**REQUEST FOR USE OF BIOHAZARDOUS AGENTS**

**306**

(Rename document when saving if changes have been made)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator: | | | | | Click here to enter text. | | | | | | | | | Date: | Click here to enter text. | | |
| Department/School: | | | | | Click here to enter text. | | | | | | | | | | | | |
| Telephone: | | Click here to enter text. | | | | Fax: | | Click here to enter text. | | | Email: | | Click here to enter text. | | | | |
| Project Title: | | | Click here to enter text. | | | | | | | | | | | | | | |
| Name, Synonym, Category and amount of Biohazardous Agent(s) used: | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| Location of use (Building and Room): | | | | | | | | Click here to enter text. | | | | | | | | | |
| Type of Procedure: | | | | | Click here to enter text. | | | | | | | | | | | | |
| Date Ordered: | | | Click here to enter text. | | | | | | | Period of Use: | | Click here to enter text. | | | | | |
| Personnel Authorized and Trained to Use Biohazardous Agent(s): | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| Other Personnel in Vicinity of Use: | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| **PLEASE ANSWER EACH QUESTION; USE ADDITIONAL SHEETS IF NECESSARY** | | | | | | | | | | | | | | | | | |
| 1. Briefly describe experimental procedure. If appropriate, attach copy of actual procedure. | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| 2. Describe toxicity or attach toxicity information of Biohazard agent. | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| 3. Describe decontamination procedures for surfaces, materials, instruments, equipment, etc. | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| 4. Describe the method of disposal of wastes and unused stock. | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| 5. Describe emergency procedures in the event of inhalation, skin contact, ingestion, or inoculation. | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| 6. Describe emergency procedures in the event of spill. | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| 7. What protective equipment and/or clothing will be used? | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| 8. If animals are to be used in conjunction with the hazardous agent, describe special animal care and housing requirements. | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |
| **SIGNATURES:** | | | | | | | | | | | | | | | | | |
| I ascertain that all the information on this form is correct: | | | | | | | | | | | | | | | | | |
| Principal Investigator: | | | |  | | | | | | | | | | | | Date: | Click here to enter text. |
| Department Chemical Hygiene Officer: | | | | | | | | |  | | | | | | | Date: | Click here to enter text. |
| Department Chair: | | | |  | | | | | | | | | | | | Date: | Click here to enter text. |
|  | | | | | | | | | | | | | | | | | |
| **APPROVAL:** | | | | | | | | | | | | | | | | | |
|  | Expedited Review (no further review necessary) | | | | | | | | | | | | | | | | |
|  | Full Review by Biosafety Committee | | | | | | | | | | | | | | | | |
|  | To CHARM | | | | | | | | | | | | | | | | |
| Manager, Laboratory Safety | | | | | | |  | | | | | | | | | Date: | Click here to enter text. |
|  | | | | | | | | | | | | | | | | | |
|  | Full Committee Review and Approval | | | | | | | | | | | | | | | | |
|  | Contingent Approval | | | | | | | | | | | | | | | | |
|  | Disapproved | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Chair, Committee on Hazardous and Radioactive materials | | | | | | | | |  | | | | | | | Date: | Click here to enter text. |
|  | | | | | | | | | | | | | | | | | |