

# RUTGERS

Rutgers Environmental Health and Safety  
Rutgers, The State University of New Jersey • 24 Street 1603 • Bldg. 4127  
Livingston Campus • Piscataway • New Jersey 08854-8036  
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 \_\_\_\_\_  
Rickettsia \_\_\_\_\_  
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 accidental spills or release? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Describe methods of decontamination/disinfection and disposal of the agents and contaminated materials: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Attach a summary or abstract of this project.
8. 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  OSHA Bloodborne Pathogen Standard  ATTC  
 NIH rDNA Guidelines  USDA/APHIS  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? \_\_\_\_\_
9. 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:

- Send the completed form to the following address: REHS, Building 4127, Livingston Campus. Of you have questions about this form's applicability or need assistance in completing it, contact REHS at 732/445-2550.
- 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.

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**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: \_\_\_\_\_
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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 \_\_\_\_\_.