

# UW LOCAL RISK ASSESSMENT WORKSHEET FOR WORK WITH BIOLOGICAL MATERIALS

Completed by:

Date completed:

## Material description

1. Name or description of the material being handled:

2. Identify where the material will be used and stored:

Used	Stored

3. Is the material considered pathogenic:  Yes  No

If Yes...	If No...
<p>Indicate Risk Group: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>How was risk group determined?</p> <p><input type="checkbox"/> Pathogen data sheet</p> <p><input type="checkbox"/> By supplier or other researcher</p> <p><input type="checkbox"/> Pathogen risk assessment</p> <p><input type="checkbox"/> Other:</p>	<p>Indicate why it is considered non-pathogenic:</p> <p><input type="checkbox"/> Material comes from an otherwise healthy individual</p> <p><input type="checkbox"/> Material comes from the environment in an unaltered state</p> <p><input type="checkbox"/> Other:</p>

## Personnel factors

4. Is a vaccine available?  Yes - Name of vaccine: \_\_\_\_\_  No  N/A

5. Have all personnel working with or near the materials above been offered any available vaccinations OR declined with counselling?  
(Departments must have a record of the vaccinations accepted.)  Yes  No

6. Is a medical surveillance plan in place and documented? Please describe:  Yes  No

7. Is a Medical Contact Card required?  Yes  No

8. Instructed in signs and symptoms of infection?  Yes  No

## Factors associated with the specific work processes

**9. PPE required when working with agent (check all that apply).**

*Note: lab coat, close-toed shoes, and gloves are all mandatory for microbiological work!*

Face shield  Safety glasses  N-95  Face mask  Back-closing gown at BSC

**10. Frequency of contact with agent:**  Routine/daily  Weekly  Random/monthly/yearly

**11. Largest single volume used:**  < 10 L  More than 10 L (if greater than 10L specify):

**a. Indicate concentrations used (if concentrated, enter both before and after concentrations):**

**b. Indicate concentration required to cause infection:**  N/A

**12. Is all work with the active agent done in a BSC? (not required for CL1 )**  Yes  No

**13. Is open bench work completed on agent (means not in hood)?**  Yes  No

**a. Describe in point form the techniques proposed on the open bench:**

**b. Describe your risk management techniques:**

**14. Are you using sharps?**  Yes  No

**a. If yes, are you using safety-engineered sharps?**  Yes  No

**b. If not, please explain:**

**15. Identify the processes that increase exposure potential (check all that apply):**

Cell sorting  Sonication  Centrifuging in open containers

Blending  Flaming loops  Shaking or vigorous mixing

Grinding  Pipetting  Homogenizing

Opening containers with high internal pressures

Other procedures that may create an airborne exposure to a pathogen:

**16. Will your experiments involve centrifugation?**  Yes  No

**a. If YES, are sealed rotors, or sealed centrifuge safety cups available?**  Yes  No

**b. If NO to "16 a", do you only use screw –cap, non-glass tubes?**  Yes  No

**c. Will you open the tubes in the BSC after centrifuging?**  Yes  No

**d. If NO to (b) or (c), explain how you will protect against exposure:**

## Disinfection and waste disposal

17. At what stage of your work will the infectious agent be inactivated or lysed?  N/A

Note: N/A should only be used if there is no infectious agent.

18. Specify disinfectants and decontaminants and decontamination procedures in use:  N/A

Disinfectant	Working Concentration	Contact Time (min)	Preparation Frequency	Indicate where used (surface, equipment, tools, etc)

19. Complete the table to identify how biohazardous wastes generated by your research are treated.

Any autoclaving and direct disposal requires weekly efficacy logs.

