



Northeastern University

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Office of Environmental Health & Safety Forms

Office of Environmental Health & Safety

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August 03, 2012

# Northeastern University Biological Material Application Form

Office of Environmental Health and Safety, Northeastern University

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As mandated by the National Institutes of Health and Northeastern University Policy and Procedures as stated in Northeastern University's [Biological Safety Manual](#), experiments involving human gene therapy, formation of transgenic animals and the generation of rDNA must be reviewed and approved by the IBC. The Institutional Biosafety Committee created according to the NIH guidelines for Research Involving Recombinant DNA molecules ([National Institute of Health Guidelines for Research Involving rDNA Molecules, April 2002](#)) consists of faculty, staff, a biosafety consultant and two people from the community. The committee meets three times per year; fall, winter and spring. Additional meetings may be scheduled as needed. A smaller subcommittee, the Biosafety Review Committee (BRC), reviews and approves the following material: infectious agents, human blood, blood components and products, tissues, body fluids and cultured cells (human and non-human primates).

## Process of Registration

Please complete the following form electronically, and [email it from the PI's email](#) account to r.o'donnell@neu.edu. An initial review of the document will be performed by a subcommittee of either the IBC (for rDNA) or BRC (all other biological material). The application is reviewed for clarity, responsiveness to the form questions, completeness of the principal investigator's risk assessment and adequacy of the proposed risk controls. The PI will be notified if the document needs to be revised before the document is submitted to the full committee. Once all revisions, if any, are made, the electronic document will be reviewed for approval. After the relevant committee, either the IBC or BRC approves the electronic version, the PI must print the document, sign all necessary pages and deliver a paper version of the final document to the Biosafety Officer (BSO) at 170 Cullinane Hall. An approval letter will be generated when all paper work is submitted at which time the PI is authorized to commence work on the project. *Always keep a copy of the application for your files.*

- 1. What is a Biological Material Registration Form?** A Biological Material Registration Form is a document describing a Principal Investigator's (PI's) research at Northeastern University (NU) that, when approved by the relevant Committee (IBC or BRC), provides authorization to conduct research on biohazardous agents.
- 2. Who should complete this form?** This authorization form must be completed by a Northeastern University PI who currently has or plans to have, store, work with or transport infectious agents, human blood, blood products, tissue, cell lines and/or recombinant DNA/RNA as described in the NU Biosafety Manual. All work with biohazardous agents must receive authorization by the IBC or BRC prior to receiving the material or beginning work. If post-doctoral fellows and visiting scholars plan to work with biohazardous agents, they must submit their proposals under the auspices of their NU PI who is registered.

**Please keep in mind that all points of possible exposures and potential biohazard risks must be identified.** A biohazardous agent is a biological toxin or a disease-causing microorganism (bacteria, fungi, parasites, prions, viroids, viruses, etc.) capable of causing diseases in humans, animals or plants. Also, keep in mind that some rDNA studies will also involve infectious agents. If your rDNA research involves any infectious agents, you must also complete Part C, the Infectious Agents and Toxins section. If medical surveillance is required for your research, you must ensure that all elements shown as part of that program are implemented. **For more information, visit the Environmental Health & Safety (EH&S) Web site at <http://www.ehs.neu.edu>.**

