

# Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue, blood and body fluids.

SRC/IACUC/IBC approval required before experimentation.

Student's Name \_\_\_\_\_

Title of Project \_\_\_\_\_

## To be completed by Student Researcher in collaboration with Qualified Scientist/Designated Supervisor:

(All questions are applicable and must be answered; additional page(s) may be attached.)

- 1) Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.
- 2) Describe the site of experimentation including the level of biological containment.
- 3) Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
- 4) Describe the procedures that will be used to minimize risk. (personal protective equip., hood type, etc.)
- 5) What final biosafety level do you recommend for this project given the risk assessment you conducted?

## To be completed by Qualified Scientist or Designated Supervisor

- 1) What training will the student receive for this project?
- 2) Do you concur with the biosafety information and recommendation provided by the student researcher above?  Yes  No  
If no, please explain.

\_\_\_\_\_  
QS/DS Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable)

### To be completed by SRC prior to experimentation:

- The SRC has carefully studied this project's Research Plan and the risk level assessment above and approves this study as a BSL-1 study, which must be conducted at a BSL-1 or above laboratory.
- The SRC has carefully studied this project's Research Plan and the risk level assessment above and approves this study as a BSL-2 study, which must be conducted at a BSL-2 or above laboratory.

\_\_\_\_\_  
SRC Chair's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval

### To be completed by SRC after experimentation with Institutional pre-approval:

- This project was reviewed and approved by the appropriate institutional board (e.g. IACUC, IBC) before experimentation at a BSL-1 or BSL-2 laboratory and complies with the ISEF rules. The required institutional forms are attached.
- The institution does not require approval for this type of study. The student has received proper training. Attached is a letter from an institutional representative certifying the above.

\_\_\_\_\_  
SRC Chair's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval