



Institutional Biosafety Committee (IBC) BIOSAFETY REVIEW FORM

Please complete this document thoroughly and e-mail the completed form to safety@ohio.edu. By submitting this form, the researcher is verifying that they have read the O.U. Biohazards Policy, CDC/NIH Biosafety Guidelines, and/or NIH rDNA Guidelines, have conducted an initial risk assessment and will comply to the best of their ability. If future projects differ significantly in scope, type or hazard level from those approved on this form, a new "Biosafety Review Form" or an addendum request must be submitted. This is a public document. If assistance in determining biosafety levels (BSL) or other information is needed, contact the Biosafety Officer, Risk Management & Safety, 740-597-2950.

[O.U. Biosafety Manual](#)

[O.U. Biohazards Policy](#)

[CDC/NIH Guidelines](#)

[NIH rDNA Guidelines](#)

Section 1 – Background

Name	Date	Email Address	
Title	Telephone Number		
Department			
Mailing Address			
Location:	<input type="checkbox"/> Athens Campus		
	<input type="checkbox"/> Regional Campus (specify)		
	<input type="checkbox"/> Private Company (enter company name)		
Materials listed are to be used in:	<input type="checkbox"/> Research	<input type="checkbox"/> Teaching/Classroom	<input type="checkbox"/> Both
This is a:	<input type="checkbox"/> New Proposal	<input type="checkbox"/> Renewal (enter current approval number)	
If this is a renewal summarize any changes from the previous approval			

Section 2: Abstract

<p>Abstract – Please include an overview of the research and a brief description of the procedures conducted with the biohazardous agents.</p>	
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Section 3: Biohazardous Materials Used

<input type="checkbox"/>	Recombinant DNA – Please review the NIH rDNA Guidelines .					
	Risk Group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
	Source of DNA	<input type="checkbox"/> Animal	<input type="checkbox"/> Plant	<input type="checkbox"/> Human	<input type="checkbox"/> Bacterial	<input type="checkbox"/> Viral <input type="checkbox"/> Other (specify):
	Identify the nature of the inserted DNA sequence:					
	What does the DNA code for (ex. an oncogene, a toxin, a receptor)?					
	Will expression of the foreign gene be attempted?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, what gene product will be produced?	
	Will genes encoding proteins toxic to vertebrates (with an LD ₅₀ <100ng/kg) be cloned and expressed?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, what toxin?			If yes, what is the LD ₅₀ , if known?		
	What is the rDNA Host?	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Fungus	<input type="checkbox"/> Yeast	<input type="checkbox"/> Other, specify	
	What are the vectors?	<input type="checkbox"/> Plasmids	<input type="checkbox"/> Virus	<input type="checkbox"/> Other, specify:		
	Will the rDNA be used in Clinical Trials?				<input type="checkbox"/> No	<input type="checkbox"/> Yes – IRB Approval #
	Will the rDNA be used in Human Gene Therapy?				<input type="checkbox"/> No	<input type="checkbox"/> Yes – IRB Approval #
	Will the rDNA be used in Experiments with Whole Animals?				<input type="checkbox"/> No	<input type="checkbox"/> Yes – IACUC Approval #
	Will the rDNA be used in Experiments with Whole Plants?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Will the rDNA be used in Experiments with More Than 10 Liters of Culture?				<input type="checkbox"/> No	<input type="checkbox"/> Yes

<input type="checkbox"/>	Select Agents or Toxins	Select agents and toxins are regulated, please see this link for the current list of agents and toxins http://www.cdc.gov/od/sap/docs/salist.pdf
	What select agent or toxin?	

<input type="checkbox"/>	Human Blood and Other Potentially Infectious Materials	All materials fall under the OSHA Bloodborne Pathogen program, unless testing has demonstrated the absence of bloodborne pathogens - see EHS for details. All materials must be handled at BSL 2 in the lab.	
	<input type="checkbox"/> Human Blood		Source
	<input type="checkbox"/> Human Blood Products, specify		Source
	<input type="checkbox"/> Human Tissue(s), specify		Source
	<input type="checkbox"/> Other Potentially Infectious Materials, specify		Source

<input type="checkbox"/>	Other	
	<input type="checkbox"/> Invertebrate vectors of human disease to be infected, specify	
	<input type="checkbox"/> Other, specify	

Section 4: Source & Transportation

If not listed above, what is the source/supplier of your material	
For All Applications:	How is the material delivered to you (ex. delivered by commercial carrier, carried across campus by collaborator, etc.)?
	How do you transport the material around campus, including between laboratories? Mode (foot, car, etc.) Primary Container Secondary Container Outer Labeling Other
	What is the anticipated date material will arrive on campus or work will begin (enter continuing or already arrived if appropriate):

Section 5: Regulatory Compliance - Check all that apply to work with these biohazardous agents

<input type="checkbox"/> OSHA Chemical Hygiene Plan	List the Department whose plan you follow
<input type="checkbox"/> OSHA Bloodborne Pathogens Plan	List the Department whose plan you follow
<input type="checkbox"/> Radiation Safety Committee Approval	Approval #
<input type="checkbox"/> Institutional Animal Care & Use Committee Approval	Approval #
<input type="checkbox"/> Institutional Review Board Human Subjects Approval	Approval #

Section 6: Waste Regulatory Compliance and Disposal Practices - Check all that apply

