

Biosafety Information Sheet

****Please complete the following questionnaire as it is a required part of the annual lab safety inspection process.****

PI: _____ Bldg./ Room: _____
(Please Print)

Department/Division: _____

1). What Biosafety Containment Level (BSL) are you working under? _____

2). Do you possess materials containing **recombinant DNA** or use them in your research? **YES** **NO**

3). Which of the following potentially infectious agents are you currently working with in your lab?

(Please, list ALL agents and SPECIFY all strains [i.e., E. coli DH5α, BL2] that are used and or stored)

Bacteria (**specify**): _____

Virus/Viral vectors (**specify**): _____

Fungi (**specify**): _____

Biological Toxins (**specify**): _____

Human (or non-human primate) cells, cell lines, unfixed tissues, blood, or other body fluids (**specify**):

Other (**specify**): _____

4). Are any of the above mentioned pathogens put into animals? **YES** **NO**

If **YES**, list species: _____

List pathogen(s) used: _____

Where are the infected animals housed? _____

5). Do you have any permits associated with these materials? (CDC Import Permit, USDA permits). **YES** **NO**

If **YES**, list the issuing agency and relevant permit number(s) _____

6). What safety precautions are you taking while working at this Biosafety level (BSL)? (gloves, coats, etc)

7). When working with these agents, where do you conduct the experiments? (bench top, BSC, etc...)

8). Which method(s) do you use to decontaminate biological waste? (bleach, autoclave, etc)

9). Do you have a written procedure (SOP) for cleaning up a biological spill? **YES** **NO**

Do you have a written procedure (SOP) on what to do if exposed to a potentially infectious pathogen? **YES** **NO**

Note: For laboratories working at or assigned to BSL2 containment, the CDC/NIH BMBL (Biosafety in Microbiological and Biomedical Laboratories) requires that “A laboratory-specific biosafety manual must be prepared and adopted as policy. The biosafety manual must be available and accessible.”

I, (PI Name): _____, verify that the information listed above describes the work currently conducted in my research laboratories.

Investigator's Signature: _____ Date: _____

Please save completed form, attach and send questionnaire via email to Jack Barrett (jbarret1@jhmi.edu).