarantine has affected that. The questions that were the most important in analyzing results were: 1) When you are stressed, what is your go-to response? 2) During COVID-19, how many people have you been in contact with? 3) Have you developed any abnormal behavior as a result of the lack of socialization?

As Team Advisor, I certify this is a viable eCYBERMISSION project in which neither humans nor animals will be harmed.

Jacqueline Carlisle 3-1-21

Team Advisor Signature Date

(continued)
To be completed by a school administrator:
Have you reviewed the proposed human interaction required for this project?  ✓ YES ☐ NO

Does participation in this project require parental permission for minors?  ✓ YES ☐ NO

Do you consent for this project to move forward as proposed?  ✓ YES ☐ NO

Is a check-up of the human or animal subjects required?  ✓ YES ☐ NO

School Administrator Signature  
Date  
3-1-21

To be completed by a doctor or medical professional:
Have you reviewed the proposed human interaction required for this project?  ✓ YES ☐ NO

Does participation in this project require parental permission for minors?  ✓ YES ☐ NO

Do you consent for this project to move forward as proposed?  ✓ YES ☐ NO

Is a check-up of the human or animal subjects required?  ✓ YES ☐ NO

Doctor/Medical Professional Signature  
Date  
3-1-21

To be completed by a STEM educator (generally, another STEM teacher at the school) other than the Team Advisor
Have you reviewed the proposed human interaction required for this project?  ✓ YES ☐ NO

Does participation in this project require parental permission for minors?  ✓ YES ☐ NO

Do you consent for this project to move forward as proposed?  ✓ YES ☐ NO

Is a check-up of the human or animal subjects required?  ✓ YES ☐ NO

STEM Educator Signature  
Date  
3-1-21