- 3. How to fill out this form. All sections must be completed. If a section is not applicable, state N/A.** Review of this protocol is only possible when all questions are answered completely. Please submit all necessary supporting data. Supporting documentation may be requested, as deemed necessary, before the IBC reviews the project.
  - a) The IBC Application-**  
**PARTS A, D, F & G must be filled out by all applicants.**  
**Part A** is the research project summary that must be filled out completely by **the PI for all applicants.**  
**Part B** on page 6 must be completed for use of recombinant DNA.  
**Part C** on page 7 must be completed for human and non-human primate cell lines, tissues and blood  
**Part D** on page 8 must be completed for infectious agents and toxins.  
**Part E** on page 8 Select Agents and Toxins, must be completed and signed by **the PI for all applicants.**  
**Part F** on page 8 is the transportation of biological materials to Northeastern University. **This section must be completed by all applicants.**  
**Part G** on page 9 must be completed for standard operating procedures and safety practices. **This section must be completed by all applicants.**
  - b) PI Information and Signature Sheets (pages 3-10)** – The laboratory supervisor is the individual to be contacted for routine interactions, such as laboratory audits. Authorized users must include all individuals involved in this proposed study. All locations where this project will be performed in whole or in part must be included. In addition to the PI signature on pages 3 and 8, the PI must sign the bottom of each section on pages 3 through 8 indicating he/she has read the content.
- 4. Assistance with submission** - The NU Biosafety Manual provides information to help you complete your application. Additional assistance is available from Environmental Health and Safety. Please contact either John Price or Rebecca O'Donnell x2769.
- 5. Your registration and approval will be in the form of a letter signed by the committee Chair. Registration and approval to work with biohazardous materials is given for two years from the issuance date.**

6. **Two-Year Renewal of Registrations** - Near the end of your two-year registration and approval cycle, you will receive a **renewal** notification from EH&S in which you will find a profile of your currently approved work. If that profile is in complete accord with your current work and the work you propose to do for the next two years, you may simply state that in your renewal. Your renewal worksheet will be reviewed by the committee Chair for an additional two year renewal. **If there are differences (examples include changes in infectious agent or toxin being used, disinfection protocols, waste removal, etc.) between your currently approved profile and your intended work, your project will require full committee review for re-approval.**
7. **Modification to an Existing Approval** - Changes to existing approval must be requested by submitting an amendment form. This form can be downloaded from the NU EH&S Web site and is self-explanatory for minor changes. Major changes, such as adding new infectious agents or modifying procedures, may require a new application. For example, changing from a BSL 1 to a BSL 2 will require approval from the relevant committee, while the addition of laboratories or other spaces will involve a site review of the spaces to be added.
8. **Termination of a Registration** - When the research project is complete or is no longer active, written notification must be sent to **Environmental Health and Safety**.
9. **Compliance with CDC Select Agent Registration Standard** - (See Application Form, Part D) **Biological material and toxins falling under the classification Select Agents and Toxins require special registration with CDC.** Any PI whose research involves any of the biological material or toxins classified as Select Agents or Toxins ([USDA and HHS Select Agents and Toxins List](#)) **must** clearly indicate that by checking the Yes box in that section of this form.
10. **Registration status** - Applications with **FULL APPROVAL** and need no changes will not require renewal for two years. An **ADMINISTRATIVE APPROVAL** under special conditions may be granted by the IBC chair and the BSO prior to full committee approval. A **CONDITIONAL APPROVAL** may be granted by the committee for an application that requires **only** minor changes to be granted full approval status.

#### **INSTITUTIONAL BIOSAFETY COMMITTEE**

Robert Schatz, Ph.D., Associate Professor of Toxicology, Chair  
Phyllis Strauss, Ph.D., Professor of Biology  
Ronald Willey, Ph.D., Professor of Chemical Engineering  
Nan Regina, Human Subjects Research Protection  
Rebecca O'Donnell, Environmental Health and Safety, Committee Secretary  
Adrian Gilbert, Business Manager Department of Biology, Laboratory Technical Representative  
Two members from the community at large (Names available at EH&S)  
John Price, Director of Environmental Health and Safety, Standing Invited Guest

PI Signature (Required for final hard copy):

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## NORTHEASTERN UNIVERSITY PLAN FOR LABORATORY SAFETY MANAGEMENT

The Northeastern University plan for laboratory safety management is designed to ensure the safe conduct of all activities in research and teaching laboratories. Principal areas include Biosafety, Chemical Hygiene and Safety, Driving and Radiation Safety. Overall responsibility for laboratory safety is summarized in the President's letter to the Audit Committee.

