

UW LRA WORKSHEET FOR WORK WITH ANIMAL, AQUATIC, OR PLANT MATERIALS OR PATHOGENS

Completed by: _____

Date completed: _____

Material description and location

Name: _____

Original Source material (isolated from the field, UW animal, purchased externally, other University or other):

Description:

Classify the material:

- Animal pathogen
- Animal pathogen containing material
- Animal cell line
- Aquatic pathogen
- Plant pathogen
- Plant pest (insect)
- Other: _____

Location of use (building/room): _____

Is the material considered pathogenic? Yes No **If “yes”, indicate how the Risk Group was determined.**

How was risk group determined?

- Pathogen data sheet
- By supplier or other researcher
- Pathogen risk assessment

Other, provide details:

How is the material being obtained?

Transfer from another facility Yes No

Was a CFIA Permit originally required to obtain the material? Yes No

- If yes, has permission been obtained from CFIA to transfer the material? Yes No
[Attach CFIA Permit and letter of permission]

Was a Material Transfer Agreement originally required to obtain the material? Yes No

- If yes, has permission to transfer been obtained from the original third party provider? Yes No

Purchased from a supplier Yes No

Supplier name and address: _____

Catalogue number: _____

Factors associated with the specific work processes

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

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

Is all work with the active agent done in a BSC? Yes No

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

Describe in point form the techniques proposed on the open bench:

Identify which of the following processes are used (check all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Cell sorting | <input type="checkbox"/> Sonication | <input type="checkbox"/> Centrifuging in open containers |
| <input type="checkbox"/> Blending | <input type="checkbox"/> Flaming loops | <input type="checkbox"/> Shaking or vigorous mixing |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Pipetting | <input type="checkbox"/> Homogenizing |

Disinfection and waste disposal

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.

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)

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

Any autoclaving and direct disposal requires weekly efficacy logs.

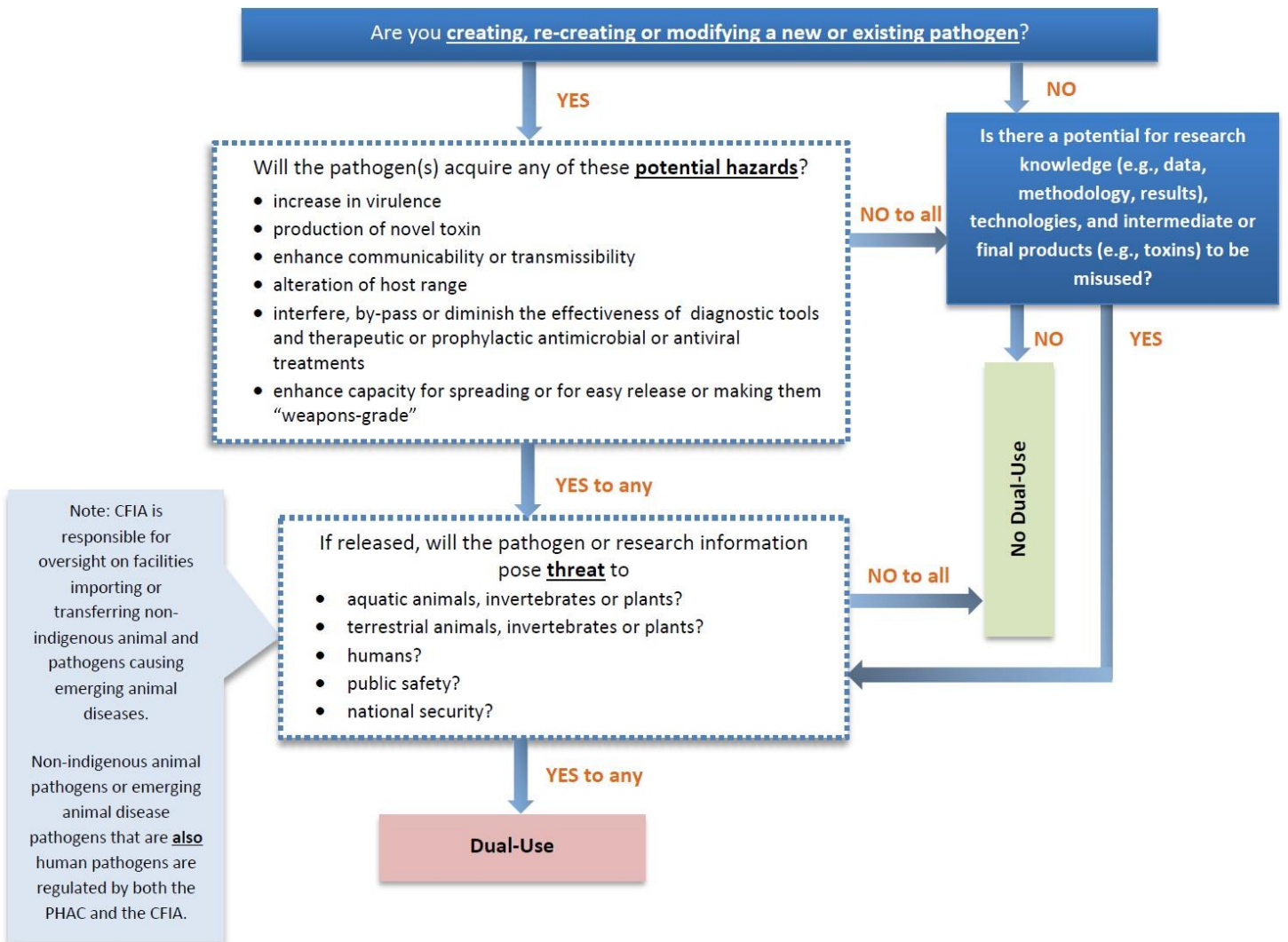
Waste Generated and disinfection process		Disposed by (select one)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Solid waste contaminated with biohazardous material and all microbial and eukaryotic cell cultures, including broth cultures	<input type="checkbox"/> Biowaste bin (UW Disposal Service) <input type="checkbox"/> Autoclaving: Temp: _____ °C Time: _____ 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 Temp: _____ °C Time: _____ 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 Temp: _____ °C Time: _____ 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 Temp: _____ °C Time: _____ 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

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

Example – 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.

Supervisor name: _____

Date: _____

Signature: _____

Safety Office determination

Project may proceed as proposed: Yes No

Additional criteria required: Yes No

Biosafety officer name: _____

Signature: _____

Date: _____

Safety Office comments:

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