*OFFICE OF THE VICE-CHANCELLOR FOR RESEARCH*

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| INSTITUTIONAL BIOSAFETY COMMITTEE  BIOHAZARD DECLARATION AND RISK ASSESSMENT FOR RESEARCH WORK |

INSTRUCTIONS: The **principal investigator** is responsible for completing this form and must be submitted to the Biosafety Officer for comments and review.

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| **A. Research Project Title** | | | | |
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| **B. Principal Investigator and Co-investigators** | | | | |
| **Name of Principal Proponent/**  **Co-investigators** | **Designation / Title** | **Institution/ (Affiliation)** | **Email address and phone number (mobile and landline)** | **Qualification**  **(degree(s) training experience)** |
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| C. BRIEF DESCRIPTION OF RESEARCH AND OBJECTIVES -Attach a brief capsule proposal (not more than 600 words) containing the significance of the study, objectives and methodology. |
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| D. DECLARATION OF POTENTIALLY HAZARDOUS BIOLOGICAL AGENTS |

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| D1. Type of potentially hazardous biological materials and agents to be used in the study, list the following that is applicable: *(bacteria, fungus, parasite, virus, rickettsia, prion, toxin of biological origin, human blood/tissue/body fluids/cells, non-human blood/tissue/body fluids/cells, rDNA, vectors, and others*), add rows if necessary. | D2. Source | D3.Genus/species/strain (if applicable) | D4. Quantity | D5. Risk Group (if applicable) |
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| **F. PATHOGENIC AGENT INFORMATION** (In a separate sheet, indicate the following for each pathogenic agent): |

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| F1. Route of Transmission: (airborne, ingestion, parenteral, vector-borne (specify), fomites, others |
| F2. Pathogenicity: (potential pathogen, opportunistic pathogen, non-pathogenic, unknown |
| F3. Disease(s) caused by agent(s): |
| F4. Host range: (humans, animals (specify), plants (specify), unknown |
| F5. Infectious Dose: for humans, for animals, unknown |
| F6. Incubation Period: |
| F7. Natural Reservoir: |
| F8. Survival Outside Host: |
| F9. Communicability: |
| F10. Recommended decontamination procedure/disinfectant: |
| F11. Recommended Biosafety Level: |

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| **G.DESCRIPTION OF LABORATORY** |

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| G1. Name and Location of Laboratory |  |
| G2. Biosafety level of laboratory (BSL1 to 3, ABSL1 to 3, not determined) \_\_\_\_\_\_\_\_\_\_\_ |  |
| G3. Administrative controls present in the laboratory | (available/not available) |
| G3.1 access doors posted with biohazard information |  |
| G3.2 training of all personnel with potential exposure |  |
| G3.3 medical surveillance |  |
| G3.4 standard operating procedures |  |

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| **H. DECLARATION OF LABORATORY AND PROCEDURAL HAZARDS** |

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| Identify primary laboratory hazard *(inhalation, ingestion, penetration thru skin, contact with mucous membranes of eyes, nose and mouth, allergens, etc.)* | Indicate specific procedures/activity corresponding to potential hazard (i.e. pipetting, flaming of loop, vortex mixing, centrifugation, disposal of animal bedding, etc.) | Describe the procedures/equipment that will be used to minimize risk. (i.e standard and special microbiological practices, primary containment, personal protective equipment, biosafety cabinet type and certification, etc.) |
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| Other special precautions: |
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| I. DECLARATION OF POTENTIALLY INFECTIOUS WASTES AND DESCRIPTION OF METHODS FOR THE DECONTAMINATION AND DISPOSAL PROCEDURES  ( Enumerate all potentially infectious wastes generated and described decontamination method and disposal for each). |
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| **J. RESEARCH BIOSECURITY** |
| J1. Does the research has the potential for dual-use?  \_\_\_\_ yes \_\_\_ no \_\_\_ not determined |
| J2. Describe the mechanisms in place to prevent unauthorized access to research materials (i.e. lab locked when no one is present, entry log/card key access, locked incubators/refrigerators/freezers etc., security alarm system, inventory log, logging of visitors, escorting of visitors, etc.) |
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| Prepared by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINCIPAL INVESTIGATOR | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE |
| Noted by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIOSAFETY OFFICER | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE |
| :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DEPARTMENT CHAIR | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE |
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