**PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hazardous Agent Attachment:**

[***See SOP on using hazardous materials in animals.***](https://www.unthsc.edu/research/wp-content/uploads/sites/21/037_Hazardous_Materials_used_in_Animals.pdf)

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

*If yes, complete the rest of the form.*

1. **List each hazardous agent used in this protocol.**

|  |  |
| --- | --- |
| **Agent** | **Hazard Type**  (i.e., Radioisotope, Carcinogen, Biohazard, Chemical, etc…) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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.**

1. **DLAM Consultation**

**3a. DLAM Official Consulted**:

**3b. Date of Consultation:**

**Please attach DLAM consultation form in supporting documents.**

1. **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:**

1. **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:**

**A picture containing text, sign

Description automatically generatedA picture containing text, sign

Description automatically generated**

**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:**  Infectious Agent Cancer Causing Agent Toxin Reproductive Hazard Mutagen  Radiation Hazard Other, *specify*: | | | |
| **Required PPE for Animal and Cage Manipulation:**  Gown Chemical Resistant Gown Hair bonnet Eye Protection Surgical Mask  Gloves Respirator Shoe Covers Other, *specify*: | | | |
| **Number of Days Hazard Present in Animal or Bedding Post Administration** | | | |
| **Bedding/ Waste Disposal**  Discard as regular waste Autoclave prior to disposal Disposal through EHS  Other, *specify:* | | | |
| **Cage Decontamination:**  No decontamination required Autoclave prior to washing  Decay required, specify # of days:       Other, *specify:* | | | |
| **Animal Disposal:**  Discard as regular waste Other, *specify:* | | | |
| **Husbandry Precautions for Hazard Administration:** | | | |
| **Additional Precautions for Hazard Administration:** | | | |
| **Study Location:** | | **Chemical Hazard/ Animal Biosafety Level:** | |
| **EHS Approval/ Date:** | | **DLAM Approval/ Date:** | |