I checked the web site and my project is accepted. **Project number** __________________________

**Student (or team member who is first in alpha order)** (please use CAPITAL letters, one per box)

[Line up at Step 1 by first letter of this last name]

Last ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ First ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Middle initial ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**Project title** (please print)

I have read the **Project Display Rules** from the website and my project complies with the rules.

Student signature __________________________

Other team members, if any (please print):

Please answer all of the following questions. **circle correct answer**

**Did your Project . . .**

1. use any vertebrate animals? If so, **what**?
   - YES  NO  Not Sure

2. use any people—including yourself—as subjects, such as a behavior study, survey, physical endurance, testing, etc.?
   - YES  NO  Not Sure

3. involve any animal or human parts such as teeth, bones, cells, blood, blood products, saliva, urine, feces? If so, **what**?
   - YES  NO  Not Sure

4. involve recombinant DNA molecules which you made or used? If so, **source**:
   - YES  NO  Not Sure

5. involve growing cultures in Petri dishes or on other substances (cell cultures, microorganisms, bacteria, fungi, environmental samples)? If so, **what**?
   - YES  NO  Not Sure

6. involve tobacco, drinking alcohol, prescription drugs, over the counter medicine, gunpowder? If so, **what**?
   - YES  NO  Not Sure

7. use dangerous chemicals (pesticides; flammable, explosive, or highly toxic chemicals; radioactive chemicals, gases under high pressure)? If so, **what**?
   - YES  NO  Not Sure

8. involve model rockets, lasers, welding equipment, non-ionizing radiation in 100-400 nm wavelength, x-rays, nuclear energy, fire, firearms or other dangerous equipment? If so, **what**?
   - YES  NO  Not Sure

[turn over]
Synopsys Silicon Valley Science and Technology Championship  
SRC/IRB/Safety/Display Compliance Checklist

Project Number ____________________________
Name
Last                                               First                                               Middle initial

Other team members:

<table>
<thead>
<tr>
<th>Does your DISPLAY . . .</th>
<th>circle correct answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. use batteries higher than 9V, lasers, dry ice, fuel, high pressure gas cylinder, a mechanism that can throw or shoot things?</td>
<td>YES NO Not Sure</td>
</tr>
<tr>
<td>10. have any food, liquid, pills, poisonous or flammable substance?</td>
<td>YES NO Not Sure</td>
</tr>
<tr>
<td>11. require the use of an extension cord? (PowerPoint presentations are not accepted.)</td>
<td>YES NO Not Sure</td>
</tr>
<tr>
<td>12. involve anything that is not with you today, or that you will take away today and bring back tomorrow? If yes, what?</td>
<td>YES NO Not Sure</td>
</tr>
</tbody>
</table>

Other required documentation:

| 13. Do you have your Abstract with you?                      | YES NO              |
| 14. If your project involved people, did you bring all the signed copies of Form 4 today? | YES NO N/A          |
| 15. If any part of your project was done at a university or research institution, did you bring the signed copy of Form1C today? | YES NO N/A          |
| 16. If your project follows on work you did previously, did you bring your Continuation Form 7? | YES NO N/A          |
| 17. If your project involved rockets, did you bring your rocket launch certificate(s) with you? | YES NO N/A          |

Compliance status:
SRC/IRB use only

Signatures of Category Judges with blue ribbons:
1 ____________________________
2 ____________________________
3 ____________________________

Rev. 2/26/19