Primary responsibility for laboratory safety resides in the academic division, starting with the Principal Investigator or Laboratory Director and includes the Department Safety Officer (DSO), the Department Chair, the College Dean, and the Provost. Responsibilities include oversight of laboratory safety management policy and practice as well as written guidance on progressive disciplinary action for failure to comply with laboratory safety policy.

The Office of Environmental Health and Safety (EHS) is charged with monitoring laboratory personnel, facilities, and operations in relation to applicable federal, state and local regulations. EHS activities include periodic compliance auditing through inspections and safety awareness training and education. Additional activities include collaboration on laboratory safety policy development and facilitation of effective compliance programs by the research investigators. EHS is responsible for communicating the results of its inspections to management and for closure of laboratories where appropriate.

In addition, a special role is played by four safety committees which are constituted by the Provost to provide technical expertise in reviewing research protocols, to provide guidance and assistance to EHS and the academic division in implementing policy, and as a peer group, to help correct violations.

### **Responsibilities of Investigators and Directors in Charge of Laboratories**

Individuals with overall responsibility for teaching and research laboratories must take appropriate steps to implement safety and environmental programs in their laboratories. Responsibilities include ensuring that:

- all personnel (faculty, staff, students) using the laboratory receive required safety and environmental training.
- chemicals and other hazardous substances are safely stored, used, and properly discarded.
- personal protective equipment assessments are performed and documented.
- safety equipment is used and maintained properly.
- periodic self-assessments of the laboratory are performed.
- laboratory personnel are held accountable for matters of environmental, health and safety. (A qualified laboratory employee may assist a PI in carrying out his/her responsibilities, but the PI is ultimately responsible for laboratory conditions.)

Additionally,

- Non-commercial sources of organisms from within the United States require Material Transfer Agreements in order to protect them and us from litigation.
- Import and export licenses will be required for items obtained outside of the United States. The licenses are obtained from the Department of Commerce. Be sure to review lists provided by Department of State, Treasury Department, and Homeland Security of Companies, individuals, locations, and biological agents you cannot obtain or mail. **A Northeastern University Policy for obtaining non-commercial source of materials is currently being formulated in the University Legal Counsel Office. Until the Policy is in place the IBC will follow the strict State and Federal regulations of the Department of Commerce, Department of State, Treasury Department, Department of Agriculture, and the CDC to protect you the individual and the University from potential litigation.**

Prior to final approval of a leave or sabbatical, a faculty member in charge of a research laboratory must designate one individual working in the laboratory to be responsible for overseeing the laboratory during his/her absence and for complying with all applicable health, safety, and environmental regulations pertaining to his/her laboratory. A colleague with expertise appropriate to the specific safety requirements of said research laboratory and who is within physical proximity to the laboratory should be designated as the alternate investigator subject to the approval of the relevant Department Chair and the IBC or BRC Chair. **A graduate student can not be designated to fulfill this responsibility.**

The responsibilities of individuals and units are described in more detail in the [Biological Safety Manual](#)

**Principal Investigator's Certification:**

By signing below, I certify that I have read the following statements and agree that all listed participants and I will abide by those statements as well as all NU policies and procedures governing the use of recombinant DNA, infectious agents and other biological materials as outlined in this application and in the NU Biosafety Manual. In addition, I will:

