

**2012 MASSACHUSETTS MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR
SATURDAY, JUNE 2, 2012**

RESEARCH PLAN FORM 1A

Please keep a copy of this application and any accompanying material for your records.

Student(s) Name _____ Grade _____

Project Title _____

Teacher/Adult Supervisor _____

School _____ City/Town _____

Teacher Phone _____ Teacher Active Email _____

Please check: _____ Individual Project _____ Team Project (**All forms must be filled out by all team members**)

PROJECT MUST NOT INVOLVE THE FOLLOWING MATERIALS:

Blood products, fresh tissue, teeth and bodily fluids
Nonhuman vertebrate animals or their parts, except eggs
Pathogenic agents
Recombinant DNA
Ingestion or inhalation of any substance by human subject
Controlled substances
Carcinogenic, mutagenic and toxic chemicals
Explosive chemicals
Radioactive materials
Compressed gas (including, but not limited to CO₂)
Hazardous substances or devices (including, but not limited to BB guns, potato cannons, paint ball guns)
High voltage equipment
Lasers (any strength)
Ionizing radiation X-rays or nuclear energy

ALL HUMAN RESEARCH PROJECTS MUST HAVE AN INFORMED CONSENT FORM (C) ATTACHED

All human research projects (including surveys, professional tests, questionnaires, and studies in which the researcher is the subject of his/her own research) need a Regional Safety Review Committee (RSRC) approval. Copies of standardized and student prepared tests, surveys, etc. must be attached to the Research Plan. HUMAN CONSENT FORM (C) must be obtained from all participants involved in human research projects. If a participant is under 18 years old, the parent/guardian signature is required.

Check appropriate box:

I have read the above boxes, and my project does not involve any of the above materials or human subjects.

My project involves Human Subjects and Form C is attached with all signed copies from subjects.

**My research plan needs a designated supervising adult and Form D is attached.
(Non-pathogenic microorganisms and other safety issues. See Regulation section.)**

Required Signatures

Student(s) _____

Teacher _____

Parent/Guardian _____

Date _____

Please return to your local Regional Safety Review Committee for approval prior to experimentation.

**2012 MASSACHUSETTS MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR
REGISTRATION FORM**
Attach All Approved RSRC Forms (1A, 1B and, if necessary, C and D)
Retain copy of this application and any accompanying material for your records.
Registration Deadline: May 6, 2012

Student Section: Please Print Neatly (used for program)

Last Name _____ First Name _____ Middle Initial _____

Grade _____ Date of Birth _____ Home Phone _____

Street Address _____

City / Town _____ State _____ Zip _____

Will you need an electrical outlet for your project display or laptop computer on the day of the fair? Yes ____ No ____
If YES, bring a heavy-duty/3-pronged extension cord.)

Parent/Guardian Signature* _____

*Includes acknowledgment of your child's project safety approval and permission to participate in Regional and State Science Fairs.

I give permission for the release of my child's photograph or video for promotional materials of the State and Regional Science Fairs. _____ Yes _____ No

Parent/Guardian Signature _____

School Section: Please Print

I have received RSRC approval and understand the rules of the Massachusetts Middle School State Science Fair and certify that this student project complies with all federal and state safety regulations as well as the rules set forth by the Middle School State Science Fair Committee and Massachusetts State Science Fair, Inc.

Teacher's Name _____ Teacher's Signature _____

School Name _____

School Address _____

City/Town _____ Zip _____

School Phone # _____ **Teacher's Active Email** _____
(All correspondence is done via e-mail)

Project Section: Please Print

(Check One) Individual Project _____ Team Project _____

Registration Form must be completed for each student in a team.

If team project, please list names of other students. (Maximum of **three** students per team.)

2. _____

3. _____

Project Title _____

The Massachusetts Middle School Statewide Science Fair shall not be responsible for the loss, theft, or damage to exhibits.

MAIL REGISTRATION FORM AND RESEARCH PLAN AND ADDITIONAL FORMS C AND D IF NECESSARY

TO:

Sandra H. Mayrand, Chair

MMSS&EF

c/o Regional Science Resource Center

UMASS Medical School

222 Maple Avenue

Shrewsbury, MA 10545

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DESIGNATED SUPERVISOR FORM D

Required for projects using non-pathogenic microorganisms and other materials and devices requiring supervision
(except Baker's and Brewer's yeast)

Submit to RSRC for approval before experimentation begins

Student Name _____

Title of Project _____

To be completed by the designated supervisor (please print or type):

Name _____

Position _____

Institution _____

Address _____

Phone _____ Email _____

List or describe your responsibilities in directly supervising the student. Include all hazardous substances and devices used in this research, safety precautions to be taken and proper disposal procedures (for microorganisms).

Supervisor Certification

I certify that:

- I have read and understand all safety requirements.
- I have been trained in the techniques to be used by this student prior to the start of experimentation.
- I will provide direct supervision.

Designated Supervisor's Name

Signature

Date