



Academy of Science St. Louis Science Fair
 Science • Technology • Engineering • Math
Inquiry-based learning at its best!
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 Technology & Engineering projects sponsored by Boeing

SELECT DIVISION SAFETY APPROVAL FORM (1A)

SELECT DIVISION for projects in Grades 6-12 that involve fire or burning objects; hazardous materials, bacteria will be allowed with additional authorization. Authorization form will require signature of parents and teacher and need to be approved by Academy of Science - St. Louis Science Fair Safety Committee **BEFORE** experimentation begins.

FOR APPROVAL: SCAN THIS **SIGNED** FORM 1A **AND ATTACH THE RESEARCH SAFETY PLAN** (which you will type up see below)
 E-mail Peggy James Nacke: peggyn@academyofsciencestl.org

You will receive an approval e-mail to attach to your logbook **BEFORE** you begin experimentation.

RESEARCH SAFETY PLAN:

PROVIDE a typed research safety plan and this **SIGNED** Select Division Safety Approval Form 1A.

INCLUDE THE FOLLOWING:

- A. Student Name & Grade & Project Title
- B. Question or problem being addressed (hypothesis)
- C. **Describe in detail** method/procedures including all SAFETY PRECAUTIONS.
 - a. Procedures: Detail all procedures to be used for data collection
 - b. Data Analysis: Describe the procedures you will use to analyze the data/results that answer research questions or hypotheses
 - c. Note: when project contains fire, must be conducted safely (include your safety procedure in your research plan:
 - i. Must be conducted in clear area
 - ii. Must be contained
 - iii. Must have fire extinguisher nearby or ample water (i.e. hose or bucket of water)
 - iv. Make sure the fire is extinguished at the end of experiment
 - v. Parent/guardian or teacher must be present during burning & clean up portion of your experiment
 - vi. Materials must be discarded in a safe manner

The Parent/Guardian and teacher have carefully studied this project's Research SAFETY Plan. My signature indicates approval of the Research SAFETY Plan **BEFORE** the student begins experimentation.

Parent/Guardian: I have read and understand the risks and possible dangers involved in the Research SAFETY Plan. I consent to my child participating in this research:

 Student's Printed Name

Grade (circle one) 6 7 8 9 10 11 12

 Parent/Guardian's Printed Name

 Parent/Guardian's Signature

Date of Approval: _____
 (Must be **PRIOR** to experimentation)

Teacher: I have carefully studied this project's Research SAFETY Plan. My signature indicates approval of the Research SAFETY Plan before the student begins experimentation.

 Teacher's Printed Name

 Teacher's Signature

Date of Approval: _____
 (Must be **PRIOR** to experimentation)