- Ensure that listed personnel have or will receive appropriate training in safe laboratory practices and procedures for this protocol *before any work begins on this project* and will receive required refresher training thereafter. Also, all listed personnel who have potential occupational exposure to blood borne pathogens will file a Hepatitis B declaration form with EH&S (x2769) and be trained annually;
- follow the health surveillance practices as approved for this protocol and inform those working on the protocol about appropriate emergency assistance information for their location(s);
- Inform EH&S (x2769) of any research-related accident or illness as soon as possible after its occurrence. All research related accidents and illnesses should go through the Baptist Hospital. A referral is needed from Institutional Audit, Compliance and Risk Services, x5997;
- submit in writing a request for approval from the IBC (x2769) of any significant modifications to the study, facilities or procedures;
- adhere to NU's biosafety guidelines referred to in this application as well as comply with the requirements of the Biosafety Manual.
- abide by all Federal, State and Boston Regulations governing research including the NIH guidelines on recombinant DNA and OSHA on Blood borne Pathogens; and
- report potentially toxic exposure to recombinant DNA materials, any incident releasing recombinant DNA materials in the environment, any problem with physical or biological containment and new information related to my research on the safety and biological hazard of the recombinant DNA molecules being studied to the NU Biosafety Officer, NIH and the City of Boston.

**Signatures:**

Principal investigator:	Date: _____
Shared space principal investigator:	Date: _____
IBC chair:	Date: _____

**Application status:**

- Initial submittal
- Renew Reg No. \_\_\_\_\_
- Retire Reg No. \_\_\_\_\_

**This project involves:**

- Biohazardous agents
- Recombinant DNA
- USDA-regulated materials

<b>For EH&amp;S use only</b>	<b>Reg No.:</b> _____
<b>First review date:</b> _____	<b>Action:</b> _____
<b>Second review date:</b> _____	<b>Action:</b> _____
<b>Third review date:</b> _____	<b>Action:</b> _____
<b>Approval date:</b> _____	<b>Expiration date:</b> _____

**For IBC/BSO use only**

- IBC-level approval**
- BSO-level approval**

**Project Title:**

\_\_\_\_\_

Principal investigator: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Co-investigator: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Laboratory Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Training of authorized users\*:**

Name	NU ID	Telephone No.	Appropriate Training Taken and Documented		
			Chemical Hygiene	Biosafety	Autoclave
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Training MUST be documented or the protocol will not be approved. Schedule a Biosafety Training session on-line ([Training Schedule](#)); for autoclave training contact Aaron Roth, Laboratory Manager, Department of Biology, x2263 or a.roth@neu.edu.

**Laboratory locations of authorized users:**

Building	Room No.	*Biosafety Level for each room				Shared room		
		BL 1 <input type="checkbox"/>	BL 2 <input type="checkbox"/>	BL 3 <input type="checkbox"/>	Not sure <input type="checkbox"/>	call EH&S for risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	BL 1 <input type="checkbox"/>	BL 2 <input type="checkbox"/>	BL 3 <input type="checkbox"/>	Not sure <input type="checkbox"/>	call EH&S for risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	BL 1 <input type="checkbox"/>	BL 2 <input type="checkbox"/>	BL 3 <input type="checkbox"/>	Not sure <input type="checkbox"/>	call EH&S for risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	BL 1 <input type="checkbox"/>	BL 2 <input type="checkbox"/>	BL 3 <input type="checkbox"/>	Not sure <input type="checkbox"/>	call EH&S for risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	BL 1 <input type="checkbox"/>	BL 2 <input type="checkbox"/>	BL 3 <input type="checkbox"/>	Not sure <input type="checkbox"/>	call EH&S for risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\* **Biosafety Level 1 (BL1)** - Suitable for work involving agents of minimal potential hazard to laboratory personnel and environment  
**Biosafety Level 2 (BL2)** - Suitable for work involving agents of moderate potential hazard to laboratory personnel and environment (i.e., human-derived agents, adenovirus, trypanosome, retrovirus, non-human primate materials). This includes human cell lines.  
**Biosafety Level 3 (BL3)** - Applies to work in which exotic agents are used which potentially cause lethal disease as a result of inhalation. (i.e., *Mycobacterium tuberculosis*). PLEASE NOTE: this requires additional documentation, review, notification, and facility design.

