Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for all research involving microorganisms, rDNA and 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 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?**
☐ BSL-1 ☐ BSL-2 ☐ BSL-3 ☐ BSL-4

To be completed by Qualified Scientist or Designated Supervisor

1) What training did 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 MSSEF/ISEF rules. The required institutional forms are attached. All projects in restricted areas in Massachusetts regardless of where the experimentation is done must receive prior approval by the SRC.

_____
SRC Chair's Printed Name

_____ _____
Signature Date of Approval