

# PVAMC BIOSAFETY SURVEY FORM 10-0398

## Safety of Personnel Engaged in Research

(Reference VA Handbook 1200.8, Version March 6, 2009)

Revised: June 15, 2016

**Introduction:** The purpose of this form is to allow the Subcommittee on Research Safety (SRS) to review proposed work and work in progress to ensure that all safety regulations are being followed. All research protocols done at the VA must complete this safety survey even if a project has no safety issues (i.e., chart reviews). It must be reviewed, approved and documented in minutes by the local SRS Committee before a New Project can begin, and annually thereafter for Continuing Projects. Should any information on this form change, a modification of protocol should be submitted to SRS.

- Please ensure **all required signatures**, including the Research Training Coordinator as well as the Research Safety Officer (Dr. Choudhary) is obtained by you or your designee, **prior to submission** to the committee.
- If you responded “NO” to Section 1, Part A through H, the signature of the Training Coordinator and Research Safety Officer will not be necessary on this form.
- The committees prefer the use of **secure, digital signatures**. If “wet ink” signatures are used, then the original must be sent to the SRS Coordinator for the study files before approval can be given. **Please Note: Unsigned documents will not be processed or forwarded for committee approval.**
- For questions regarding completion of this form, please contact the SRS Coordinator, Candace Shuman @ [Candace.Shuman@va.gov](mailto:Candace.Shuman@va.gov) or @ 273-7100 X3872

### DIRECTIONS:

1. Please respond to **ALL** questions on **the following page (Section 1)** by checking “yes” or “no”.
2. If you answer “yes” to any question in Section 1, Part A through H, please respond to ALL questions as directed in the applicable section(s) of the survey.
3. If you answer “yes” to any question in Section 1, you will also be required to submit your study protocol documents to the Subcommittee on Research Safety (SRS) for a full committee review to obtain safety approval. Please contact the Safety Coordinator at [Candace.Shuman@va.gov](mailto:Candace.Shuman@va.gov) or 401-273-7100 ext. 3872 for additional information and to obtain the required safety submission documents.
4. **HUMAN STUDIES:** If you are using humans or human data in your study protocol, you will also be required to submit your study protocol documents to the IRB Committee for a full committee review to obtain IRB approval. Please contact the IRB Coordinator, at [Val.Micucci@va.gov](mailto:Val.Micucci@va.gov) or 401-273-7100 ext. 3470 for additional information.
5. **ANIMAL STUDIES:** If you are using animals in your study protocol, please attach a copy of the ACORP Form Appendix 3 (Test Substances) to this application. If you are using animals in your study protocol, you will also be required to submit your study protocol documents to the IACUC Committee for a full committee review to obtain approval for the use of animals. Please contact the VMU Supervisor / IACUC Coordinator at [Tiffany.Galligan@va.gov](mailto:Tiffany.Galligan@va.gov) or 401-273-7100 ext. 3530 for additional information and to obtain the required IACUC submission documents.
6. If this survey form is signed with an original “wet ink” signature, please place the “wet ink” signed survey form in the mailbox of Regina Lynch in Building 35. Documents with secure, digital signatures can be emailed and no hard copy is required.

### Committee Coordinators

|                                                                |                                                                                                                     |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Safety / SRS Coordinator<br>(Bench/Laboratory based research): | Candace Shuman, 401.273.7100, ext. 3872<br><a href="mailto:Candace.Shuman@va.gov">Candace.Shuman@va.gov</a> .       |
| IRB Coordinator<br>(Clinical or Human Studies):                | Val Micucci, 401-273-7100, ext. 3470,<br><a href="mailto:Val.Micucci@va.gov">Val.Micucci@va.gov</a> .               |
| IACUC Coordinator (Animal<br>Protocols) / VMU Supervisor:      | Tiffany Galligan, 401.457.3066 ext. 3530,<br><a href="mailto:Tiffany.Galligan@va.gov">Tiffany.Galligan@va.gov</a> . |
| R&D Coordinator                                                | Candace Shuman, 401.457.3066 ext. 3872,<br><a href="mailto:Candace.Shuman@va.gov">Candace.Shuman@va.gov</a> .       |

