

## Potentially Hazardous Biological Agents Risk Assessment Form (12)

Required for all research involving microorganisms, rDNA, fresh/frozen tissue, blood, and body.

SRC/IACUC/IBC approval required before experimentation.

(NEOSEF Potentially Hazardous Biological Agents Risk Assessment Form 6A will suffice)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Title of Project: \_\_\_\_\_

**To be completed by Student Researcher in collaboration with Qualified Scientist/Designated Supervisor:** (All questions are applicable and must be answered; additional page(s) may be attached)

1. Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.
2. Describe the site of experimentation including the level of biological containment.
3. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
4. Describe the procedure that will be used to minimize risk. (personal protective equip., hood type, etc.)
5. What final biosafety level do you recommend for this project given the risk assessment you conducted?

**To be completed by Qualified Scientist or Designated Supervisor**

1. What training will the student receive for this project?
2. Do you concur with the biosafety information and recommendation provided by the student researcher above?

Yes

No

**To be completed by SRC prior to experimentation:**

The SRC has carefully studied this project's Research Plan and the risk level assessment above and approves this study as a BSLR1 study, which must be conducted at a BSLR1 or above Laboratory.

The SRC has carefully studied this project's Research Plan and the risk level assessment above and approves this study as a BSLR2 study, which must be conducted at a BSLR2 or above laboratory.

\_\_\_\_\_  
SRC Chair's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval

(Must be prior to experimentation)

**To be completed by SRC after experimentation with Institutional preapproval:**

This project was reviewed and approved by the appropriate institutional board (e.g. IACUC, IBC) before experimentation at a BSLR1 or BSLR2 laboratory and complies with the BEST Medicine rules. The required institutional forms are attached. The institution does require approval for this type of study. The student has received proper training. Attached is a letter from an institutional representative certifying the above.

\_\_\_\_\_  
SRC Chair's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval