

DOOR POSTING FORM

BIOSAFETY PRECAUTIONS IN ANIMAL ROOMS

Agent(s):	Animal Biosafety Level:	Biohazard Sticker
Animal Care Protocol No.:	Building/Room:	
Biosafety use Authorization No.:		
Project Title:		
Principal Investigator:	Department:	
1. This agent is a: ___ Bacteria ___ Fungus ___ Parasite ___ Virus ___ Prion 2. This agent is infectious for: ___ Humans only ___ Animals only ___ Humans & Animals Animal Species: _____ 3. The agent can be spread in: ___ Blood ___ Feces/Urine ___ Saliva/nasal droplets ___ Does not leave animal ___ Placental fluid		
4. You can become infected by this agent in the following ways(s): ___ Ingestion (contaminated hands, clothes, soiled bedding) ___ Inhalation ___ Mucus membranes (via <u>splashes or hands</u> to eyes/nose/mouth) ___ Contact - breaks in skin ___ Tick or insect bite		
5. If you are exposed to this agent, you may develop the following clinical signs: (NOTE: clinical signs may differ according to route and dose of exposure, and overall health of the individual.)		
6. The following apply to the management/husbandry of these animals: ___ Researcher or his/her staff is responsible for the feeding and care of these animals. ___ All cages must be autoclaved or chemically disinfected before cleaning. (ABSL 2 standard) ___ All cages must be autoclaved before cleaning. (ABSL 3 standard) ___ Class II Biosafety Cabinet (BSC) is available in the room listed above. ___ All animal manipulation <u>must</u> be done within the BSC unless a NIOSH Certified dust mask or HEPA filtered respirator is worn. Animals will be housed in the following type of caging/racks: ___ Micro-isolator boxes within individually ventilated cage racks ___ Micro-isolator boxes within laminar flow unit or other containment device ___ Micro-isolator boxes on standard racks ___ Standard shoe box or other open caging Animal carcasses must be labeled and disposed of as follows: ___ No special handling needed ___ Bag and Incinerate ___ Biohazardous waste container Soiled bedding or other waste must be disposed of as follows: ___ No special handling needed ___ Bag and Incinerate ___ Bag and autoclave followed by incineration The following personal protective equipment <u>must be used in the room regardless of animal housing or use of BSC:</u> ___ Lab coat/Coveralls ___ Shoe covers/booties ___ Disposable gloves ___ Reusable gloves ___ Disinfectant footbath ___ NIOSH Certified Dust Mask or HEPA filtered respirator (fitted face or PAPR)		
7. Other information or procedures:		

Signatures: **Obtain signatures in the specific order indicated below!!!**

Date:

1. Principal Investigator _____
2. DLAM Representative _____
3. Biosafety Officer _____
4. IACUC Chair _____
