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GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966

BUTTS - FAYETTE - HENRY - LAMAR – NEWTON - PIKE - SPALDING - UPSON

Dr. Stephanie L. Gordy, Executive Director

Griffin RESA Regional Science & Engineering Fair

*2019 Exhibitor Application Checklist*

***Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Required Forms***

* Not on 2018-2019 forms

**Abstract**

* Form not submitted
* Not submitted on 22 category GSEF/ISEF form
* Incomplete: 1 2 3 4 5 6 category

**Checklist for Adult Sponsor (1)**

* Form not submitted
* Missing items: 1 2 3 4 5 Additional Forms section
* Missing Adult Sponsor’s name / signature
* Missing date / conflict
* Missing phone number / email

**Student Checklist (1A)**

* Form not submitted
* Missing information: 1 2 3 4 5 6
* Missing Item 7: start / end date / conflict
* Missing Item 8: location(s)
* Missing Item 9: address(es) or phone/email

**Research Plan / Project Summary**

* Research Plan not submitted
* Incomplete
* Missing Bibliography
* Missing Project Summary (if required)

**Approval Form (1B)**

* Form not submitted
* Missing printed name(s) or signature(s): student / parent
* Missing date(s) / conflict: student / parent
* Missing Item 2: SRC/IRB Approval: signature / date / conflict
* Missing for team member(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Forms that may be required for some projects***

**Regulated Research Institutional/Industrial Setting Form (1C)**

* Form necessary
* Incomplete: 1 2 3 4 5
* Missing Supervising Adult’s signature /credentials / information
* Missing date / conflict

**Qualified Scientist Form (2)**

* Form necessary
* Missing Qualified Scientist’s information
* Incomplete: 1 2 3 4
* Missing signature / date / conflict for Qualified Scientist
* Missing signature / date / conflict for Designated Supervisor

**Risk Assessment Form (3)**

* Form necessary
* Incomplete: 1 2 3 4 5 6
* Missing signature / date / conflict / credentials / information

**Human Subject Form (4)**

* Form necessary
* Incomplete (top): 1 2 3 4
* Incomplete (bottom): 1 2 3 4 5 6
* Missing signature(s) / date(s) / degree or professional license
* Missing *sample* Informed Consent form / project survey

**Vertebrate Animal Form (5A)**

* Form necessary
* Incomplete: 1 2 3 4 5
* Missing signature / date / conflict / check boxes for SRC Chair
* Missing signature / date / conflict / check boxes for Veterinarian
* Missing signature /date /conflict / check boxes for DS

**Vertebrate Animal Form (5B)**

* Form necessary
* Incomplete: 1 2 3 4 5 6
* Missing signature / date / conflict
* Missing copy of IACUC Approval

**Potentially Hazardous Biological Agents Risk Assessment Form (6A)**

* Form necessary
* Incomplete Section 1: 1 2 3 4 5
* Incomplete Section 2
* Incomplete Section 3: check boxes / signature / date / conflict
* Incomplete Section 4: signature / date / conflict

**Human and Vertebrate Animal Tissue Form (6B)**

* Form necessary
* Incomplete: 1 2 3
* Incomplete QS/DS section: check boxes / signature / date / conflict / information

**Continuation Projects Form (7)**

* Form necessary
* Incomplete: 1 2 3 4 5
* Missing prior year’s abstract and/or research plan / checked boxes
* Missing signature / date