



ANIMAL USE INVOLVING BIOHAZARDOUS MATERIALS	FORM BSC-7
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Principal Investigator: _____

Project Title: _____

Biohaz Project Number: _____

1. Animal Utilization Protocol Number: _____

Expiry Date: _____

2. Designated Veterinarian: _____

3. Species: _____

4. Housing location [Building and Room Number; research station; etc.]:

5. Biohazardous materials administered:

Biohazardous material	Quantity	Procedure (e.g., gavage, inhalation, inoculation, etc)	Location of procedure

6. Personnel. *List animal care personnel associated with this project.*
Please attach a training needs assessment.

Name	Job Title	Qualifications/Experience	Training Record Attached
			✓

7. Animals are genetically-modified: Yes No

If yes, please explain the nature of the modification:

Explain how the GM animals will be uniquely-identified:

8. Animal Care Information:

The biohazardous material is transmissible from animal to animal: Yes No

The biohazardous material is transmissible from animal to human: Yes No

Bedding and dirty caging pose a hazard: Yes No

Cage / animal-generated aerosols pose a hazard: Yes No

9. Animal biohazard containment provisions:

10. Animals may be returned to the flock / herd / colony: Yes No

If no, proceed to Section 11.

If yes, indicate any restrictions (*include any withdrawal time before use in another experiment, or before shipment for slaughter or sale. If the experiment utilizes lactating dairy cows, indicate the withdrawal period before milk may be shipped.*)

Yes – restrictions are indicated below No restrictions

11. Decontamination and Disposal (*specify methods to prevent contamination; indicate if normal animal husbandry practices are appropriate*):

Material	Method
Bedding	
Carcasses	

Caging	
Contaminated materials	
Specimens	
Other	

12. Personal protective equipment required (check all that apply):

- Gloves (specify type):**
 Boots or shoe covers
 Lab coat
 Back fastening or solid front gown
 Head cover
 Goggles / face shield
 N-95 Respirator
 Other respiratory protection (specify):
 Other (specify):

13. Anticipated Timeline for animal use:

Animal research to commence: _____

Animal research to finish: _____

14. References. Attach any references that may support this application.

15. Animal Housing and Use Certification.

I agree to comply with all conditions in the biohazard permit and that no work will be initiated prior to project approval by the Biosafety Committee and the Animal Care Committee. I accept responsibility for the safe conduct of the work and I will inform all animal care personnel who may be at risk of exposure to the biohazardous materials of potential hazards associated with the work. I agree to inform all personnel of the medical surveillance program and to encourage their participation therein.

Signature, Principal Investigator

Date

The signature below certifies that the Animal Facility Manager has been advised of the operational practices involving the use of the biohazardous materials in animals and confirms that it can be conducted safely and securely in accord with all legislative requirements, guidelines, and University policies.

***Signature,
Animal Facility Manager***

Date