2014 MASSACHUSETTS REGOIN 1 MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR

DESIGNATED SUPERVISOR FORM D

Required for projects using non-pathogenic microorganisms and other materials and devices requiring supervision (except Baker's and Brewer's yeast)

Submit to RSRC for approval before experimentation begins

Student Name _____

Title of Project _____

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

Name _____

Position _____

Institution _____

Address _____

Phone _____ Email _____

List or describe your responsibilities in directly supervising the student. Include all hazardous substances and devices used in this research, safety precautions to be taken and proper disposal procedures (for microorganisms).

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Supervisor Certification

I certify that:

- I have read and understand all safety requirements.
- I have been trained in the techniques to be used by this student prior to the start of experimentation.
- I will provide direct supervision.

_____ _____ _____

Designated Supervisor's Name **Signature** **Date**