	Building	Room No.
Location of research items:		
Biohazardous material(s)	_____	_____
Biosafety cabinet(s)	_____	_____
Autoclave(s) for waste	_____	_____
Infectious waste accumulation site	_____	_____
Housed animals	_____	_____

PI Signature (Required for hard copy):  
 \_\_\_\_\_





- Risk group 1 (RG 1) agents not associated with disease in healthy adults.
- Risk group 2 (RG 2) agents associated with human disease but for which preventative or therapeutic interventions are often available.
- Risk group 3 (RG 3) agents associated with serious or lethal human disease for which preventive or therapeutic interventions may not be available

**Please indicate "Yes" or "No" for each of the statements below:**

- Yes  No  I am inserting foreign DNA or RNA into a vector or organism to clone or express it.  
 The DNA or RNA to be cloned:  
 Yes  No  Is from a risk group 3 agent.  
 Yes  No  Represents more than two-thirds of the genome of a risk group 1 or 2 agent.  
 Yes  No  Encodes a known oncogene.  
 Yes  No  Encodes molecules known to be toxic to vertebrates at concentrations of less than 1 mg/ml (body weight in kg).  
 The vector I am using for introducing a foreign DNA or RNA into the host:  
 Yes  No  Is from a Risk group 3 agent.  
 Yes  No  Is a risk group 1 or 2 virus that infects eukaryotic cells and contains more than two-thirds of the viral genome?  
 Yes  No  The host into which I am introducing foreign DNA or RNA is a cell or organism **other than** *E. coli* K-12 or its derivatives, *Saccharomyces cerevisiae*, *S. uvarum*, *Bacillus subtilis* or *B. licheniformis*.

**Part C. Human and non-human primate cell lines, tissues, blood and other biological materials.** N/A

Name/Description - Cell Lines, Tissues, Blood, and Other Biological Materials	Strain #	Source* -Commercial or Laboratory (Name & Location)

\*If the source of your biohazard agent is a non-commercial laboratory in the United States, you must contact Office of Technology Innovation and Commercialization at ext. 7221 to obtain and sign a Material Transfer Agreement Form, MTA, for approval to be granted. Attach a copy of the MTA to this application.

**Part D: INFECTIOUS AGENTS and TOXINS** N/A

Infectious or potentially infectious agent(s) and toxin(s):	Strain # or Name	Concentration of Toxin *	Source** -Commercial or Laboratory (Name & Location)

\*The concentration of toxins is limited by the Federal Government. Requests above those listed concentrations limits (web site) requires government approval. \*\*If the source of your biohazard agent is a non-commercial laboratory in the United States, you must contact Office of Technology Innovation and Commercialization at ext. 7221 to obtain and sign a Material Transfer Agreement Form, MTA, for approval to be granted. Attach a copy of the MTA to this application.

Will the experiment(s) result in acquisition of new characteristics such as enhanced virulence, infectivity, drug resistance, or change in host range by the infectious agent?  
 Yes, please explain:  
 No

PI Signature (Required for final hard copy):

**NOTE: Please attach additional tables if you have more than two biological agents.**

Potential Hazard of Biological Agent(s)	1:	2:
Agents Host		
Agents Route(s) of Transmission to animals and humans (droplets, fecal-oral, blood, insect bites, aerosol, other)		
Virulence- Quantity or concentration of minimum infectious dosage if known		
Pathogenicity - Provide information on the severity of disease; include signs and symptoms of exposure		
Natural vector if known		
Immunization or vaccinations if known.		
Is it susceptible to antibiotic; known resistance to any antibiotics		
At what stage of the experiment is the infectious material inactivated? Do your SOP's involve viable or non-viable organisms		
References for hazards of Biological Agents (Consider CDC website as possible source).		

**Part E SELECT AGENTS/TOXINS (Due to the nature of these agents and toxins, Federal Government approval is required).**

**SELECT AGENTS/TOXINS**

The United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) have identified bacteria, viruses, toxins, protozoa, and fungi that pose a potential threat to public health or welfare. These organisms are considered Select Agents and High Consequence Livestock Pathogens and Toxins.