**RESEARCH PROTOCOL BIOSAFETY SURVEY FORM 10-0398  
PROVIDENCE VA MEDICAL CENTER – 650**

**DATE:**

|                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRINCIPAL INVESTIGATOR (PI):</b>                                                                                                      |
| <b>PROJECT TITLE:</b>                                                                                                                    |
| <b>DATE OF SUBMISSION:</b>                                                                                                               |
| <b>COMPLETE ADDRESS OF VA AND NON-VA LOCATIONS IN WHICH PI CONDUCTS RESEARCH. Include Building and Room number(s) for each location:</b> |

**1. DOES THE RESEARCH INVOLVE THE USE OF ANY OF THE FOLLOWING?**

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Biological Hazards</b> - microbiological or viral agents, pathogens, toxins, animals with biological hazards (i.e., zoonosis) or select agents as defined in Title 42 Code of Federal Regulations (CFR) 72.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>B.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Is human or non-human cell or tissue samples used in this study?</b> This includes cultures, tissues, blood, other bodily fluids or cell lines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>C.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Is Nucleic Acid (DNA and RNA) work being done in your laboratory?</b> Please check <b>YES</b> , if research utilizes <u>any</u> method in which nucleic acid (DNA or RNA) is involved. Although PCR amplification is not technically Recombinant DNA work, this box should be checked yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>D.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Will Chemicals be used as part of this research?</b> (Note: Bleach - corrosive, alcohol (swabs/pads - flammable) are considered hazardous chemicals.<br>(1) High Acute Toxicity chemicals (i.e. acetylcholinesterase inhibitors, neurotoxins, heavy metals)<br>(2) Flammable, explosive, or corrosive chemicals (i.e. alcohol, bleach)<br>(3) High Chronic Toxicity chemicals (i.e. carcinogenic, mutagenic, teratogenic chemicals, reproductive and/or development toxins, heavy metals, PCBs, TCDD/TCDF.<br>(4) Highly reactive chemicals (e.g. air reactive, pyrophoric, water reactive)<br>(5) Peroxidizable chemicals (see NSC list. e.g. diethyl ether, THF, 1-4 Dioxane)<br>(6) Oxidizing conc. Acids (e.g. conc. Nitric, Perchloric and/or Sulfuric acid)<br>(7) Corrosive, Flammable and/or Toxic compressed gases<br>(8) List of the Laboratory <u>Chemical Inventory for this study</u> is attached? | 1. YES <input type="checkbox"/> NO <input type="checkbox"/><br>2. YES <input type="checkbox"/> NO <input type="checkbox"/><br>3. YES <input type="checkbox"/> NO <input type="checkbox"/><br>4. YES <input type="checkbox"/> NO <input type="checkbox"/><br>5. YES <input type="checkbox"/> NO <input type="checkbox"/><br>6. YES <input type="checkbox"/> NO <input type="checkbox"/><br>7. YES <input type="checkbox"/> NO <input type="checkbox"/><br>8. YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>E.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Controlled Substances</b> See: <a href="http://www.usdoj.gov/dea/pubs/schedule.pdf">http://www.usdoj.gov/dea/pubs/schedule.pdf</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>F.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Ionizing Radiation</b><br>(1) Radioactive materials<br>(2) Radiation generating equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. YES <input type="checkbox"/> NO <input type="checkbox"/><br>2. YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>G.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Non-ionizing Radiation</b><br>(1) Ultraviolet Radiation<br>(2) Lasers (class 3b or class 4)<br>(3) Radiofrequency or microwave sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. YES <input type="checkbox"/> NO <input type="checkbox"/><br>2. YES <input type="checkbox"/> NO <input type="checkbox"/><br>3. YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                            |
| <b>H.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Transport of Biological Substances</b><br>a. Will this research require shipping/transportation of biological, chemical and/or radioactive substances?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>I.</b>                                                                                                                                                                                                                                                                                                                                      | <b>Physical Hazards. Please acknowledge by verifying (checking "yes") below.</b><br>a. Are physical hazards addressed in the facility Occupational Safety and Health Plan?<br>b. Do employees receive annual training addressing physical hazards?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. YES <input type="checkbox"/> NO <input type="checkbox"/><br>2. YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>If you answered <u>NO</u> to all questions in A through H above, please stop here and refer to the back page of this survey for your printed name/signature and date. No safety component has been identified, therefore, the Training Coordinator and Research Safety Officers' signature is not required to be obtained on this form.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | If applicable, please print and sign your name on last page.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>J.</b>                                                                                                                                                                                                                                                                                                                                      | <b>If you answered <u>YES</u> to any of the above questions (A through H), you will also be required to attach the following documents to receive full safety - SRS Committee Approval:</b><br>a. Are Laboratory Specific Standard Operating Procedures attached? a. N/A <input type="checkbox"/><br>b. Is a copy of the "Chemical Hygiene Plan" located in the Investigator's Laboratory? b. N/A <input type="checkbox"/><br>c. Have you completed an abstract using layperson language? (see next page)<br>d. Have all appropriate signatures been obtained (i.e., Primary Investigator, and if applicable, the Training Coordinator, and Research Safety Officer?                                                                                                                                                                                                                                               | YES <input type="checkbox"/> NO <input type="checkbox"/><br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>c. YES <input type="checkbox"/> NO <input type="checkbox"/><br>d. YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                   |