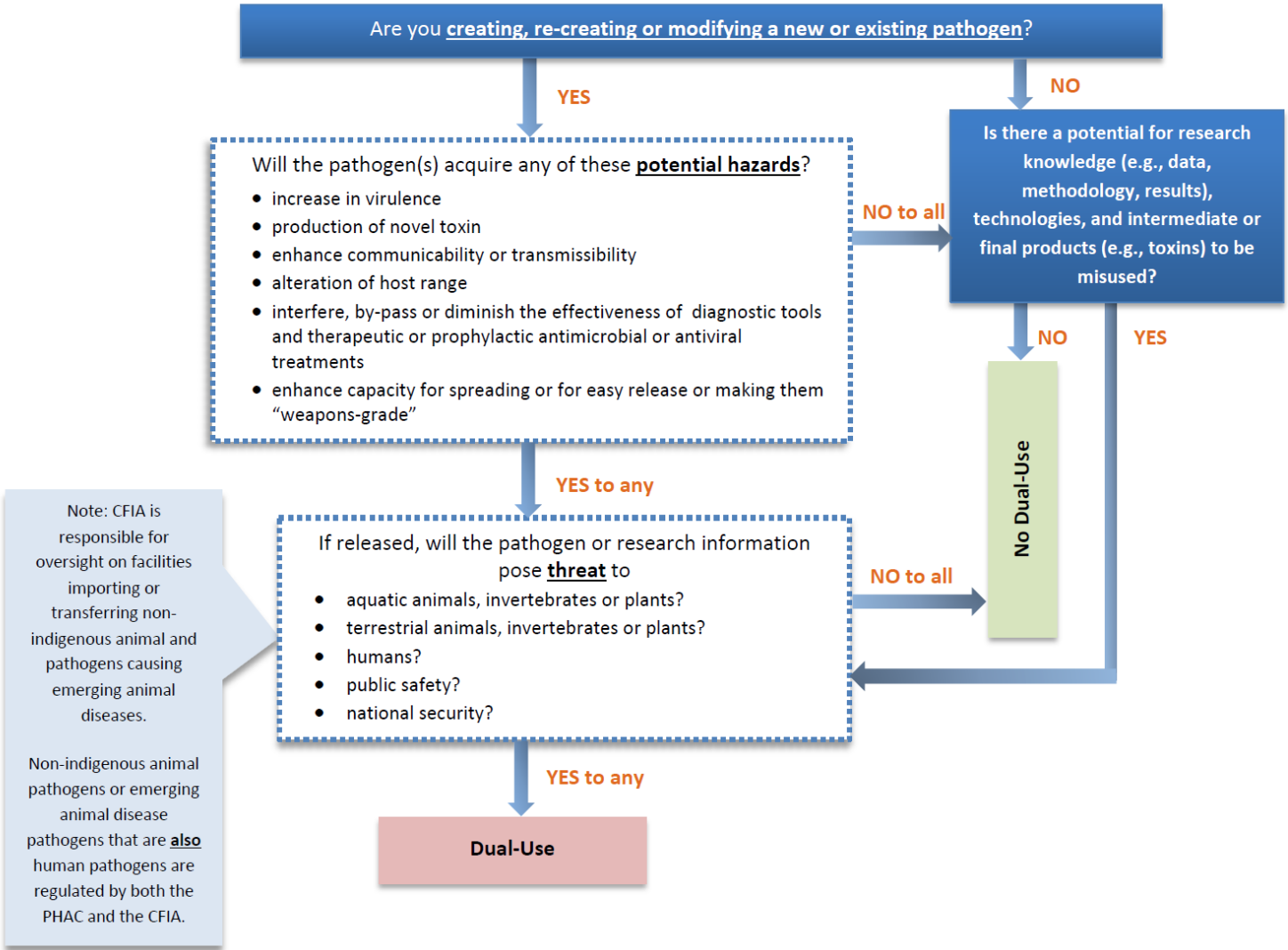
	Waste Generated and disinfection process	Disposed by (select one)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Solid waste contaminated with biohazardous material and all microbial and eukaryotic cell cultures, including broth cultures	<input type="checkbox"/> Biowaste bin (UW Disposal Service) <input type="checkbox"/> Autoclaving: <i>Temp:</i> °C <i>Time:</i> min.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Needle and syringe assemblies (sharps)	<input type="checkbox"/> Biowaste sharps bin (UW Disposal Service) <input type="checkbox"/> Autoclaving <i>Temp:</i> °C <i>Time:</i> min.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Used glass and hard plastic pipettes and Pasteur pipettes will be:	<input type="checkbox"/> Biowaste sharps bin (UW Disposal Service) <input type="checkbox"/> Autoclaved and disposed as regular waste <i>Temp:</i> °C <i>Time:</i> min.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Liquid waste contaminated with biohazardous material	<input type="checkbox"/> Biowaste bin (UW Disposal Service) <input type="checkbox"/> Autoclaving <i>Temp:</i> °C <i>Time:</i> min. <input type="checkbox"/> Chemically Chemical name: Contact time:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Other, specify:	

# Dual use potential

20. Review chart below and identify dual use potential.

Does dual use potential exist?  Yes  No

If yes, please describe:



## Summary

All individuals in this lab must review the following University SOPs and guidance documents.

Please go to the [biosafety website](#) to access them.

- UW Emergency Response Guide for Biologicals - Exposures and Spills
- Movement and Transportation of Biological Materials
- Guidance on Disinfection
- Vacuum Aspiration Guidance
- Proper Pipetting Techniques

### Identify SOPs or controls used on this project:

<b>Example</b> – SOP 734 – Purification of xxx by centrifugation....

### List the names of all workers on this project:


I acknowledge that work on this project will not begin until the following conditions are met:

1. All workers on this project have reviewed the mandatory documents listed above.
2. All workers have completed the University’s online [Biosafety training module](#).
3. The Safety Office has approved this project.

Yes  No

## Safety Office determination

Project may proceed as proposed

Yes  No

Additional criteria required

Yes  No

**Supervisor name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Biosafety Officer name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_