See List at EH&S Website [USDA and HHS Select Agents and Toxins List](#)

**USING SELECT AGENTS and TOXINS** N/A

**Please select the correct statement.**

- I am not using any of the select agents or toxins listed on EH&S website
- I am using at least one of the select agents or toxins listed on EH&S website.
- I am using an attenuated strain excluded by HHS and/or USDA (next to agent name state "attenuated strain")

**Signature of Principal Investigator:** \_\_\_\_\_

**List agents or toxins being used:**

Agent/Toxin	Strain # or Name	Concentration of Toxin	Source* –Commercial or Laboratory (Name & Location)

\*If the source of your biohazard agent is a non-commercial laboratory in the United States you must contact the Office of Technology Innovation and Commercialization at ext. 7221 to obtain and sign a Material Transfer Agreement Form, MTA, for approval to be granted. Attach a copy of the MTA to this application.

PI Signature (Required for final hard copy):

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**Part F: TRANSPORTATION OF BIOLOGICAL MATERIALS**

Please provide written procedure on how the biological material will be transported to Northeastern University. We are required to meet all State, U.S. Department of Transportation (DOT) and United Nations International Civil Aviation Organization (ICAO), and International Air Transport Association (IATA) regulation. Material obtained from a non-commercial source including Boston or Cambridge is required to utilize the services of a courier service:

Do you plan on shipping any form of the material from Northeastern University  yes  no

If yes, please review the [Hazardous Materials Declaration Form](#) and list the biological category the material falls under:

The following services are available for transportation to and from Northeastern University. The PI/courier service provider must insure that packaging follows the DOT guidelines.

City Express Courier Service	Boston, MA	617-350-4000	<a href="http://www.cityexp.com">www.cityexp.com</a>
World Courier Ground	Sharon, MA	781-793-0800 or 1-800-521-2211	<a href="http://www.wcground.com/">http://www.wcground.com/</a>

If a package has a biological concern, you may use the following courier service that will classify, package and ship the material:

Biocair	Boston, MA	617-263-0544	<a href="http://www.biocair.com">www.biocair.com</a>
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**PART G. STANDARD OPERATING PROCEDURES (SOP) AND SAFETY PRACTICES (SP).** Please select the experimental procedure(s) involved with your protocol from the list provided. Once selected, edit the protocol to reflect your laboratory's specific procedures. Save the revised protocol onto your computer and submit it electronically with the completed application. If your SOP(s) is/are not included in the list please write up the procedure in a Word file send it as an attachment with your completed application. Your SOP will be added to the list for future reference.

Addition of new Standard Operating Procedures/Protocols

- [Cell Freezing, SOP](#)
- [Counting and Passaging Procedure, SOP](#)
- [Incubator Cleaning, SOP](#)
- [Preparing Karnovskys Fixative, SOP](#)
- [Mixing Vitrogen \(PureCol\), SOP](#)
- [Preparing Nutrient Agar Plates, SOP](#)
- [Surface Functionalization for Collagen, SOP](#)
- [Thawing Frozen Cells, SOP](#)

Required SOP for all protocols. Edit procedure and save to reflect your particular laboratory procedures.

[SOP Disinfecting and Waste](#)

PI Signature (Required for hard copy):

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Decontamination of Work Areas and Equipment

- All work areas and equipment will be decontaminated with a liquid chemical disinfectant.
- The disinfectant will be applied liberally.
- If bleach is used, the solution will be made fresh daily basis using 1 part bleach in 10 parts water. The solution will be labeled as to contents and date of preparation.

<b>List disinfectant(s) and concentration(s) that will be used</b> (i.e. bleach, Wescodyne, 70% ethanol or other):
On work surfaces:
List all equipment to be decontaminated (Note: Any equipment that comes into contact with biological material):

PI Signature Required (in print for electronic version, by hand for hard copy):

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