**Please Note:** Studies involving chart review, computer based research and/or questionnaires are **NOT** exempt from the requirement to submit this form. **If any hazardous material (this includes, but is not limited to, radioisotopes, toxins, antigens, pharmacological agents, carcinogens or mutagens, biomaterials, prosthetic devices, and cells, tissues, or bodily fluids) is used in animals, please attach a copy of your ACORP Appendix 3, "Test Substances" to this application. This will be reviewed by the Subcommittee, but should not be submitted to the Merit Review Board with the approved Biosafety Survey Form.**

## Providence VAMC Abstract

*(Please use layperson terms and verbiage when describing your research)*

**Instructions:** Kindly include an abstract (<500 words) using this format is required for each type of submission.

OBJECTIVE:

RESEARCH PLAN:

METHODS:

CLINICAL RELEVANCE (basic science studies only):

LIST OF ABBREVIATIONS AND ACRONYMS USED: Provide a list and definition of the abbreviations and acronyms used in the abstract.

**A. BIOLOGICAL HAZARDS**

|                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Does your research involve the use of or viral agents, pathogens, toxins, animals with biological hazards (i.e., zoonosis) or select agents as defined in Title 42 Code of Federal Regulations (CFR) 72.6 (Select agent list available at <a href="http://www.cdc.gov/od/sap/42cfr72.htm">http://www.cdc.gov/od/sap/42cfr72.htm</a> In appendix A). | YES <input type="checkbox"/> NO <input type="checkbox"/><br>If <b>NO</b> , skip to Section B. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

If **YES**, list all Biosafety Level 2 and 3 agents or toxins used in your laboratory.

1. It is the responsibility of each PI to consult either:
  - (a) The National Institutes of Health (NIH)-Center for Disease Control and Prevention (CDC) publication entitled Biosafety in Microbiological and Biomedical Laboratories or [http://www4.od.nih.gov/oba/rac/guidelines\\_02/appendix\\_b.htm](http://www4.od.nih.gov/oba/rac/guidelines_02/appendix_b.htm).
  - (b) The CDC online reference (<http://www.cdc.gov>)
2. Identify the Biosafety Level (also called Risk Group) for each organism, agent, or toxin. Enter it into the following table.

| Organism, Agent, or Toxin | Biosafety Level** |
|---------------------------|-------------------|
|                           |                   |
|                           |                   |
|                           |                   |

\*\* For each Biosafety Level 2 or 3 agent or toxin listed, provide the information requested on the following page(s). (Description of Biosafety Levels 2 and 3 can be found in Appendix B. See [http://www4.od.nih.gov/oba/rac/guidelines\\_02/appendix\\_b.htm](http://www4.od.nih.gov/oba/rac/guidelines_02/appendix_b.htm).)

