

Adult Sponsor Safety Assessment and Approval Form (Form 2A)

To be completed by the Adult Sponsor. This form is required for ALL Junior High projects and must be completed prior to experimentation.

Student's Name _____

1) This project involves the following area(s) and requires a Qualified Scientist and/or Designated Supervisor to provide assistance:

- Humans**
- Non-Human Vertebrate Animals**
- Recombinant DNA**
- Pathogenic Agents ***
- Controlled Substances**
- Human/Animal Tissue**
- Hazardous Substances or Devices**

* All bacteria, fungi, etc. isolated from the environment should be considered pathogenic, excluding protists.

2) This project does not involve any of the research areas listed in # 1.

a) Adult Sponsor Approval: I have read the Research Plan (Form 1A) prior to experimentation and reviewed the Adult Sponsor Safety Assessment and Approval Form (Form 2A) with the student. I agree to sponsor the student named above and assume reasonable responsibility for compliance with all NJAS Rules as they pertain to the Research Plan.

Adult Sponsor's Printed Name

Signature

Date of Approval

Name and Address of School

Phone Number

Email Address

b) Student Acknowledgement: I understand the risks and possible dangers to me of the proposed Research Plan (Form 1A). I will adhere to all NJAS Rules when conducting this research.

Student's Printed Name

Signature

Date Acknowledged

c) Parent/Guardian Approval: I have read and understand the risks and possible dangers involved in the Sponsor-approved Research Plan (Form 1A). I consent to my child participating in this research.

Parent/Guardian's Printed Name

Signature

Date of Approval

d) Qualified Scientist Statement: I certify that I have reviewed and approved the Research Plan (Form 1A) prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan. If an addictive substance is used in this research, I certify that I possess a DEA license required for procuring and dispensing an addictive substance. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Qualified Scientist's Printed Name

Signature

Date of Statement

e) Designated Supervisor Statement: I certify that 1) I have been trained in the techniques to be used by this student prior to the start of experimentation and 2) that I will provide direct supervision.

Designated Supervisor's Printed Name

Signature

Date of Statement