Designated Supervisor Form (3)

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 print or type):

Name _____

Position _____

Institution _____

Address _____

_____

Phone _____

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

I certify that:

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

Designated Supervisor's Printed Name	Signature	Date of Signature