3. Are any of the biohazardous agents listed above classified as a "Select Agent" by the Centers for Disease Control? YES  NO

**Description of Use NOTE:** (Cut and paste this section, as necessary to add additional biohazardous agents.)

a. Identify the microbiological agent or toxin (name, strain, etc.):

b. If this is a Select Agent (42 CFR 72.6 <http://www.cdc.gov/od/sap/42cfr72.htm> Appendix A), provide the CDC Laboratory Registration # and the date of the CDC inspection (all select agents must be registered with CDC through the research office):

#: \_\_\_\_\_ | Date: \_\_\_\_\_

If no Registration # is provided, is CDC registration in process? YES  NO

c. Indicate the largest volume and concentration to be used:

d. Indicate whether antibiotic resistance will be expressed, and the nature of this antibiotic resistance:

e. Describe the containment equipment (protective clothing or equipment, biological safety cabinets, fume hoods, containment centrifuges, etc.) to be used in this research:

f. Describe the proposed methods to be employed in monitoring the health and safety of personnel involved in this research (see [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1850](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1850))

## B. HUMAN OR NON-HUMAN CELL OR TISSUE SAMPLES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Will personnel work with animal blood, human or non-human primate blood, body fluids, organs, tissues, cell lines or cell clones?<br><br><b>NOTE:</b> If these studies involve animals, the Animal Component of Research Protocol (ACORP) must be completed. In addition please attach a copy of your ACORP Appendix 3, "Test Substances" to this application. This will be reviewed by the subcommittee but should not be submitted to the Merit Review Board with the approved biosafety form. | YES <input type="checkbox"/> NO <input type="checkbox"/><br><br>If <b>NO</b> , skip to Section C. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

If yes, specify:

1. Will research studies represent a potential biohazard for lab personnel? YES  NO

If YES, specify the potential hazard.

2. Specify precautions employed to protect personnel working in the laboratory:

## C. Nucleic Acid DNA and RNA

|                                                                                                                                                                                                                                                          |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Recombinant deoxyribonucleic acid (DNA).</b><br>Are procedures involving nucleic acid (DNA and/or RNA) used in your laboratory? ( <b>Note:</b> Even if your work is limited to PCR, you must check YES to this question and answer question A below.) | YES <input type="checkbox"/> NO <input type="checkbox"/><br><br>If <b>NO</b> , skip to section D. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

1. **Are recombinant DNA procedures used in your laboratory limited to PCR amplification of DNA segments (i.e., no subsequent cloning of amplified DNA)?** YES  NO  N/A

(a) If YES, your recombinant DNA studies are exempt from restrictions described in the NIH Guidelines for Research Involving Recombinant DNA Molecules.

(b) If NO, it is the responsibility of each PI to:

(a) Consult the current NIH Guidelines for Research Involving Recombinant DNA Molecules which can be found at the Internet site: [http://osp.od.nih.gov/office-biotechnology-activities/rdna/nih\\_guidelines\\_oba.html](http://osp.od.nih.gov/office-biotechnology-activities/rdna/nih_guidelines_oba.html)

(b) Identify the experimental category of your recombinant DNA research.

