Synopsys Silicon Valley Science and Technology Championship
SRC/IRB/Safety/Display Compliance Checklist

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

Student (or team member who is first in alpha order) (pleae 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. **Did your Project . . .**		**circle correct answer**		
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]

[Display with Project - This Side Up]

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Project Number _____

Name

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

Other team members:

_____

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

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