	<p align="center">University of the Philippines Manila</p> <p align="center">NATIONAL INSTITUTES OF HEALTH</p> <p align="center">INSTITUTIONAL BIOSAFETY AND</p> <p align="center">BIOSECURITY COMMITTEE</p> <p align="center">G/F NIH Bldg. 623 Pedro Gil St., Ermita, Manila 1000 Philippines Tel Nos: (632) 5264266; (632) 5264349 Telefax No: (632) 5250395 Web- site: http://nih.upm.edu.ph/nihrdms</p>	<p align="center">UPM-IBBC</p> <p align="center">Guidelines in Biosafety and Biosecurity</p>
		<p>FORM 1</p>

OFFICE OF THE VICE-CHANCELLOR FOR RESEARCH

<p>INSTITUTIONAL BIOSAFETY COMMITTEE</p> <p>BIOHAZARD DECLARATION AND RISK ASSESSMENT FOR RESEARCH WORK</p>


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

A. RESEARCH PROJECT TITLE				
B. PRINCIPAL INVESTIGATOR AND CO-INVESTIGATORS				
Name of Principal Propo- nent/ Co-investigators	Designation / Title	Institution/ (Affili- ation)	Email address and phone number (mobile and landline)	Qualification (degree(s) training expe- rience)

<p>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.</p>

D. DECLARATION OF POTENTIALLY HAZARDOUS BIOLOGICAL AGENTS
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<p>D1. Type of potentially hazardous biological materials and agents to be used in the study, list the following that is applicable: (<i>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</i>), add rows if necessary.</p>	<p>D2. Source</p>	<p>D3. Genus/species/strain (if applicable)</p>	<p>D4. Quantity</p>	<p>D5. Risk Group (if applicable)</p>


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F. PATHOGENIC AGENT INFORMATION (In a separate sheet, indicate the following for each pathogenic agent):

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:

G.DESCRPTION OF LABORATORY

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

Identify primary laboratory hazard (<i>inhalation, ingestion, penetration thru skin, contact with mucous membranes of eyes, nose and mouth, allergens, etc.</i>)	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.)

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

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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

DEAN

SIGNATURE

DATE