<input type="checkbox"/> Generate Regulated Infectious Waste	See the Biosafety Manual for a definition and acceptable disposal practices		
	What kinds of regulated infectious wastes are generated?	<input type="checkbox"/> Liquid (including cell cultures, supernatant, etc.) <input type="checkbox"/> Sharps (must use approved sharps container)	<input type="checkbox"/> Solid
	Which disposal methods are used?	<input type="checkbox"/> Commercial Infectious Waste Vendor	
		<input type="checkbox"/> Culture treatment with 15% bleach solution (see the Biosafety Manual for requirements of this method). Approximately How Much Culture Waste is Treated Each Week? <input type="checkbox"/> <100 mL <input type="checkbox"/> 100-500 mL <input type="checkbox"/> >500mL	
Are there any special practices for animal waste, cages or bedding? Please explain.			
<input type="checkbox"/> Generate biohazardous waste that is not regulated infectious waste	See the Biosafety Manual for a definition and acceptable disposal practices		
	What treatment methods are used?	<input type="checkbox"/> Autoclaving	<input type="checkbox"/> Treatment with 10-15% Bleach Solution
		<input type="checkbox"/> Disposal through the Commercial Infectious Waste Vendor	<input type="checkbox"/> Other, specify
Are there any special practices for animal waste, cages or bedding? Please explain.			
<input type="checkbox"/> Generate multi-hazard waste	This is any waste that is an infectious waste or a biohazardous waste AND is also a chemical hazardous waste or a radioactive waste.		
	Explain your disposal practices		

Section 7: Researcher Qualifications and Training

Provide an explanation of your qualifications	
Approximate number of people in your labs working with the biohazardous materials?	
Provide a brief description of how new laboratory personnel are trained, particularly on standard microbiological practices, and who will provide the training.	

Section 8: Basic Safety and Security Employed in this Work

What type of ventilation equipment is used for this biological work?				
<input type="checkbox"/> Biosafety Cabinet, specify the Class/Type	<input type="checkbox"/> 1	<input type="checkbox"/> 2A	<input type="checkbox"/> 2B1	<input type="checkbox"/> 2B2
	<input type="checkbox"/> 2B3	<input type="checkbox"/> 2A/B3	<input type="checkbox"/> 3	
<input type="checkbox"/> Fumehood				
<input type="checkbox"/> Other special ventilation, specify				

What personal protective equipment is used when handling these biological materials?	<input type="checkbox"/> Gloves, if a special kind are used specify here	<input type="checkbox"/> Lab Coats
	<input type="checkbox"/> Safety Goggles or Safety Glasses	<input type="checkbox"/> Other?, specify
What types of emergency equipment are available to the laboratory?	<input type="checkbox"/> Eyewash, Location	<input type="checkbox"/> Safety Shower, Location
	<input type="checkbox"/> First Aid Kit, Location	<input type="checkbox"/> Other?, specify
What procedural safeguards are used when handling these biological materials?	<input type="checkbox"/> Standard Microbiological Practices (see the Biosafety Manual for a description)	<input type="checkbox"/> Dedicated work areas for certain tasks, specify
	<input type="checkbox"/> Universal Precautions are used for all human products (see the Bloodborne Pathogens program for a description)	
	<input type="checkbox"/> Other?, specify	
Does any natural biological containment exist? (natural barriers that limit the infectivity of the vector or vehicle for specific hosts or its dissemination and survival in the environment)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify
What are the employee medical/immunization practices?	<input type="checkbox"/> Hepatitis B vaccine is offered to all employees as part of the Bloodborne Pathogens program (required).	<input type="checkbox"/> Other?, specify
Other safety considerations?	Specify	

Where are biohazardous materials stored and used? (Complete a row for each material or type of material.)
 If a material is stored and used in separate laboratories or buildings, be sure to complete the transportation Section 4.
 *Please note that restricted access is required for BSL 2 materials.

Material(s)	Activity	Building	Room	Is the room Locked?	Other restricted access?	Specific storage location (ex. refrigerator, freezer)
	Storage					
	Use					
	Storage					
	Use					
	Storage					
	Use					
	Storage					
	Use					
	Storage					
	Use					
	Storage					
	Use					
	Storage					
	Use					
	Storage					
	Use					
	Storage					
	Use					

Section 9: Emergency Practices - Minimal requirements are found in the [Biosafety Manual](#).

Spill kit/supplies are contained where?	<input type="checkbox"/> In the lab.	<input type="checkbox"/> Centrally in the department.	<input type="checkbox"/> Other, specify
Spill disinfection is accomplished with?	<input type="checkbox"/> 10% bleach solution	<input type="checkbox"/> 70% ethanol	<input type="checkbox"/> Other, specify
Spill and clean-up materials are disposed of?	<input type="checkbox"/> As infectious waste	<input type="checkbox"/> As regular waste	<input type="checkbox"/> Other, specify

Section 10: Other Information – Include any other relevant or requested information here.

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For Institutional Biosafety Committee Use Only:

Approved by IBC?	<input type="checkbox"/> Yes	Date
	<input type="checkbox"/> No	Reason
	<input type="checkbox"/> Tabled/Pending	Reason
A copy of this form was saved to the biosafety files.	File Name	Date
Assigned IBC Approval Number		
IBC approval letter was sent to the Researcher	Date	

Document Finalization

Work approved at BSL 2 requires the signature of the Researcher on the final document.	Signature	Date
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