ANNUAL SAFETY REVIEW OF RESEARCH PROTOCOL

PRINCIPAL INVESTIGATOR (PI):
PROJECT TITLE:

1. Please indicate the hazards currently associated with this project.

	Initial	**Current**
a. Biological Hazards		
(1) Microbiological or viral agents, pathogens, toxins, select agents as defined in Title 42 Code of Federal Regulations (CFR) 72.6,	YES ☐ NO ☐	YES ☐ NO ☐
(2) animals	YES ☐ NO ☐	YES ☐ NO ☐
(3) Human or non-human cell or tissue samples (including cultures, tissues, blood, other bodily fluids or cell lines)	YES ☐ NO ☐	YES ☐ NO ☐
(4) Recombinant deoxyribonucleic acid (DNA)	YES ☐ NO ☐	YES ☐ NO ☐
b. Chemicals:		
(1) Toxic chemicals (including heavy metals)	YES ☐ NO ☐	YES ☐ NO ☐
(2) Flammable, explosive, or corrosive chemicals	YES ☐ NO ☐	YES ☐ NO ☐
(3) Carcinogenic, mutagenic, or teratogenic chemicals	YES ☐ NO ☐	YES ☐ NO ☐
(4) Toxic compressed gases	YES ☐ NO ☐	YES ☐ NO ☐
(5) Acetylcholinesterase inhibitors or neurotoxins	YES ☐ NO ☐	YES ☐ NO ☐
(6) Controlled Substances	YES ☐ NO ☐	YES ☐ NO ☐
e. Ionizing Radiation:		
(1) Radioactive materials	YES ☐ NO ☐	YES ☐ NO ☐
(2) Radiation generating equipment	YES ☐ NO ☐	YES ☐ NO ☐
f. Nonionizing Radiation:		
(1) Ultraviolet Light	YES ☐ NO ☐	YES ☐ NO ☐
(2) Lasers (class 3b or class 4)	YES ☐ NO ☐	YES ☐ NO ☐
(3) Radiofrequency or microwave sources	YES ☐ NO ☐	YES ☐ NO ☐

If there are new hazards involved in the project, complete the sections of this survey that apply to the new hazards.
If there are no new hazards, complete and sign this page ONLY and return form to the research office.

Principal Investigator _____ Date _____

SRS Chair _____ Date_____

BIOLOGICAL HAZARDS

c. Does this research protocol involve the use of microbiological or viral agents, pathogens, toxins, poisons or venom? YES ☐ NO ☐

If **NO**, skip to the section on **Cells and Tissue Samples**.

If **YES**, list all Biosafety Level 2 and 3 agents or toxins used in your laboratory. It is the responsibility of each PI to:

(1) Consult either:

(a) The National Institutes of Health (NIH)-Center for Disease Control and Prevention (CDC) publication entitled Biosafety in Microbiological and Biomedical Laboratories or

(b) The CDC online reference (http://www.cdc.gov)

Have you reviewed this website? Yes ☐ Date No ☐

(2) And identify the Biosafety Level (also called Risk Group) for each organism, agent, or toxin. Enter it into the following table.

Organism, Agent, or Toxin Biosafety Level**

** For **each Biosafety Level 2 or 3 agent or toxin** listed, provide the information requested on the following page(s). (Description of Biosafety Levels 2 and 3 can be found in Appendix A.)

d. Are any of the biohazardous agents listed above classified as a "Select Agent" by the Centers for Disease Control? YES ☐ NO ☐

2. **BIOLOGICAL HAZARDS – Description of Use (*Note:* *Photocopy this page, as necessary.)***

a. Identify the microbiological agent or toxin (name, strain, etc.):

b. If this is a Select Agent (42 CFR 72.6), provide the CDC Laboratory Registration # and the date of the CDC inspection:

c. Indicate the largest volume and/or concentration to be used:

d. Indicate whether antibiotic resistance will be expressed, and the nature of this antibiotic resistance:

e. Describe the containment equipment (protective clothing or equipment, biological safety cabinets, fume hoods, containment centrifuges, etc.) to be used in this research:

f. Describe the proposed methods to be employed in monitoring the health and safety of personnel involved in this research:

3. **CELLS and TISSUE SAMPLES**

a. Will personnel work with human or non-human primate blood, body fluids, organs, tissues, cell lines or cell clones? YES ☐ NO ☐
If yes, specify:

b. Will this study represent a potential biohazard for lab personnel? NA ☐ YES ☐ NO ☐

