**Hazardous Agents**

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| **I. General Information** |
| **Title:** |
| **Principal Investigator’s Name:** |
| **Application Type:**  New Protocol  3 Year Renewal of Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Significant Modifications to Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **II. Types of Hazardous Agents** | | | |
| **Hazardous Agent** | **Type of Agent** | **Date of Biosafety Approval** | **Tacking Number** |
|  | Choose an item. | Click here to enter a date. |  |
|  | Choose an item. | Click here to enter a date. |  |
|  | Choose an item. | Click here to enter a date. |  |
|  | Choose an item. | Click here to enter a date. |  |
|  | Choose an item. | Click here to enter a date. |  |
|  | Choose an item. | Click here to enter a date. |  |

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| **III. Biosafety Level and Location** | |
| **Indicate the biosafety level this study will be conducted at.**  1  2  3  4 | |
| **Where will the hazardous material be used?** | |
| **Building:** | **Room:** |
| **Has the room being used been cleared for this level?**  Yes  No | |
| **If the Biosafety Level is above 1, provide the date it has been certified for this level of work.**  Date: Click here to enter a date. | |

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| **IV. Disposal** |
| **Describe the practices and procedures required for the safe handling and disposal of contaminated animals and material associated with this study. If applicable, describe the methods for monitoring radioactivity and disposal of radioactive materials.** |