Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.
SRC/IACUC/IBC approval required before experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher(s) 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 the biosafety level risk group of each microorganism.

2. Describe the site of experimentation including the level of biological containment.

3. Describe the procedures that will be used to minimize risk. (personal protective equip., hood type, etc.)

4. What final biosafety level do you recommend for this project given the risk assessment you conducted?

5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.

To be completed by Qualified Scientist or Designated Supervisor

1. What training will 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.
3. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable)

_____ _____ _____

QS/DS Printed Name Signature Date of Signature (mm/dd/yy)

To be completed by Local or Affiliate Fair SRC: (Check all that apply.)

☐ The SRC has carefully studied this project's Research Plan and the risk level assessment above **prior to experimentation** and approves this study as a BSL-1 study, which must be conducted at a BSL-1 or above laboratory.
Date of SRC approval (prior to experimentation) _____

☐ The SRC has carefully studied this project's Research Plan and the risk level assessment above **prior to experimentation** and approves this study as a BSL-2 study, which must be conducted at a BSL-2 or above laboratory.
Date of SRC approval (prior to experimentation) _____

☐ This project was conducted at a Research Institution and 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 Intel ISEF rules. The required institutional forms are attached.
Date of SRC approval (after experimentation) _____

Note: Certain projects involving microorganisms are exempt from PHBA review and form requirements. See the full text for details.

Date of SRC approval _____

_____ _____

SRC Chair's Printed Name Signature