Designated Supervisor Form (Form 5)

Required if the Qualified Scientist is unable to supervise the experiment, or
For projects using hazardous materials or devices.

Student's Name _____

Title of Project _____

To be completed by the Designated supervisor (please type or print)

Name _____

Position _____

Institution _____

Address _____

_____

List or describe your responsibilities in supervising the student. Include all hazardous substances and devices used in this research and safety precautions to be employed:

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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 Signature