**附件三**

**SJTU Project Risk Assessment (2024)**

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| **Applicant’s general information** | | | | |
| Name |  | College | |  |
| Major |  | Study mode | | □ Full-time □ Part-time |
| Student Type | □ PhD Student □ Master of Science □ Master of Engineering  □ Undergraduate student | | | |
| Contact Number |  | Supervisor and Contact number | |  |
| **Project Overview** | | | | |
| Project Type | □ Dissertation □ Thesis □ PRP  □ Student Training Program for Innovation and Entrepreneurship  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Project Name |  | | | |
| Members in SJTU |  | | | |
| **Basic Information of the Project Venue** | | | | |
| Lab Location | Campus Building Room | | | |
| Responsible Person |  | Responsible Person | |  |
| Lab Coordinator |  | Lab Coordinator | |  |
| **Description of the main research content** | | | | |
| **List of Major Hazard Source** □ Without Major Hazard Sources □ With Major Hazard Sources | | | | |
| Category of Hazard Sources | | | Name | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| (Provide a **specific list** based on the hazard sources used in the project. The **categories** of hazard sources include: ①Hazardous Chemicals (flammable, explosive, corrosive substances, etc.), ②Controlled Chemicals (precursor chemicals, explosives-precursor chemicals, highly toxic chemicals, etc.), ③Experimental Gases, ④Experimental Animals or Pathogenic Microorganisms, ⑤Radiation Sources and Ray Devices (e.g., X-ray devices, etc.), ⑥Laser Equipment, ⑦Special Equipment (including cranes, pressure vessels, etc.), ⑧Strong Magnetic Equipment, ⑨High-voltage Electrical Equipment, ⑩High-temperature Equipment, ⑪High-speed Motion Devices, ⑫Pressure-bearing Equipment (e.g., reaction vessels), ⑬Hazardous Mechanical Processing Devices, ⑭Open Flame Equipment, ⑮Lithium Battery, etc.) | | | | |
| **Types of Potential Accidents** | | | | |
| □ Fire □ Explosion □ Burns □ Poisoning □ Suffocation □ Radiation □ Infection  □ Mechanical Injury □ Electric Shock □ Fall □ Other | | | | |
| **Safety precautions and emergency response conditions in project sites** | | | | |
| □ Ventilation System (e.g., fume hood, etc.) □ Organic Reagent Cabinet □ Acid-Base Reagent Cabinet  □ Controlled Reagent Cabinet □ Waste Liquid Cabinet □ Gas Cylinder Cabinet □ Biosafety Cabinet □ Electronic Drying Cabinet □ Video Surveillance □ Flammable and Explosive Gas Leak Alarm  □ Oxygen Concentration Monitoring Alarm □ Smoke Detector □ Fire Extinguisher  □ Fire Blanket □ Fire Sand □ Emergency Shower/Eyewash Station □ First-Aid Kit  □ Others: | | | | |
| **Personal Protective Equipment** | | | | |
| □ Lab Coat/Protective Clothing □ Gloves, Glove Type: □ Safety Goggles  □ Respiratory Protection Equipment □ Safety Helmet □ Safety Harness □ Insulated Shoes  □ Others: | | | | |
| **Types of waste generated** | | | | |
| □ Organic Solvents (excluding halogens) □ Waste Acid (excluding HF) □ Strong Oxidizers  □ Strong Reducers □ Halogenated Solvents □ Waste Alkali □ HF (Hydrofluoric Acid)  □ Reactive Metals and Their Organic Compounds □ Infectious Biological Waste □ Sharps  □ Disposable Lab Waste □ Animal Carcasses □ Highly Toxic Substances  □ Other Waste: | | | | |
| **Have the personnel involved in the experimental project completed safety training and passed the relevant exams/assessments (including safety training at the university, college, and research group levels)?**  **(Link to Shanghai Jiao Tong University Laboratory Safety Education and Examination Management System: https://safexam.sjtu.edu.cn/safeedu/client/index.jsp)**  □ Yes  □ No | | | | |
| **The applicant commits:**  I have conducted a comprehensive assessment of the safety risks associated with the experimental project, and the information provided is true, accurate, and complete.  □ The experimental site involved in this project does not have any unresolved or inadequately addressed safety hazards.  **Applicant** **(signature):**  Date: | | | | |
| **Comments from the Laboratory Safety Coordinator:**  **Safety Coordinator (signature):**  Date: | | | | |
| **Comments from the Supervisor:**  **Supervisor (signature):**  Date: | | | | |