

Biological Risk Assessment Form

Permit Holder: Link to Personnel Google Sheet: Romeo File Number:	Date submitted: Location(s) for this work:
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1.0 Hazardous Characteristics of a Biological Agent

List all organisms below that will be manipulated during the work at the same Risk Group Level in the same location. Organisms that form a collection and are not manipulated should be appended as a separate list. If you are not isolating/culturing pathogens from environmental, human or animal clinical samples, under organism, describe sample type. **If your lab has more than 5 biohazards, please use this [form](#) to add them to your BRAF.**

Organism or Tissue Type/Animal Source	# Organism required to initiate infection	Treatment available?	Splash Potential Concentration	Origin
	Infectious Dose <input type="checkbox"/> Healthy individuals susceptible <input type="checkbox"/> Immunocompromised individuals susceptible <input type="checkbox"/> Not applicable (cell lines/tissues) <input type="checkbox"/> Documented Lab Acquired Infections (LAI)	<input type="checkbox"/> Vaccination <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Other	<input type="checkbox"/> Liquid culture <input type="checkbox"/> Culturing <input type="checkbox"/> Stock <input type="checkbox"/> Solid Culture <input type="checkbox"/> Sampling only <input type="checkbox"/> Volumes >1L Working concentration	<input type="checkbox"/> Pure culture ordered from supplier <input type="checkbox"/> Exotic pathogen (not normally found in North America) <input type="checkbox"/> Endemic pathogen (can be cultured from environment in N.A.) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Human Clinical Sample <input type="checkbox"/> Isolates </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Environmental Sample <input type="checkbox"/> Isolates </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Animal Sample <input type="checkbox"/> Isolates </div>
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Organism	List Risk Group confirmed on ePathogen and PSDS(Provide hyperlink if available)	Mode of Transmission or Route of Exposure	Vector Use?	Toxin Production under experimental conditions?	Viral Replication Competency
	RG: PSDS:	<input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Direct Skin, Eye or mucosal membrane exposure	<input type="checkbox"/> None <input type="checkbox"/> Yes, list vector(s)	<input type="checkbox"/> None <input type="checkbox"/> Yes, list toxin(s)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> N/A
	RG: PSDS:	<input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Direct Skin, Eye or mucosal membrane exposure	<input type="checkbox"/> None <input type="checkbox"/> Yes, list vector(s)	<input type="checkbox"/> None <input type="checkbox"/> Yes, list toxin(s)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> N/A
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3.0 Genetic modification ☐ No ☐ Yes (provide details below)

	List each organism and Corresponding Section of Biosafety Protocols that addresses safe work
<input type="checkbox"/> Primary Cell Line	
<input type="checkbox"/> Secondary Cell Line	
<input type="checkbox"/> Oncogenic	
<input type="checkbox"/> Plasmid or Cosmid Use	
<input type="checkbox"/> Recombinant techniques	
Describe the Genetic Modification to be used:	

4.0 Hazardous Characteristics of Laboratory Procedures (Check any that will be used with biohazardous agents listed above)

Laboratory Procedure	Corresponding Section of Biosafety Protocols that discusses how to safely conduct the task (Cite which manual and section)
<input type="checkbox"/> Working with Animals (potential for bites/scratches)	
<input type="checkbox"/> Sharps Use, Needles	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Pipetting	
<input type="checkbox"/> Mixing	
<input type="checkbox"/> Pouring infectious materials	

<input type="checkbox"/> Lyophilizing	
<input type="checkbox"/> Cell sorting	
<input type="checkbox"/> Blenders	
<input type="checkbox"/> Centrifuge	
<input type="checkbox"/> Sonicator	
<input type="checkbox"/> Vortex	
<input type="checkbox"/> Grinding	
<input type="checkbox"/> Vigorous Shaking	
<input type="checkbox"/> Homogenizing	
<input type="checkbox"/> Flaming inoculating loops	
<input type="checkbox"/> Large volume of biohazardous material in use, greater than 1 L	
<input type="checkbox"/> Toxin production	
<input type="checkbox"/> Cryogenic techniques	
<input type="checkbox"/> Collection of Environmental Samples	
<input type="checkbox"/> Culturing Environmental Samples	
<input type="checkbox"/> Collection of Human tissues, bodily fluids	
<input type="checkbox"/> Manipulation of Human tissues, bodily fluids	
<input type="checkbox"/> Opening containers of infectious materials whose internal pressures may be different from ambient (e.g. heated samples)	
<input type="checkbox"/> Biohazardous materials in powdery form	
<input type="checkbox"/> Transport biohazardous materials outside of the lab	
<input type="checkbox"/> Ship/Receive/Transport biohazardous materials outside of the lab building	
<input type="checkbox"/> Vacuum filtration of biohazardous materials	
<input type="checkbox"/> Non-standard manipulation (not listed above)	

5.0 Dual Use Potential

Dual Use Research is biological research with legitimate scientific purpose, the results of which may be misused to pose a biologic threat to public health and/or national security.

