Section B Hazardous Biological Agents for IBC Protocol # _____

		Check which is applicable						Risk Groups					Check type of pathogen:			Describe
1. Name of Biological Hazard	Source of biohazard (List cells by name, source, and number, if applicable)	Viral	Fungal	Bacterial	Parasitic	Toxin	Other (Explain e.g., prion, animal)	RG1[1]	RG2[2]	RG3[3]	RG4[4]	Indicate biosafety level for containment*	Plant	Animal	Human	Potential for health risk or disease development
EXAMPLE: Listeria monocytogenes	Another Institution (please specify)	X							X			BSL2			X	listeriosis, abortion, premature labor, immuno-compromized individuals
1													☐	☐	☐	
2													☐	☐	☐	
3													☐	☐	☐	
4													☐	☐	☐	
5													☐	☐	☐	
6													☐	☐	☐	
7													☐	☐	☐	
8													☐	☐	☐	
9													☐	☐	☐	

[1]RG1-agents not normally associated with disease in healthy adults (such agents are normally exempt from IBC oversight)

[2]RG2-agents associated with human disease which is rarely serious and for which preventive or therapeutic interventions are *often* available

[3]RG3- agents associated with serious or lethal human disease for which preventive or therapeutic interventions *may be* available

[4]RG4 – agents that are likely to cause serious or lethal human disease for which preventive or therapeutic interventions *are not usually* available

*MSD Sheets for many biohazards can be obtained from *Health Canada* at: http://www.phac-aspc.gc.ca/msds-ftss/index.html

CONTINUE ON NEXT PAGE

2. SAFE HANDLING PROCEDURES

A. Indicate how the agents described above will be acquired.

☐ Directly from humans/animal/plant tissues ☐ Laboratory stock ☐ Off-campus collection/vendor

☐ Off-campus researcher ☐ On-campus collection or researcher ☐ Other (specify)

Comments:

Indicate CDC, NIH Biosafety Levels: Provide sufficient information to justify your procedures and choice of biosafety level. For more information refer to NIH, CDC, *"Biosafety in Microbiological and Biomedical Laboratories"*, current (6th) edition and the University of Memphis Biosafety Manual). (You do not need to cut-and-paste text from the above-mentioned documents, just **cite the relevant sections of the University of Memphis Biosafety Manual)**

B. Describe any culture and/or manipulations of the biohazard(s) including any aerosols that will be created. Will any of the following procedures be done under this protocol?

☐ pipetting ☐ Centrifuging (except sealed rotor head or safety cups) ☐ grinding
☐ blending ☐ shaking ☐ mixing ☐ sonicating ☐ opening containers of infectious materials

Describe where these manipulations will take place and how will aerosols be contained.
(Note: Any of the above-mentioned procedures may generate an aerosol and must be conducted within a biological safety cabinet)

C. What procedures will be used to transport the biohazard(s) outside your lab (e.g., within the university the university and outside, if applicable). Please note that materials should be transported in a sealed leak-proof container which is in a rigid leak-proof secondary (outer) container identified with the appropriate biohazard labeling. Transport and shipments of materials off campus must follow US Department of Transportation (DOT) and International Air Transport Association (IATA) regulations.
Specify how you will transport the material.

D. Identify specific engineering controls used to prohibit biohazard escape: (including but not limited to, self capping syringe needs, biosafety cabinets, safety interlocks)

3. CLEANING AND DECONTAMINATION PROCEDURES

A. **Routine:** (Please describe the measures to be utilized for routine cleaning and decontamination of the work space. Please refer to the SDS for cleaning procedures and to the EPA List E for disinfectant agents for human material). 70% Isopropanol or 0.5% sodium hypochlorite is the default agent entered below unless there is another agent specified below.

	Lab location	Animal Facility	Other location (specify)
Agent (specify)			
Concentration			
Contact time			
Other:			

Discuss the disinfection procedures:

B. **Spills or Escapes:** [Please describe the measures to be taken in the event of a spill**,** accidental release or accident involving the agent(s) if not noted on a SDS. If noted, attached SDS].

4. PLAN FOR AGENT(S) AT CONCLUSION OF STUDY (Contact EHS for appropriate disposal practices and assistance at 678-5700).

Maintenance of hazardous agents requires adequate precautions including listing on the inventory submitted to EHS.

A. **What do you plan to do with the biohazard(s) reported in this section at the conclusion of this study?** (Explain method(s) of inactivation/decontamination/disposal).

B. **What is the disposal method for inoculated animals, tissues, or plants**? If not applicable, write NA.