

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 ~~X~~ ~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~ Vectors ~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~ 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
<i>If no, skip to question #20 in PART D</i>		
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

32. Is there a contingency plan in case of exposure/accident? Yes No

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

Submitted to IBC (date): _____

Reviewed by IBC on (date): _____

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

(describe if yes)

Corrective actions completed?: Yes No Date _____

IBC approval granted: Yes No Date _____