## **OSA RISK ASSESSMENT FORM**

## for all entries in (□) □ Models & Inventions and □ Scientific Inquiry

This must be included with your report, log book or entry. One form per entry.

NAME: Chloe Yaan Yuit Yew		ID: <u>0341-016</u>
SCHOOL: Magill Primary School		
Activity: Give a brief outline of what you a	re planning to do.	
This experiment investigates the rate of retemperatures which are at room tempera different concentrations of the acetic acid	eaction of an eggshell dissolving in ture, low temperature, and high to	
Are there possible risks? Consider the foll	owing:	
<ul> <li>Chemical risks: Are you using chemical on the approved list for schools. Checkeyewash facilities, availability of runn</li> <li>Thermal risks: Are you heating things?</li> </ul>	k the safety requirements for their ing water, use of gloves, a well-ven	use, such as eye protection and
<ul> <li>Biological risks: Are you working with micro-organisms such as mold and bacteria?</li> </ul>		
<ul> <li>Sharps risks: Are you cutting things, and is there a risk of injury from sharp objects?</li> </ul>		
<ul> <li>Electrical risks: Are you using mains (2 you use a battery instead?</li> </ul>	240 volt) electricity? How will you n	nake sure that this is safe? Could
Radiation risks: Does your entry use p	otentially harmful radiation such a	as UV or lasers?
Other hazards.		
Also, if you are using other people as sul to be part of your experiment.	ojects in an investigation you must	get them to sign a note consenting
Risks	How I will contro	l/manage the risk
Chemical risks	Chemical contacts can be avoide and safety goggles. The glasses a spilling. Any spilled substances w instantly.	=
Thermal risks	The glasses will be carefully place scalds from hot water.	ed in the slow cooker to prevent
Electrical risks	The slow cooker will be inspected Hands will be dried before turning of electrical hazards.	d for electrical safety. g on the switch to reduce the risk
(Attach another sheet if needed.)		
Risk Assessment ind	licates that this activity can be s	safely carried out
RISK ASSESSMENT COMPLETED BY (stud	•	•
SIGNATURE(S): Chloe Yew		
☐ By ticking this box, I/we state that my,	our project adheres to the listed c	riteria for this Category.
TEACHER'S NAME: Amanda Coad		

SIGNATURE: Valerie Per Amanda Coad DATE: 1.7.2021