

# Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.  
SRC/IACUC/IBC approval required before experimentation.

Student's Name(s) \_\_\_\_\_

Title of Project Growth on Toothbrushes  
Do Different Locations and Conditions Affect Bacteria

To be completed by the QUALIFIED SCIENTIST/DESIGNATED SUPERVISOR in collaboration with the student researcher(s). All questions are applicable and must be answered; additional page(s) may be attached.

## SECTION 1: PROJECT ASSESSMENT

1. Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism. unknown Bacteria on tooth brushes  
BSL-1 but allowed to use unknown bacteria if petri dishes are taped and
2. Describe the site of experimentation including the level of biological containment. not opened  
BSL-1 high school lab potential BSL-2 ones
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.)  
Isolation chamber, goggles, aprons, gloves
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?  
BSL-1 but bacteria are unknown. Petri dishes must remain sealed
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.  
20% Chlorox will be poured into petri dish (20 min or longer)  
placed in plastic bag for disposal.

## SECTION 2: TRAINING

1. What training will the student receive for this project?  
Microbiology Safety Review
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).

## SECTION 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES - To be completed by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR - Check the appropriate box(es) below:

- Experimentation on the microorganisms/cell lines/tissues to be used in this study will NOT be conducted at a Regulated Research Institution, but will be conducted at a (check one) BSL-1 or BSL-2 laboratory (include a copy of the checklist for BSL-2). [This study has been reviewed by the local SRC and the procedures have been approved prior to experimentation.]
- Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution and was approved by the appropriate institutional board prior to experimentation; institutional approval forms are attached.  
Origin of cell lines: \_\_\_\_\_ Date of IACUC/IBC approval \_\_\_\_\_
- Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution, which does not require pre-approval for this type of study. The SRC has seen and approved the research plan and supporting documentation and acknowledges the accuracy of the responses above.

## CERTIFICATION - To be SIGNED by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR

The QS/DS has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above. This study has been approved as a (check one)  BSL-1/  BSL-2 study, and will be conducted in an appropriate laboratory.

Joyce Stark Joyce Stark 02/09/24  
QS/DS Printed Name Signature Date of review (mm/dd/yy)

## SECTION 4: CERTIFICATION - To be completed by the LOCAL or AFFILIATED FAIR SRC

The SRC has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided.

\_\_\_\_\_  
SRC Printed Name Signature Date of review (mm/dd/yy)