



Prize Winner

Models & Inventions

Year R-2

Fraser Flint

Linden Park Primary School



Shadow

0319-023

EXPERIMENT

NAME: Fajel

Flht

I f a w h d a w t
 that t n e s u n
 movs o u t s h a
 d o w s .

I found out that the sun moves our shadows.

new Experiment by Fraser Flint.

What made you come up with this idea?

"Walking to school and wondering why my shadow is long"

What did you do next?

"looked around and thought about it"

What were the biggest challenges?

"getting the holes and the torch in the right place"

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: Fraser Flint ID: 0319-023

SCHOOL: Linden Park

Activity: Give a brief outline of what you are planning to do.

Fraser is trying to show how your shadow changes during the day.

Are there possible risks? Consider the following:

- Chemical risks: Are you using chemicals? If so, check with your teacher that any chemicals to be used are on the approved list for schools. Check the safety requirements for their use, such as eye protection and eyewash facilities, availability of running water, use of gloves, a well-ventilated area or fume cupboard.
- Thermal risks: Are you heating things? Could you be burnt?
- Biological risks: Are you working with micro-organisms such as mould and bacteria?
- Sharps risks: Are you cutting things, and is there a risk of injury from sharp objects?
- Electrical risks: Are you using mains (240 volt) electricity? How will you make sure that this is safe? Could you use a battery instead?
- Radiation risks: Does your entry use potentially harmful radiation such as UV or lasers?
- Other hazards.

Also, if you are using other people as subjects in an investigation you must get them to sign a note consenting to be part of your experiment.

Risks	How I will control/manage the risk
construction risk: using drill to make hole	Parent supervision and help.

(Attach another sheet if needed.)

Risk Assessment indicates that this activity can be safely carried out

RISK ASSESSMENT COMPLETED BY (student name(s)): Fraser Flint
and Rachel Conway (Mum)

SIGNATURE(S): Fraser Flint

By ticking this box, I/we state that my/our project adheres to the listed criteria for this Category.

TEACHER'S NAME: Jane Fuller

SIGNATURE: Jane Fuller DATE: 17-8-21