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| **Biosafety Information (BSI) Sheet** | | | | | | | | | | | | | | | | | Date | | | |  | | | |
| **Instructions** – Each lab room must have a separate BSI. Please fill in the yellow shaded fields. Save the form for each room separately before beginning a new form for a new room. Please submit completed forms via email to UNT IBC through biosafety@unt.edu. | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Building | |  | Room No. | | |  | Campus |  | | | | | | Department | | |  | | | | | | Mail Code |  |
| Principal Investigator (PI) | | |  | | | | | | | | | | | email | Phone |  | | | Email | | |  | | |
| **Biosafety (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | BSL-1 | | | | | | | | |  | | BSL-2 | | | | | | | | | | | | | |
|  | Biological hazards, pathogens, or infectious materials | | | | | | | |  | | | Animals (including transgenic animals) | | | | | | | | | | | | |
|  | Human/NHP specimens (e.g., blood, cells, tissues, urine) | | | | | | | |  | | | Animal specimens (e.g., blood, cells, tissues) | | | | | | | | | | | | |
|  | Microorganisms | | | | | | | |  | | | Arthropods (e.g., insects, arachnids) | | | | | | | | | | | | |
|  | