*OFFICE OF THE VICE-CHANCELLOR FOR RESEARCH*

INSTITUTIONAL BIOSAFETY COMMITTEE

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| BIOHAZARD DECLARATION AND RISK ASSESSMENT FOR LABORATORY WORK |

INSTRUCTIONS: The **laboratory manager/supervisor** is responsible for completing this form and must be submitted to the Biosafety Officer for comments and review.

| A. NAME AND LOCATION OF LABORATORY (indicate room number, building, department and unit) |
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| **B. LABORATORY PERSONNEL** |

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| Name | Highest Educational Attainment | Brief Description of Tasks | years of service | relevant training and experience in lab work and biosafety practices | immunization record |
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| C. BRIEF DESCRIPTION OF LABORATORY AND ACTIVITIES |

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| D. DECLARATION OF POTENTIALLY HAZARDOUS BIOLOGICAL MATERIALS |

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| D1. Enumerate the potentially hazardous biological materials manipulated/stored  *human and non-human blood,tissue, body fluids/cells, rDNA, vectors, and others*), add rows if necessary. | D2. Source/s | D3. Tests conducted | D4. potential pathogen/s present |
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| E. DECLARATION OF POTENTIALLY HAZARDOUS BIOLOGICAL AGENTS |

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| E1. list the pathogens manipulated/stored in the lab *(name of bacteria, fungus, parasite, virus, rickettsia, prion, toxin of biological origin)* add row if necessary | E2. Source/s | E3. Genus/species/strain |
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| F. DECLARATION OF BIOBANKED AGENTS |

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| F1. Enumerate and specify what materials/agents are stored | F2. source/s | F3. quantity stored | F4. purpose of storing material | F5. Are there any records available for reference of stored materials? |
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| **G. DECLARATION OF LABORATORY AND PROCEDURAL HAZARDS** |

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| G1. Identify primary laboratory hazard *(inhalation, ingestion, penetration thru skin, contact with mucous membranes of eyes, nose and mouth, allergens, etc.)* | G2. Indicate specific procedures/activity corresponding to potential hazard (i.e. pipetting, flaming of loop, vortex mixing, centrifugation, disposal of animal bedding, etc.) | G3. Describe the procedures/equipment that you use to minimize risk. (i.e standard and special microbiological practices, primary containment, personal protective equipment, biosafety cabinet, etc.) |
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| H. LIST OF EQUIPMENT IN THE LABORATORY |

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| H1. Enumerate and specify name of equipment | H2. describe purpose or use | H3. Indicate if used with potentially infectious material/s, specify what material |
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| I. DECLARATION OF WASTES GENERATED AND DESCRIPTION OF PROCEDURES FOR DECONTAMINATION AND DISPOSAL PROCEDURES  (Describe the method of disposal of all cultured materials and other potentially hazardous biological agents). |

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| I1. Specify and enumerate wastes generated | I2. indicate of infectious or non-infectious | I3. procedure for decontamination | I4. procedure for disposal |
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| **J. TRANSPORT OF BIOLOGICAL MATERIALS** |

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| J1. Enumerate and specify what potentially material/s are transported out of the laboratory | J2. Location/s to where material are transported | J3. Describe briefly procedure/s for packing |
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| Prepared by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LABORATORY MANAGER/SUPERVISOR | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE |
| Noted by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIOSAFETY OFFICER | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE |
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DEPARTMENT CHAIR SIGNATURE DATE

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DEAN SIGNATURE DATE