

IRB Project Submission: Flight (rockets, drones, projectiles)

Read this section first for parameters on flight projects.

- Students are **prohibited** from designing or participating in projects involving trebuchets.
- Students must obtain permission and attach confirmation from the city to launch **rockets** or **projectiles** from a city park or neighborhood. Students must comply with local laws. Any project taking place on a school district property must obtain location approval from the IRB.
- Projects involving **unmanned aircraft systems** (UAS/drones) must follow all city, state, Federal, and country laws. See the Federal Aviation Administration (FAA) for more details (www.faa.gov/uas/registration)

Instructions for filling out this form.

- Please fill out the paperwork digitally, do not handwrite.
- Browser recommendation: Chrome not Edge
- Projects started prior to IRB approval may be disqualified. Your teacher will be notified of the approval status.
- Projects which are continuations of a previous year's work and which require IRB/SRC approval must undergo the review process with the current year proposal prior to experimentation/data collection for the current year.
- In addition to forms needed for the IRB, for projects moving on to AZSEF and ISEF, please fill out and gather signatures for the following and keep these for your own records: Forms 1, 1A, and 2. Some projects may also require 1C. Ask your teacher which are required for your project. To access the forms, follow this link.

Forms REQUIRED for this category are attached below

- 1) Complete **Approval form (1B)** (Only fill out Box #1. Print, obtain signatures and submit to teacher with all of your paperwork.)
- 2) Complete the **Risk Assessment form (3)** (Only answer 1, 2, 3, and 5, obtain the supervisor's information and signature)

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist: (All questions must be answered; additional page(s) may be attached.)

1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).

2. Identify and assess the risks involved in this project.

3. Describe the safety precautions and procedures that will be used to reduce the risks.

4. Describe the disposal procedures that will be used (when applicable).

5. List the source(s) of safety information.

To be completed and signed by the Designated Supervisor (or Qualified Scientist, when applicable):

I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and will provide direct supervision.

Designated Supervisor's Printed Name

Signature

Date of Review (mm/dd/yy)

Position & Institution

Phone or email contact information

Experience/Training as relates to the student's area of research

The IRB Research Plan is REQUIRED for all projects.
This plan is for IRB approval only and differs from requirements for ISEF.

Project Title: _____

Original Submission Date: _____ Revised Submission Date: _____

Student 1 _____ grade: _____

Student 2 _____ grade: _____

Student 3 _____ grade: _____

School: _____

Teacher: _____

Project Summary

Number of students working on the project cannot exceed 3 students:

1. **Project Title:**
2. **List all locations of where the experimentation will occur:**

3. **Materials:** (List all items to be used in the experiment/test. Include quantities, concentrations, dimensions, and units, etc.)

4. **Procedures:** (List all procedures from start of experimentation to the end. Please include projected start date. This list should be clear enough that the IRB could duplicate the experiment using the exact same methods as the student.)

5. **Discuss the risks involved in the project:**

6. **Detail the safety precautions:**

7. Teacher's Name: _____

8. **Teacher's Signature:** _____

9. Principal's Name: _____

10. **Principal's Signature:** _____

Site Coordinator Signature: _____

Date: _____

Approved: _____ **Not approved at this time:** _____

Please revise _____

Revision Date: _____

Approved: Yes _____ No _____

Teacher Signature: _____

Site Coordinator Signature: _____

Notes: _____