Does this research (check all that apply):	Y	N
Allow for increased pathogenicity?	<input type="checkbox"/>	<input type="checkbox"/>
Widens pathogen's host range?	<input type="checkbox"/>	<input type="checkbox"/>
Renders vaccination or standard treatment ineffective?	<input type="checkbox"/>	<input type="checkbox"/>
Allow for non-standard contamination or increased transmissibility?	<input type="checkbox"/>	<input type="checkbox"/>
Allow for increased ability of the pathogen to survive in conditions such as public food/water supply or animal feed supply?	<input type="checkbox"/>	<input type="checkbox"/>
Allow for concealment of a RG 2, 3 or 4 pathogen from detection	<input type="checkbox"/>	<input type="checkbox"/>
Increase the potential that the knowledge gained (data, methodology, results, technology, intermediate or final products be misused?	<input type="checkbox"/>	<input type="checkbox"/>

6.0 Hazards Associated with Work Practices, Safety Equipment and Facility Safeguards

Mandatory PPE

Gloves When?

Labcoats When?

Safety Glasses When?

Face Shields When?

Biosafety Spill Kit Locations?

- ☐ Two pairs of gloves
- ☐ Spill warning signs (minimum two signs)
- ☐ Tape
- ☐ Tongs
- ☐ Absorbent materials (can be paper toweling)
- ☐ Disinfectant, list
- ☐ Disposal bags or containers

- ☐ Biosafety cabinet ?

Biosafety Protocols for safe use of Biosafety Cabinet in Section of Biosafety Manual.

- ☐ Centrifuge Safety Cups
- ☐ Sealed Centrifuge Rotors
- ☐ O-rings inspected <12 months

Centrifuge Maintenance SOP Link:

.....**Medical Surveillance** (Choose one)

- ☐ Users are advised of symptoms of infection, and reporting of all known exposures or potential Laboratory Acquired illnesses to Supervisor AND Biosafety Officer \ k
- ☐ Additional measures of medical surveillance are suggested (supply details).

7.0 Post Exposure Protocols/ Emergency Procedures

Emergency Response SOP Link:

8.0 Waste handling and decontamination

Autoclave to be usedLocation?

Last Validation performed: Chemical Integrator Biological Indicator

Chemical Disinfection to be used

List disinfectants and concentrations?

When U

Disinfections and Sterilization SOP Link:

For Biosafety Committee Use Only - Local Risk Assessment

Section 1 - Risk Assessment:

1. Risk group of agent(s): 1 ☐ 2 ☐
2. Infectious to humans: Y ☐ N ☐
3. Is a vaccine available? Y ☐ N ☐ Not Required ☐
4. Is a standard treatment available? Y ☐ N ☐
5. Is there a splash potential? Y ☐ N ☐
6. Does the procedure generate aerosols? Y ☐ N ☐
7. Does the procedure involve high concentration? Y ☐ N ☐
8. Does the procedure involve high volume? Y ☐ N ☐
9. Animals subjected to biohazards? Y ☐ N ☐
10. Non-standard manipulations ("other" on Biological Risk Assessment form)? Y ☐ N ☐
11. Aerosol(inhalation) ☐ droplets/ingestion ☐ Direct contact ☐ Injection ☐ None ☐
12. Known laboratory acquired infections? Y ☐ N ☐
13. Number of organisms for infection (for each pathogen or group of pathogens): _____

Section 2 – Controls in Place:

1. Facility meets or exceeds CL applied for: Y ☐ N ☐
2. BSC available for aerosol generating procedures? Y ☐ N ☐ Not Applicable ☐
3. Procedures listed on BRAF are appropriate to control exposure? Y ☐ N ☐
4. PPE in use is adequate to prevent transmission of agent? Y ☐ N ☐
5. Facility users are trained and up to date? Y ☐ N ☐
6. Self-monitoring for LAI sufficient? Y ☐ N ☐
7. Medical surveillance recommended or required? Y ☐ N, Self-monitoring sufficient ☐ Traffic flow patterns from clean to dirty areas are established and followed? Y ☐ N ☐
8. Waste management plan is sufficient Y ☐ N ☐

Section 3 – Recommendations/Restrictions:

Committee has recommendations/restrictions (to be listed on permit): Y ☐ N ☐ (list)

Date BSC Review: _____ BSO’s Signature: _____ Chair’s Signature: _____
yy/mm/dd