APPLICATION FOR WORKING WITH BSL-2 REQUIRED ORGANISMS IN RESEARCH AND TEACHING LABORATORIES

Project title: _____

_____

Project starting date: _____ Project completion date: _____

Please check one of the following that applies to your project:

____Faculty Research ____Undergraduate Research ____Graduate Research ____Teaching

____Other

If other, explain _____

Principal Investigator:	Date of Submission:
Department:	Phone:
E-mail:	FAX (optional):
Co- PI	
Department:	Phone:
E-mail:	FAX (optional):

List of other collaborators, affiliations, and emails:

Collaborating Scientists:

_____

_____

Undergraduate/Graduate students:

_____

_____

Lab Technician:

_____

A. SUPPLEMENTAL INFORMATION

Frostburg State University is committed to providing a healthy and safe environment for its students, faculty, and staff while protecting the environment and the community.

1. How will this project improve advanced knowledge and contribute to FSU and its community?

2. Explain why organisms require BSL-2 is preferred in achieving your project goals.

The American Society of Microbiology (ASM) recommends using organisms that require BSL-1 practices unless it is necessary to use organisms requiring BSL-2 in demonstrating teaching results and research labs.

3. List all the people who will handle BSL-2 organisms for the project.

1 _____

2. _____

3. _____

4. Briefly explain your risk assessment plan.

B. INFORMATION ABOUT THE ORGANISM

1.What is the scientific name of the organism that you will use? (Genus and species)

2. Why is this species the most appropriate for the project?

3. How will this species be obtained? Write the name and address of the vendor of this organism.

ASM recommends getting new organisms every year to avoid generating mutations and keep track of the original source.

4. What resources have you been using to collect information about the organism? Be sure to include all the resources you have used, including the websites, literature citations, and meetings with individuals who have knowledge of specific organisms (name, title, date).

C. TRAINING:

The Biology Department requires students to undergo training in lab safety and aseptic techniques prior to working with BSL-2 organisms.

1. Please describe how individuals involved in the project will be trained to handle the BSL-2 organism(s).

LAB SPACE, AND EQUIPMENT

1.Where will the project take place (Name of the building and the laboratory/room number)?

2. Do you have sinks, Bunsen burner/incinerator, access to an autoclave, and waste disposal bins for the safe handling of the organism?

3. Do you have personal protective equipment (PPE), including safety goggles, lab coats, and gloves for everyone who will handle the organism?

4. Do you require a clinical hood/biosafety cabinet for your research? If yes, do you have access to a clinical hood/biosafety cabinet?

E. EXPERIMENTAL PROCEDURES

Describe the experimental protocol of your project. Be sure to specify how you will handle the BSL-2 organism.

Many resources exist to assist the PI with the responsibilities of handling BSL-2 organisms, including ASM Biosafety Guidelines and Laboratory Biosafety Manual of World Health Organization.

F. WASTE DISPOSAL

Live cultures should not be discarded from the teaching or research labs. The ASM REQUIRES AUTOCLAVING ALL ORGANISMS BEFORE DISCARDING THEM

1.What are your plans for discarding materials after using them in your project/research, including the BSL- 2 organisms?

D. ENVIRONMENTAL SAFETY

1.Are chemical hazards (including drugs) to be used? ____YES ____NO

If yes, the chemical hazard is: _____

If YES, then Biosafety committee approval is contingent upon the receipt of written approval of your procedures by the Chemical Safety Officer.

E. ASSURANCE

I attest to the accuracy and completeness of the information provided and acknowledge responsibility for conducting these procedures with organisms required BSL-2 practices. I abide to complete this work per the protocol as approved by the Biosafety Committee and will not make any changes in the protocol without obtaining approval first from the Biosafety Committee.

Principle Investigator: _____ Date: _____

Alternate Principal Investigator: _____ Date: _____
(optional)

STATEMENT ON CONFIDENTIAL INFORMATION

FSU considers ALL information on protocol forms confidential and will not forward these forms to any institution that does not honor this confidentiality.