If yes, specify the potential hazard and precautions employed to protect personnel in the laboratory:

c. Will personnel work with animals or animal blood? YES ☐ NO ☐

NOTE: *If these studies involve animals, the Animal Component of Research Protocol (ACORP) must be completed.*

d. If this study involves use of animals, specify precautions employed to protect personnel working in the laboratory:

4. **RECOMBINANT DNA**

a. Are procedures involving recombinant DNA used in this project? YES ☐ NO ☐
If **NO**, skip to next section.

b. Are recombinant DNA procedures used in your laboratory limited to PCR amplification of DNA segments (i.e., no subsequent cloning of amplified DNA)? YES ☐ NO ☐

(1) If **YES**, your recombinant DNA studies are exempt from restrictions described in the NIH Guidelines for Research Involving Recombinant DNA Molecules.

(2) If **NO**, it is the responsibility of each PI to:
(a) Consult the current NIH Guidelines for Research Involving Recombinant DNA Molecules which can be found at the Internet site: http://oba.od.nih.gov/rdna/nih_guidelines_oba.html

(b)Identify the experimental category of their recombinant DNA research.

c. Description of Recombinant DNA Procedures**:**

(1) Identify the NIH classification (and brief description) for these recombinant DNA studies:

(2) Biological source of DNA insert or gene:

(3) Function of the insert or gene:

(4) Vector(s) used or to be used for cloning (e.g., pUC18, pCR3.1):

(5) Host cells and/or virus used or to be used for cloning (e.g., bacterial, yeast or viral strain, cell line):

5. **USE OF CHEMICALS**

a. Has the use of chemicals in your laboratory been reviewed by an appropriate committee or subcommittee in the past 12 months? YES ☐ NO☐

b. Are personnel knowledgeable about the special hazards posed by:

(1) Carcinogens? NA ☐ YES ☐ NO ☐

(2) Teratogens and Mutagens? NA ☐ YES ☐ NO ☐

(3) Toxic gases? NA ☐ YES ☐ NO ☐

(4) Neurotoxins? NA ☐ YES ☐ NO ☐

(5) Reactive and potentially explosive compounds? NA ☐ YES ☐ NO ☐

NOTE: *Submission of the laboratory chemical inventory is required for local review.*

6. **CONTROLLED SUBSTANCES**

Controlled Substances

a. Have you reviewed this list? Yes ☐ Date No ☐

b. Does your research involve the use of any substance regulated by the Drug Enforcement Agency?

Yes ☐ No ☐ If yes, list controlled substances to be used:

c. Are all Schedule II and III drugs stored in a double-locked vault? NA ☐ YES☐ NO ☐

7. **RADIOACTIVE MATERIALS**

Does this research involve the use of radioactive materials? YES ☐ NO ☐

If YES, provide the following:

a. Identity of radioactive source (s):	
b. Radiation Safety Committee Approval (date):	

8. **PHYSICAL HAZARDS**

a. Are physical hazards addressed in the facility Occupational Safety and Health Plan? YES ☐ NO ☐

b. Do employees receive annual training addressing physical hazards? YES ☐ NO ☐

Acknowledgement of Responsibility and Knowledge

I certify that my research studies will be conducted in compliance with and full knowledge of Federal, State, and local policies, regulations, and CDC-NIH Guidelines governing the use of, biohazardous materials, chemicals, radioisotopes, and physical hazards. I further certify that all technical and incidental workers involved with my research studies will be aware of potential hazards, the degree of personal risk (if any), and will receive instructions and training on the proper handling and use of biohazardous materials, chemicals, radioisotopes, and physical hazards. A chemical inventory of all Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency (EPA)-regulated hazardous chemicals is attached to this survey.

Principal Investigator's Signature	**Date**

Certification of Safety Officer's Approval

A complete list of chemicals to be used in the proposal has been reviewed. Appropriate occupational safety and health, environmental, and emergency response programs will be implemented on the basis of the list provided.

Safety Officer's Signature	**Date**

Certification of Research Approval

The safety information for this application has been reviewed and is in compliance with Federal, State, and local policies, regulations, and CDC-NIH Guidelines governing the use of biohazardous materials, chemicals, radioisotopes, and physical hazards. Copies of any additional surveys used locally are available from the Research and Development (R&D) Office.

Chair, Subcommittee on Research Safety	**Date**
Chair, Research & Development Committee	**Date**
Radiation Safety Officer (if applicable)	**Date**
Facility Safety Officer	**Date**