Risk Assessment Form

***This form must be filled in for projects where the collaborator has requested to limit their liability.***

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| **Research Project Information** |
| **NPRP Grant #** |  |
| **Title of the Project** |  |
| **QU LPI**  |  |

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| **What is the Request** |
| Please identify the exception being requested. Please provide the language proposed to be inserted in the appropriate contract.  |

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| **Project Scope**  |
| Please offer a brief description of the project and the scope of work to be undertaken by the Subawardee, include any specific deliverables.  |

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| **Risks Associated With the Project** high risk activities, risks associated with the project,  |
| **Does the project involve any human subject?** |  |
| **Does the project involve any animal subjects?** |  |
| **Does the research involve any biohazardous material? or drugs?** |  |
| **Does the project involve any explosives?** |  |
| **Does the research involve any chemicals? What type?** |  |
| **Does the research involve any activity which may cause death or injury to researchers or third parties?** |  |
| **Does the research involve any activities which may harm the environment** |  |
| **Does the research involve any software?** |  |
| **Does the research involve any open source coding?** |  |
| **Does the research involve application of intellectual property (patents or copyrights) owned by either Subawardee or others?**  |  |
| **Will you exchange material or samples with the collaborator?** **If yes, what type? Please elaborate.** |  |
| **In your opinion, if everything goes wrong in your project, what sorts of harm or injury (physical, psychological, social or economic) do you anticipate in this project?**  |  |
| **In your opinion, how would you compare the benefits of this project in relation to the risks?** |  |
| **Do you foresee any invasion of any third parties? (ex: if you are questioning human subjects, do you have proper consents?** **Are there any medical, confidential data involved?)** |  |

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| **Summary of Office of Research Support’s Discussion with the Lead Principle Investigator**  |
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| **Office of Research Support’s Opinion** |
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| **Final Decision**  |
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| **Director of Office of Research Support’s Approval** |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Vice President’s Approval** |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |