UW LRA WORKSHEET FOR HUMAN PATHOGENS AND TOXINS

RESET FORM

Completed by: **Date completed:**

Material description

1. Name or description of the material being handled. Briefly describe how you intend to use the material.

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

Used	Stored

3. Is the material considered pathogenic: ☐ Yes ☐ No

If Yes…	If No…
Indicate Risk Group: ☐ 1 ☐ 2 ☐ 3 **How was risk group determined?** ☐ Pathogen data sheet ☐ By supplier or other researcher ☐ Pathogen risk assessment ☐ Other:	**Indicate why it is considered non-pathogenic:** ☐ Material comes from an otherwise healthy individual ☐ Material comes from the environment in an unaltered state ☐ Other:

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? ☐ Yes ☐ No
(Departments must have a record of the vaccinations accepted.)

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

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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.

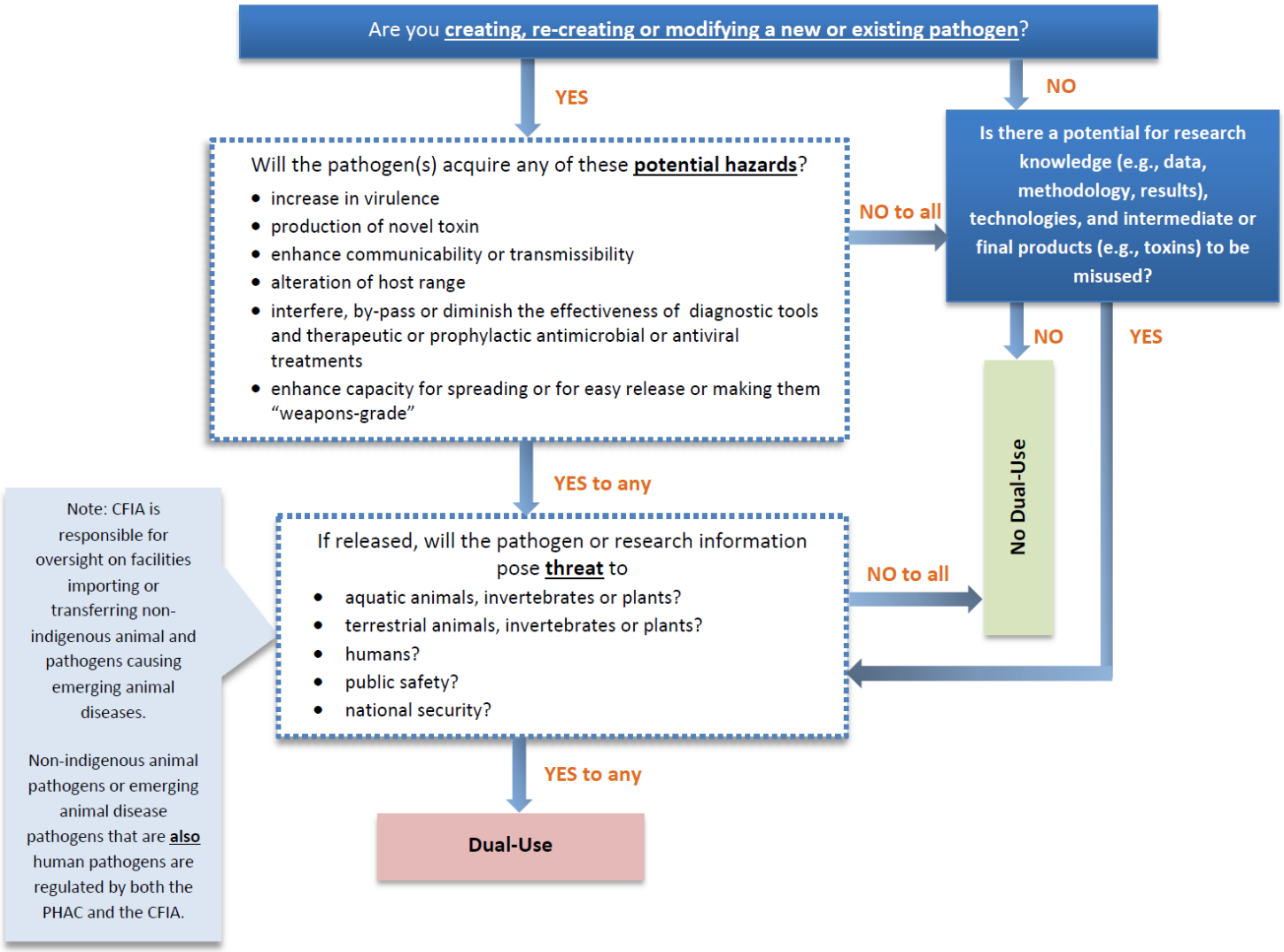
	Waste Generated and disinfection process	Disposed by (select one)
☐Yes ☐No ☐N/A	Solid waste contaminated with biohazardous material and all microbial and eukaryotic cell cultures, including broth cultures	☐ Biowaste bin (UW Disposal Service) ☐ Autoclaving: *Temp:* *^{o}C* *Time:* *min.*
☐Yes ☐No ☐N/A	Needle and syringe assemblies (sharps)	☐ Biowaste sharps bin (UW Disposal Service) ☐ Autoclaving *Temp:* *^{o}C* *Time:* *min.*
☐Yes ☐No ☐N/A	Used glass and hard plastic pipettes and Pasteur pipettes will be:	☐ Biowaste sharps bin (UW Disposal Service) ☐ Autoclaved and disposed as regular waste *Temp:* *^{o}C* *Time:* *min.*
☐Yes ☐No ☐N/A	Liquid waste contaminated with biohazardous material	☐ Biowaste bin (UW Disposal Service) ☐ Autoclaving *Temp:* *^{o}C* *Time:* *min.* ☐ Chemically Chemical name: Contact time:
☐Yes ☐No ☐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:

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: _____

Signature: _____ **Date:** _____

Safety Office determination

Project may proceed as proposed ☐ Yes ☐ No

Additional criteria required ☐ Yes ☐ No

Biosafety officer name: _____

Signature: _____ **Date:** _____

Safety Office comments: