**Researcher Information**

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<tr>
<th>Principal Investigator</th>
<th>Position title</th>
<th>Department</th>
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<tr>
<th>Building</th>
<th>Room</th>
<th>Campus phone</th>
<th>Email address</th>
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**Biosafety Level**

- What is the biosafety level of the laboratory?  
  - Check one:  
    - General Laboratory (Biosafety Level 1)  
    - Biosafety Level 2  
    - Biosafety Level 3  
    - Biosafety Level 4

**Biosafety Cabinet**

- Does the laboratory have a biosafety cabinet?  
  - Yes  
  - No

**Sterilization**

- Which sterilization procedures are used in the laboratory?  
  - Check all that apply:  
    - Autoclave  
    - Chemical Disinfecting  
    - Dry Heat  
    - Boiling  
    - Other

**Quantity**

- Will experiment involve more than 10 liters of culture?  
  - Yes  
  - No

**Biohazardous/Biomedical Waste**

- Have you established a Biohazardous/Biomedical Waste Program with the Biological Safety Office?  
  - Yes  
  - No

**Etiologic/Select Agent Information**

List etiologic/select agents used in your laboratory:

- 
- 
- 

- Will research in your laboratory involve the cloning of toxin molecules with a LD₅₀ of less than 100 ng/kg body weight?  
  - Yes  
  - No

- Will you use the agent on humans or animals?  
  - Yes  
  - No

- Indicate what disease the agent may cause:

  - 
  - 
  - 

- Describe how etiologic/select agents are being used in your laboratory:

  - 
  - 
  - 

**Principal Investigator Acknowledgement**

I understand that I will be required to comply with the federal, state and local regulations that pertain to research conducted in my laboratory. I accept responsibility for providing, through scheduling or teaching, safety training to all personnel involved in my laboratory. The information here is accurate and complete.

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<th>Name (please print)</th>
<th>Signature</th>
<th>Date</th>
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