

Student Team/Project Activity Safety Review

Team Name (or organization/individual name): _____

Location: _____

Advisor(s)[include name(s) and KSU email]: _____

Project/Activity Title: _____

Project/Activity Description (what do you plan to do):

Does your project/activity involve (please mark all that apply):

- | | | |
|---|---|---|
| • Human subjects | Y | N |
| • Explosive or flammable products | Y | N |
| • Flying or projected parts or materials | Y | N |
| • Chemicals | Y | N |
| • Compressed gasses (including air) | Y | N |
| • Motorized or human propelled vehicles | Y | N |
| • Power tools and/or power equipment | Y | N |
| • Other safety related activities (explain below) | Y | N |

If yes to any of the above, please explain and identify safety precautions. Identify required training for members and officers. Also describe safety protocol for work in labs, machine shops, testing and other specialized tasks:

Safety Coordinator. Identify the team member who will represent the team for safety related issues. This individual should be responsible for safety protocol, PPE, fire extinguishers, travel, chemical storage and hazardous waste disposal.

Identify all primary members associated with the project/activity. [include name(s) and KSU email]

Approvals:

Department / Program Safety Officer:

Name:

Date

Department / Unit Head:

Name:

Date

Notes: