**Description of Visiting Scholar Engagment in the Department of** ABE

**& The College of Agriculture and Life Sciences**

**Project Description Supplement**

Name of Visitor: Enter Name Here

1. Visiting Participant is:

 ☐Professor/instructor

 ☐Post-doctoral/scientist

 ☐Dignitary (observing at ISU > 30 days, but not providing service)

 ☐Student

 ☐Intern

 Other (describe):

2. Visiting Participant home institution:

3. Will the participant be reimbursed for travel or other expenses?

 ☐No

 ☐Yes

If yes, provide the account number and estimated amount:

4. Participant is authorized to conduct the following research, experiential learning or service project:

a) Title of project:

b) Specific aims:

c) Expected outcomes:

d) Location for the project (building, room):

e) Describe if and how animals will be used:

f) Describe if and how human subjects will be used:

g) Describe if and where any off-campus work will be done:

h) Specify required training (eg: specific EH&S laboratory safety modules):

 ☐Laboratory Safety Orientation

 ☐Laboratory Safety: Chemical storage and fume hoods

 ☐Laboratory Safety: Spill procedures

 ☐Radiation Safety

 ☐Autoclave safety

 ☐Biosafety in microbiology and biomedical laboratories

 ☐Unlawful Harassment & Prevention (Highly Recommended)

 ☐Title IX (Highly Recommended)

 ☐Other:

5. List of equipment, supplies and services to be provided by ISU:

 a) Personal Protective Equipment (PPE):

☐Lab coat

☐Gloves

☐Eye protection

☐Access to eye wash and shower

☐Access to fume hood

☐Access to biosafety cabinet

Other:

 b) Specific laboratory equipment to be used:

 ☐General lab equipment (pH meter, balances, measuring devices)

 ☐Glassware, including beakers, volumetric flasks, pipettes

 ☐Separation equipment, including filters, sieves, evaporators, fraction collectors, centrifuges

 ☐Biotechnology including DNA/RNA isolation and detection systems

 ☐Incubators and ovens

 ☐Autoclave

 ☐Detection instruments including HPLC, GC, spectrophotometers, calorimeters

 ☐Microbiological or cell culture including sterile plasticware, transfer tools, bunsen burner

 ☐Blood or tissue collection including syringes, scissors, surgical blades

 ☐Pilot plant scale equipment including pastuerizers, centrifuges,mixers

 ☐Fermention systems

 ☐Food preparation including stoves, ovens, mixers, blenders

 Other:

 c) Specific supplies and chemicals to be provided:

 Supplies:

 Chemicals:

d) University resources required:

☐Email access

☐Library access

Outside key to ISU building

 ☐Agronomy ☐Heady ☐Science II

 ☐Bessey ☐Horticulture ☐Snedecor

 ☐Curtiss ☐Kildee ☐Sukup

 ☐East ☐McKay Other:

 ☐FSHN ☐Moly Bio

☐Key to ISU laboratory, office of other room (specify): Click here to enter text.

Other:

6. List of project hazards and standard protections:

 a) Types of hazards that will be encountered:

7. Anticipated project start date: Click here to enter text. Anticipated project end date: Click here to enter text.

8. Expected project timeline and daily schedule:

 ☐Regular working hours only: Monday through Friday 8 am to 5 pm

 ☐Regular working hours with occassional evening and/or weekends

 ☐Non regular hours (specify):