



# ENVIRONMENTAL HEALTH & SAFETY FACILITIES

## ETIOLOGIC/SELECT AGENT UPDATE

### Researcher information

Principal Investigator		Position title	Department
Building	Room	Campus phone	Email address

### 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  
If yes, what class? \_\_\_\_\_

### 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  
If yes, how much? \_\_\_\_\_

### Biohazardous/Biomedical Waste

Have you established a Biohazardous/Biomedical Waste Program with the Biological Safety Office? If no, contact the Biological Safety Office at 644-5374.  Yes  No

### Etio logic/Select Agent Information

List etio logic/select agents used in your laboratory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will research in your laboratory involve the cloning of toxin molecules with a LD<sub>50</sub> 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 etio logic/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.

Name (please print)	Signature	Date
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