2. **Are recombinant DNA procedures used in your laboratory limited to DNA replication without PCR? (i.e. You are using purchased products with recombinant DNA technology.)** YES  NO  N/A

### 3. Description of Recombinant DNA Procedures:

a. Identify the NIH classification (and brief description) for these recombinant DNA studies:

b. Biological source of DNA insert or gene:

c. Function of the insert or gene:

d. Vector(s) used or to be used for cloning (e.g., pUCI 8, pCR3.1):

e. Host cells and/or virus used or to be used for cloning (e.g., bacterial, yeast or viral strain, cell line):

**D. USE OF CHEMICALS – PLEASE RESPOND TO ALL QUESTIONS IN THIS SECTION.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Does your research use the following Chemicals</b> (Check MSDS for details)?<br/> <i>See also "note" at Para 6 (Use of Chemicals) for assistance:</i></p> <p>(1) High Acute toxicity chemicals (i.e. acetylcholinesterase inhibitors, neurotoxins, heavy metals)<br/>                 (2) Flammable, explosive, or corrosive chemicals (i.e. alcohol, bleach)<br/>                 (3) High chronic toxicity chemicals (i.e. carcinogenic, mutagenic, teratogenic chemicals, reproductive and/or developmental toxins, heavy metals, PCBs, TCDD/TCDF)<br/>                 (4) Highly reactive chemicals (i.e. air reactive, ,pyrophoric, water reactive)<br/>                 (5) Peroxidizable chemicals (see NSC list, i.e. diethyl ether, THF, 1,4 Dioxane)<br/>                 (6) Oxidizing conc. Acids (i.e. conc. Nitric, Perchloric and/or Sulfuric acid)<br/>                 (7) Corrosive, Flammable and/or toxic compressed gases</p> | <p>1. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>                 2. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>                 3. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>                 4. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>                 5. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>                 6. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>                 7. YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1. Has the use of chemicals in your laboratory been reviewed by an appropriate committee or Subcommittee in the past 12 months? YES  NO  N/A

2. What is the date of the last approved continuing review? \_\_\_\_\_ N/A

3. Please attach a separate list of the **laboratory chemical inventory** used in this study **and identify with an asterisk (\*) or bold face font**, those chemicals that are considered hazardous. See [http://www.ilpi.com/msds/osha/1910\\_1200.html](http://www.ilpi.com/msds/osha/1910_1200.html) - 1910.1200(c) for a definition of hazardous chemicals.) **Bleach and alcohol are considered hazardous chemicals.**

4. Is an MSDS for each chemical listed on file? YES  NO  N/A

5. Is the laboratory chemical inventory included with specific chemicals/biological used in this study highlighted/identified? YES  NO  N/A

6. Are personnel knowledgeable about the special hazards posed by the following (check "NA" if special hazard is not applicable to this study).

- |                                                   |                             |                              |                             |
|---------------------------------------------------|-----------------------------|------------------------------|-----------------------------|
| (1) Carcinogens?                                  | NA <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (2) Teratogens and Mutagens?                      | NA <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (3) Reproductive and Developmental toxins?        | NA <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (4) Other High Chronic Toxicity chemicals?        | NA <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (5) Corrosive, flammable and/or toxic gases?      | NA <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (6) High Acute Toxicity chemicals?                | NA <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (7) Reactive and potentially explosive compounds? | NA <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Note: To confirm whether a chemical is a carcinogen or other hazard, please consult the National Institute for Occupational Safety and Health (NIOSH) Pocket Guide for Chemical Hazards at <http://www.cdc.gov/niosh/npg/>. Other sources include the Department of Health and Human Services (DHHS), National toxicology Program (NTP), 2011 Report on Carcinogens, Twelfth Edition, the World Health Organization (WHO), International Agency for Research on Cancer (IARC), Monographs on the Evaluation of Carcinogenic Risk to Humans at <http://monographs.iarc.fr/>, and the American Conference of Governmental Industrial Hygienists (ACGIH), and the Threshold Limit Values for Chemical Substances and Physical Agents & Biological Exposure Indices (TLVs®).

