

ARC BIOHAZARDOUS ANIMAL PROJECT INITIATION FORM v2.0 08/01/17

A completed copy of this form must be posted in housing and procedure rooms when ANIMAL BIOHAZARD LEVEL 2 (ABSL-2) hazardous biological agents are used in animal studies at UT.

Purpose: Studies involving hazardous materials often require precautions to assure the safety of university personnel exposed to experimental animals. This form is used to document the requirements for studies involving biological hazards and to assure that all personnel involved (EHS, ARC and the research lab) are in agreement with what is required and who will be responsible.

Although some of these details are included in other documents such as the Biosafety manual and IBC or IACUC protocols, this document collects the most pertinent information in a form that can be posted in the immediate work areas when the study actually begins.

Section 1: Responsible Parties and Location

Study Contacts:

Principal Investigator (print name) _____

Office Phone _____ Mobile or Home Phone _____

Email _____

Alternate lab contact #1 (print name) _____

Office Phone _____ Mobile or Home Phone _____

Email _____

Alternate lab contact #2 (print name) _____

Office Phone _____ Mobile or Home Phone _____

Email _____

Project Information:

IACUC Approval Number: _____ Expiration Date: _____

IBC Approval Number: _____ Expiration Date: _____

Species: _____

Maximum number of cages expected to be housed at any given time: _____

Projected Dates: Start _____ Finish _____

Note: For long-term projects with multiple groups, a new form is not required for every cohort. The form can stay posted in the room as trials start and stop but must be revised if the information changes.

LOCATION:

ANIMAL FACILITY PROCEDURE ROOM(S) TO BE UTILIZED:

Building: _____ Room(s): _____

Building: _____ Room(s): _____

Building: _____ Room(s): _____

Building: _____ Room(s): _____

ANIMAL HOUSING ROOM(S) TO BE UTILIZED:

Building: _____ Room(s): _____

Building: _____ Room(s): _____

Building: _____ Room(s): _____

Section 2: Hazard and Precaution Summary

Biohazardous material name:	Is agent expected to be shed or excreted in viable form?	Dose and route of administration (if applicable)	Location of additional Safety SOPs and documents (if applicable)

SPECIFIC HUSBANDRY INSTRUCTIONS / PRECAUTIONS

This is a checklist to confirm that you will abide by the standard ABSL-2 precautions. For those items which provide a choice, please indicate the option to be used.

REQUIRED SIGNAGE
<input type="checkbox"/> Post door with EHS lab placard including biohazard pictogram and ABSL-2 designation
<input type="checkbox"/> Label individual animal cages or cage cards*
PERSONAL PROTECTIVE EQUIPMENT WHEN HANDLING ANIMALS/CAGES/BEDDING
<input type="checkbox"/> Long skirt/slacks/scrubs and closed-toe shoes
<input type="checkbox"/> Lab coat (close-fitting water-resistant with elastic cuffs preferred)
<input type="checkbox"/> Nitrile gloves (long cuff, >4 mil thickness preferred; e.g. Microflex® FreeForm® EC FFE-775 or equivalent)
Eye protection: <input type="checkbox"/> Safety glasses OR <input type="checkbox"/> Face Shield
Respiratory/Face protection: <input type="checkbox"/> Surgical mask OR <input type="checkbox"/> N95 respirator OR <input type="checkbox"/> PAPR
ANIMAL CARE (choose one)
<input type="checkbox"/> ARC will provide daily observation, feeding/watering and cage cleaning (ARC Staff must receive agent-specific training)
<input type="checkbox"/> ARC will provide daily observation; Lab responsible for feeding/watering and cage cleaning
<input type="checkbox"/> Lab is responsible for both daily observation and cage cleaning
ABSL-2 CAGE/BEDDING HANDLING AND DISPOSAL
<input type="checkbox"/> Micro-isolator lids for rats/mice
<input type="checkbox"/> Biological Safety cabinet required for cage changing and animal manipulations
<input type="checkbox"/> Cages with bedding placed in red bags and autoclaved before disposal
OR
<input type="checkbox"/> Cages dumped in room/suite; bedding placed in red bags for autoclaving and cages disinfected with Clidox prior to cage work
<input type="checkbox"/> Animals disposed of in red bags as biomedical waste
<input type="checkbox"/> If carcasses or fresh/frozen unfixed tissues are stored somewhere other than the centralized ARC carcass storage area for the animal facility, the transport route and containment follows EHS guidance
[Provide building and room : _____]

*Biological hazard warning symbol and agent name. For replication-deficient vectors that have a finite hazardous window approved by the IBC, include: Agent, Date of Administration, and Date of viral clearance

Comments or other precautions

(NOTE: if there is a washout or clearance period which allows these precautions to only be required for a certain number of days after animal exposure to the agent, describe that here).

Emergency instructions in case of spills or exposures:

Section 3: Approvals

PI Signature:

(Print Name, Sign & Date)

ARC Approval:

(Print Name, Sign & Date)

EHS Approval: *(may be waived or reviewed electronically without signature)*

(Print Name, Sign & Date)

NOTE: in some situations, input from the Occupational Health Program – Laboratory Animals and Biomedical Services (OHPLABS) may also be requested based on project details.