THE STATE UNIVERSITY OF NEW JERSEY

RUTGERS

Rutgers Environmental Health and Safety
Rutgers, The State University of New Jersey • 27 Road 1 • Bldg. 4086
Livingston Campus • Piscataway • New Jersey 08854
732/445-2550 • FAX: 732/445-3109

Registration Document for Biohazards

(*REHS USE ONLY*)
REHS Reg. No.:_____
Biosafety Level:_____

Please type or print clearly.

1. Principal Investigator: _____ Telephone: _____
   Title: _____ Campus: _____
   Department: _____ Email Address: _____

2. Project title: _____
   Entire Project Period: From _____ To _____
   Project Site: Building _____ Room _____

3. Does your work involve the use of hazardous biological agents?___Yes ___No
   (If yes, complete section 3; if no, go to section 4.)
   a. Name of agent: Bacteria _____
      Fungi _____
      Parasites _____
      Rikettsia _____
      Viruses _____
      Oncogenic Viruses _____
      Other _____

   b. Specific strain: _____

   c. Is the strain's antibiotic sensitivity known? ___Yes _____No _____Not applicable
      If yes, please provide the information: _____

   d. Are the agents human or animal pathogens? ___Yes _____No

   e. Do you work with quantities greater than one liter? _____Yes _____No Largest volume? _____

   f. Do you inactivate the agents prior to laboratory manipulation?___Yes ___No
      If yes, what methods? _____Heat ___Chemical ___Radiation ____Other(specify: _____)

   g. Do you concentrate the agents? ___Yes ___No
      If yes, what methods? _____Centrifugation _____Precipitation ____Filtration ___Other (specify: _____)

   h. Do you inject live agents into animals? ___Yes ___No
      If yes, identify species/strains: _____
      University Animal Protocol Approval Number: _____

4. Does your work involve the handling of human blood, tissues or fluids? ___Yes ___No
   (If yes, complete section 4; if no, go to section 5)
   a. Indicate samples to manipulate: ___Blood ___Serum or plasma ___Urine ___Feces
      ___Fluids ___Tissues ___Other (specify: _____)

   b. Frequency of manipulations: ___Daily ___Weekly ___Other (specify: _____)

   c. Types of manipulations: ___Centrifugation ____Sonication ____Blending/mixing
      ____Pipetting _____Other (specify: _____)

5. How will you deal with an accidental spill or release? _____

6. Describe methods of decontamination/disinfection of the agents and contaminated materials: _____

7. Describe methods for disposal of the agents and contaminated materials: _____

8. Attach a summary or abstract of this project.

9. Investigator's Assessment of Potential Risk
   a. At what biosafety level is this agent/material regulated? _____
   b. Primary regulatory authority (check all that apply):
      - ☐ CDC/NIH Guidelines (www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm)
      - ☐ OSHA Bloodborne Pathogen Standard (www.osha-slc.gov/OshDoc/Fact_data/FSNO92-46.html)
      - ☐ NIH rDNA Guidelines (www4.od.nih.gov/oba/guidelines.html)
      - ☐ USDA/APHIS (www.aphis.usda.gov/biotech/)
      - ☐ Other, _____
   c. Does the experimental material possess any traits (e.g., antibiotic resistance pattern, route of transmission, concentration) which would elevate the required level of biological containment? _____
   d. At what biosafety level will the proposed work be performed? _____ Has your laboratory been approved by REHS at the appropriate biosafety level? _____

10. I acknowledge my responsibility for the safe conduct of this research in accordance with Section V of the CDC/NIH Guidelines. I will inform all associated personnel of the nature and risks of this work and of necessary precautions and safe practices for this work.

    Principal Investigator Signature: _____ Date: _____

Note:
1. Send the completed form to the following address: REHS, Building 4086, Livingston Campus. If you have questions about this form's applicability or need assistance in completing it, contact REHS at 732/445-2550.
2. If you have more than one research project in which the proposed recombinant DNA research is used, provide such information as (a) the project title and (b) the entire project period.

University Biosafety Committee Action

A. The University Biological Safety Officer reviewed this registration document and
___ approved it pending ratification by the University Biosafety Committee
___ approved it pending approval by the University Biosafety Committee
___ needs to receive additional information as indicated: _____

Signed by: _____ Date: _____
University Biological Safety Officer

B. A copy of the CDC/NIH blue book is enclosed for your information.

Signed by: _____ Date: _____

C. The University Biological Safety Officer visited the laboratory and approved it at biosafety level ____ containment on _____.

D. The University Biosafety Committee ratified/approved this registration document at the biosafety level _____ containment on _____.