

PI Name: _____

Protocol #: _____

Hazardous Agent Attachment:

[See SOP on using hazardous materials in animals.](#)

1. Will hazardous agents be used in this protocol? Yes No

If yes, complete the rest of the form.

2. List each hazardous agent used in this protocol.

Agent	Hazard Type <small>(i.e., Radioisotope, Carcinogen, Biohazard, Chemical, etc...)</small>

DLAM Facility Manager and the Biological Safety Director must be consulted regarding the use of hazards before IACUC protocol approval. Recommendations may be submitted in the text box below or attached as a separate document.

3. DLAM Consultation

3a. DLAM Official Consulted:

3b. Date of Consultation:

Please attach DLAM consultation form in supporting documents.

4. Safety Consultation

4a. Safety Official Consulted:

4b. Date of Consultation:

4c. Please attach any SOPs/ documents safety provides during the consult. *(feel free to use the space to provide other details from the consult):*

4d. IBC Protocol Numbers & Approval Dates:

5. Is animal expected to survive exposure? Yes No

4a. Length of time that animals/ environment considered hazardous:

4b. Maximum number of exposed animals that will be maintained at any one time:



ANIMAL HAZARD CONTROL FORM



PROTOCOL #:

PI Name:	Campus Phone:	Emergency Phone:	Email:
Secondary Contact:	Campus Phone:	Emergency Phone:	Email:
Hazardous Agent(s):			
Potential Hazard to Personnel: <input type="checkbox"/> Infectious Agent <input type="checkbox"/> Cancer Causing Agent <input type="checkbox"/> Toxin <input type="checkbox"/> Reproductive Hazard <input type="checkbox"/> Mutagen <input type="checkbox"/> Radiation Hazard <input type="checkbox"/> Other, <i>specify</i> :			
Required PPE for Animal and Cage Manipulation: <input type="checkbox"/> Gown <input type="checkbox"/> Chemical Resistant Gown <input type="checkbox"/> Hair bonnet <input type="checkbox"/> Eye Protection <input type="checkbox"/> Surgical Mask <input type="checkbox"/> Gloves <input type="checkbox"/> Respirator <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Other, <i>specify</i> :			
Number of Days Hazard Present in Animal or Bedding Post Administration			
Bedding/ Waste Disposal <input type="checkbox"/> Discard as regular waste <input type="checkbox"/> Autoclave prior to disposal <input type="checkbox"/> Disposal through EHS <input type="checkbox"/> Other, <i>specify</i> :			
Cage Decontamination: <input type="checkbox"/> No decontamination required <input type="checkbox"/> Autoclave prior to washing <input type="checkbox"/> Decay required, specify # of days: <input type="checkbox"/> Other, <i>specify</i> :			
Animal Disposal: <input type="checkbox"/> Discard as regular waste <input type="checkbox"/> Other, <i>specify</i> :			
Husbandry Precautions for Hazard Administration:			
Additional Precautions for Hazard Administration:			
Study Location:		Chemical Hazard/ Animal Biosafety Level:	
EHS Approval/ Date:		DLAM Approval/ Date:	