

# Laboratory Risk Assessment Form

## PART A: Research/Investigation

Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Location of Research: \_\_\_\_\_

Funding agency: \_\_\_\_\_

Agent Used: \_\_\_\_\_

Material Safety Data Sheet (MSDS) available? \_\_\_\_\_

Risk Group Level of Agent: \_\_\_\_\_

Biological Safety Level Used: \_\_\_\_\_

### Title & Brief Description of Research Activity

## PART B: Characterization of Agent

1. Is the agent a living microorganism?                      Yes                      No

*If no, go to question #2 on page 3*

• Is the agent pathogenic based on the wild type strain?      Yes                      No

- What is the host range of the agent?

Healthy humans

Animals

Immunocompromised humans

Plants

- Is the agent transmissible? Yes No

If yes, what is the route of transmission?

Airborne

Ingestion

Broken skin

Mucous membranes

V

Vectors

Other

- Is the agent attenuated? Yes No

- Does the attenuation reduce the risk? Yes No

- Labstrain? Yes No

Source\_\_\_\_\_

- Is the organism well characterized? Yes No

- Will the agent be genetically modified? Yes No

***If yes, answer question #2***

- NIH Risk Group RG1 RG2 RG3 RG4 NA

Other/Comments

2. Are recombinant DNA constructs used or created? Yes No

*If no go to question #3*

• Is a viral vector being used? Yes No

*If yes, answer question #1*

• What is the host range of the viral vector?

Healthy humans Immunocompromised humans Animals

Bacteria (phage) Plants

• Is there a risk of the target cells becoming oncogenic? Yes No

• Does the DNA code for production of a human Toxin? Yes No

• Where will the DNA construct be inserted?

Human Animal Plant Bacterium Tissue Cells

Fungi/yeast Other

3. Are human or non-human primate materials involved? Yes No

*If no, answer question #4 in Part C on page #3*

Human blood cells or tissue? Yes No

Non-human primate (NHP) blood cells or tissue? Yes No

Other human bodily fluids? Yes No

Other NHP Fluids? Yes No

Human derived cell lines or tissue? Yes No

NHP cell lines or tissue? Yes No

Are any of the materials fixed or preserved? Yes No

**If yes, fixative used?**\_\_\_\_\_

Other/Comments

**PART C: Characterization of Staff/Protocols**

4. Does the principal investigator have experience with this agent?	Yes	No
5. Do workers require special training to safely work with the agent?	Yes	No
6. Is the training documented?	Yes	No
7. Increased risk for exposure for certain workers or activities?	Yes	No
8. Are there risks to maintenance or custodial staff in the lab?	Yes	No
9. Are there procedures in place to minimize exposure?	Yes	No
10. Are there alternative activities that may reduce the risk?	Yes	No
11. Is there a vaccination available against the agent?	Yes	No
12. Is medical surveillance appropriate for monitoring exposure?	Yes	No
13. Does the research involve a large scale operation? (>10 Liters)	Yes	No
14. Are vertebrate animals used in the research?	Yes	No

***If no, skip to question #20 in PART D***

15. Are animals infected or exposed to the agent?	Yes	No
16. Is shedding of the agent possible?	Yes	No
17. Is the animal infectious to other animals or humans?	Yes	No

18. Will bites/scratches increase the risk of exposure to the agent?	Yes	No
19. Has the vertebrate animal protocol been approved by IACUC?	Yes	No
Other/Comments		

• **PART D: Characterization of Facilities/Equipment**

20. Are there sharps protocols? (plastic, safe-sharps, disposal, etc.)	Yes	No
21. Are there proper waste disposal arrangements in place?	Yes	No
22. Is there an autoclave available for biohazardous waste?	Yes	No
23. Is the waste autoclaved correctly to assure sterility?	Yes	No
24. Is the biohazardous labeling of the sterile waste concealed before disposal in the dumpster?	Yes	No
25. Is the laboratory waste properly transported?	Yes	No
26. Is biohazardous waste properly segregated?	Yes	No
27. Is a Class II Biological Safety Cabinet (BSC) recommended?	Yes	No
28. Is an effective and appropriate disinfectant in use?	Yes	No
29. Is the disinfectant contact time sufficient?	Yes	No

30. What types of personal protective equipment are recommended?

Gloves	Eye protection	Lab coats/aprons	Face protection
Respiratory protection	Other _____		

31. Are laundry and decontamination facilities or services available?	Yes	No
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32. Is there a contingency plan in case of exposure/accident?	Yes	No
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33. What Biosafety level is recommended for the work?

Laboratory work	BSL1	BSL2	BSL3	BSL4
Animal Work:	ABSL1	ABSL2	ABSL3	ABSL4

Other/Comments

#### Part E. Risk Assessment/Final Analysis/Approval

Date of risk assessment: \_\_\_\_\_

Risk assessment conducted by: \_\_\_\_\_

IBC approval required for research based on risk assessment?	Yes	No
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Submitted to IBC (date): \_\_\_\_\_

Reviewed by IBC on (date): \_\_\_\_\_

Corrective action (s) required for approval of research?:	Yes	No
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(describe if yes)

Corrective actions completed?:    Yes                      No                      Date \_\_\_\_\_

IBC approval granted:                      Yes                      No                      Date \_\_\_\_\_