

**BIOLOGICAL AGENT REGISTRY**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Lab Safety Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please complete this form as soon as possible and return to the Environmental, Health and Safety Office, Biosafety Program (BSP), in N52-496. Information recorded shall be used to aid the Environmental Medical Service in meeting the Institute's obligations under local and federal statutes in planning training, and emergency response calls. If you have any questions, please contact BSP at 2-3477. If additional space is needed to complete the form, please attach separate sheets of paper to the back.

Thank you for your time. Your participation will help us maintain good communication, deliver appropriate assistance to you and your colleagues, and help the Institute maintain compliance with local, state and federal regulations.

I. Biological Agent Use Survey

Biological Agent	Genus, Species	Source	Volume >/< 9.9L	Lab Room #'s	Biosafety Level	Door Sign
<b>A. Bacteria</b>						
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
<b>B. Viruses</b>						
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
<b>C. Yeast/Fungi</b>						
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
<b>D. Other (parasites, Mycoplasma, Chlamydia, Rickettsia, Prions, Viroids)</b>						
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

I. Biological Agent Use Survey (continued)

Cell Line Designation	Source & Origin	Primary or Established	Viral Shedding (if yes, virus being shed)	Lab Room #'s	Biosafety Level	Door Sign
<b>E. Tissue Culture</b>						
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

Source (hospital, self, etc.)	Volume	Lab Room #'s	Biosafety Level	BL Door Sign
<b>F. Human Tissues/Cells</b>				
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
<b>G. Other Human Materials (blood components, blood products, body fluids, organs, tissues)</b>				
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No



**III. Personal Safety Issues**

<b>Does your lab participate in Medical Surveillance? Yes No</b>
<b>If yes, please specify:</b>
<b>Please describe how personnel injuries/illnesses are handled:</b>

**IV. Shipping of Biologicals**

<b>Do you transfer/ship biological materials to other labs? (please note recipients)</b>			
<b>Address Within MIT</b>	<b>Intrastate Address</b>	<b>Interstate Address</b>	<b>International Address</b>
The materials shipped via (circle all that apply): US Mail    UPS    FEDEX    DHL    Personally Carried    Other: _____			
<b>Check all types of Aerosol Control Equipment used in your lab:</b>			
<b>Equipment</b>	<b>Yes/No</b>	<b>Last Testing Date Noted on Sticker</b>	
Chemical Fume Hood	Yes No		
Biosafety Cabinet: Class I	Yes No		
Biosafety Cabinet: Class II (vented to room)	Yes No		
Biosafety Cabinet: Class III (vented outside)	Yes No		
Glove Box	Yes No		

V. **Biological Waste Handling**

<b>Mark below with an X where appropriate for your lab:</b>				
<b>Method</b>	<b>Liquids</b>	<b>Solids</b>	<b>Sharps</b>	<b>Animal</b>
<b>Incinerate</b>				
<b>Autoclave</b>				
<b>Chemically Disinfect</b>				
<b>Other (specify)</b>				

**IV. Biological Waste Handling (continued)**

<b>List disinfectants/decontaminants used by your lab, indicate concentration, i.e. 70% ethanol:</b>
<b>Does your lab generate MIXED biological/radiation or biological/chemical waste?    Yes    No</b>
<b>If yes, note what types and how they are handled:</b>
<b>Is your autoclave validated regularly?    Yes    No</b>
<b>Do you maintain an autoclave log for waste treatment?    Yes    No</b>
<b>Briefly describe you biological spill clean-up procedure:</b>

**VII. Safety and Training Information**

<b>Who is responsible for training? (circle all that apply)</b>	<b>PI</b>	<b>Lab Staff</b>	<b>Biosafety Program</b>	<b>Other:</b>
<b>Is attendance documented?</b>	<b>Yes</b>	<b>No</b>		
<b>List covered subjects:</b>				
<b>When and how often?</b>				
<b>Would you like BSP to provide training on any particular subjects? (note subjects)</b>				

**Thank you for your participation. Please return to the EHS Office's Biosafety Program in N52-496. If you have any questions, please contact the EHS Office at 2-3477.**

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