**E. CONTROLLED SUBSTANCES**

Does this protocol involve the use of any substance regulated by the Drug Enforcement Agency? YES  NO

If yes, list controlled substances to be used:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

(6) Are all Schedule II and III drugs stored in a double-locked vault? NA  YES  NO

NOTE: The schedule of controlled substances can be found at the Internet site:  
<http://www.usdoj.gov/dea/pubs/schedule.pdf>

**F. RADIOACTIVE MATERIALS (RAM)**

Does your research involve the use of radioactive materials? YES  NO

If YES, please answer the following:

- 1. Are you currently the: "Primary Authorized User (AU)" listed on the Permit? YES  NO  or  
Are you a "Supervised Individual" (i.e. "listed co-worker") listed on the permit YES  NO

2. Who is the AU by whom you are designated as a "supervised individual" to use RAM?

\_\_\_\_\_

3. List all "supervised individuals" who will actually be using RAM on this protocol.

\_\_\_\_\_

4. List all radionuclides and max quantities to be used in this protocol.

\_\_\_\_\_

**G. SAFETY TRAINING DOCUMENTATION**

1. Provided training documents to Research Training Coordinator for any completed off-site training? N/A  YES  NO

(Off-site training refers to training(s) completed at an affiliated institution such as Brown University, Rhode Island Hospital (Lifespan), University of Rhode Island (URI), Mass. General Hospital MGH), etc.)

**Please list all personnel working on this project.**

**\*Current Training documents should be on file with the Research Training Coordinator\***

| Name |
|------|
|      |
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|      |

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND KNOWLEDGE**

I certify that my research studies will be conducted in compliance with and full knowledge of Federal, State, and local policies, regulations, and CDC-NIH Guidelines governing the use of bio-hazardous materials, chemicals, radioisotopes, and physical hazards. I further certify that all technical and incidental workers involved with my research studies will be aware of potential hazards, the degree of personal risk (if any), and will receive instructions and training on the proper handling and use of bio-hazardous materials, chemicals, radioisotopes, and physical hazards. A chemical inventory of all Occupational Safety and Health Administration (OSHA) and Environmental Protection (EPA) regulated hazardous chemicals is attached to this survey.

\_\_\_\_\_  
**Required:** Principal Investigator Sign and Print Date

**AUTHORIZED USER CERTIFICATION – IF USE OF RADIATION PERMIT**

I certify that I am the Authorized User on the Radiation Permit and have reviewed this protocol.

\_\_\_\_\_  
Authorized User Printed Name and Signature (applicable only if using radioactive materials - RAM) Sign and Print Date

**Certification of Research Training Approval**

A complete list of training documents pertaining to the **safety training required for this proposal** has been reviewed. A database containing an accurate listing of required training and date of completion is maintained in the Research Office, is current, and available upon request.

\_\_\_\_\_  
Research Training Coordinators Printed Name and Signature (applicable only if there is a safety component) Sign and Print Date

**Certification of Research Safety Officer's Approval**

A complete list of chemicals to be used in this proposal has been reviewed. Appropriate occupational safety and health, environmental, and emergency response programs will be implemented on the basis of the list provided.

\_\_\_\_\_  
Research Safety Officer's Signature (applicable only if there is a safety component and chemicals are involved) Sign and Print Date

**Certification of Research Approval**

The safety information for this application has been reviewed and is in compliance with Federal, State, and local policies, regulations, and CDC-NIH Guidelines governing the use of bio-hazardous materials, chemicals, radioisotopes, and physical hazards. Copies of any additional surveys used locally are available from the Research and Development (R&D) Office.

\_\_\_\_\_  
Radiation Safety Officer (if applicable) Sign and Print Date

\_\_\_\_\_  
Facility Safety Manager (applicable when safety component or "Just-In-Time" Award) Sign and Print Date

\_\_\_\_\_  
Industrial Hygienist (applicable when safety component or "Just-In-Time" Award) Sign and Print Date

\_\_\_\_\_  
Chair, Subcommittee on Research Safety (Required) Sign and Print Date

\_\_\_\_\_  
Chair, Research and Development Committee (not required for Modifications) Sign and Print Date