UNIVERSITY OF MIAMI
OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY (EHS)
BIOLOGICAL AGENTS REGISTRATION FORM

This form must be completed by all Principal Investigators or Designee annually or whenever information on the current Registration Form changes. If a designee completes this form, the Principal Investigator must review the form and the information entered by the designee. For questions contact the Office of Environmental Health and Safety – Laboratory Safety at 305-243-3269.

Principal Investigator:_____ Lab location(bldg./room):_____

Department:_____ Loc. Code_____

E-mail address:_____ Phone Number:_____

List each person (including students and volunteers) in the laboratory

NAME	TITLE	Biological Safety Training Completed	Bloodborne Pathogen Training Completed*	SOP Read and Understood

** Bloodborne Pathogen Training needs to be completed annually. Training is completed as a CBL via ULearn or by accessing the following external link http://pdto.miami.edu/external/OSHA_External/index.html*

I understand that it is my responsibility to assure that all individuals working in my laboratory with any of the above specified agents are fully informed of the potential hazards involved when working with these agents. I also assure that all the necessary training in the handling, use and disposal of these agents have been provided as appropriate.

_____ _____
Signature of Principal Investigator **Date**

Submit completed form to:
Environmental Health and Safety (R23)
Dominion Tower, Suite 405
Medical Campus

List all Biological Agents used and/or stored within the laboratory. Complete all applicable sections of the table below.

AGENT	GENUS SPECIES	SUPPLIER	AMOUNT	BIOSAFETY LEVEL	PURPPOSE PROCEDURE
Human Cell Line, Fluid or Tissue[1]					
Bacteria (strain)					
Virus/Viral Vector (full description)					
Fungi					
Animal[2](see below)					
Plant					
Other (please specify)					
TOXINS					
Abrin[3]					
Botulinum neurotoxins[3]					
Botulinum neurotoxin producing species of Clostridium[3]					
Conotoxins (Short, paralytic alpha conotoxins sequence $X_1CCX_2PACGX_3X_4X_5X_6CX_7$)[3]					
Ricin[3]					
Saxitoxin[3]					
Staphylococcal enterotoxins A,B,C,D,E subtypes[3]					
T-2 toxin[3]					
Tetrodotoxin[3]					
Other Toxin[3] (please list)					

[1]*Human body fluids and/or tissues come from patients, donors, cadavers, human cell lines, etc. Research procedures with these materials may require review and approval by the IRB and/or IBC prior to initiation of activities.*

[2]***Are the animals to be inoculated with any infectious agent?*** YES ☐ NO ☐
*Agent(s) Used:*_____

[3]*For Toxins, the LD_{50} must be included.*
For complete information in addressing the safe handling and containment of infectious microorganisms and hazardous biological materials please click on the link below to download the **Biosafety in Microbiological and Biomedical Laboratories (BMBL).**
http://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf

IF YOU DO NOT USE any Biological Agents and no activity is planned, check this box ☐

Please indicate the safety equipment available in the laboratory

Biosafety Cabinet YES☐ NO☐ Certification Date:_____

Laminar Flow Cabinet YES☐ NO☐ Service Date: _____

Other YES☐ NO☐ Please Explain:_____

_____

_____

Do you ship or intend to ship any Biological Agents? YES☐ NO☐

if YES have you completed the required Shipping of Infectious Substances and Dangerous Goods training

YES☐ NO☐

Is biomedical (biohazardous) waste decontaminated prior to disposal? YES☐ NO☐

Type of Treatment

Autoclave YES☐ NO ☐

Training Completed YES☐ NO ☐

Quality Control Indicator(s)

- Indicator Tape YES☐ NO☐ Frequency:_____
- Biological (*Geobacillus stearothermophilus*) YES☐ NO☐ Frequency:_____

Other (please explain) _____

_____

_____

_____

Please indicate location and method of storage for all biological agents (check all that apply)

INSIDE LABORATORY	**ROOM #**	**YES**	**Critical Equipment Registered†**
Ultra Low Freezer (-70°C/-80°C)			
General Freezer (-8°C/-20°C)			
Liquid Nitrogen			
Room Temperature (bench, shelf, etc.)			
Incubator (please indicate temperature)			
Other (please specify)			
OUTSIDE LABORATORY††			
Ultra Low Freezer (-70°C/-80°C)			
General Freezer (-8°C/-20°C)			
Liquid Nitrogen			
Room Temperature (bench, shelf, etc.)			
Incubator (please indicate temperature)			
Other (please specify)			

††Please specify location of equipment outside of the laboratory. _____

_____

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†To register your Critical Equipment with UM Security please click on the link below.
http://security.med.miami.edu/critical-equipment-registration

†For more the Guidelines regarding the registration of Critical Equipment please click on the link below.
http://uresearch.miami.edu/default.asp?p=188

Is the Standard Operating Procedure (SOP) for all procedures available to all persons working within the laboratory?

YES ☐ NO ☐

Please provide a written SOP to EHS which describes the procedures for safe handling of the specific biological agent(s) to be used.

The SOP must include, at a minimum:

1. The name(s) of the specific biological agent(s)
2. The experimental procedures in a step by step manner
3. The engineering controls
4. The disinfection procedures
5. The methods of disposal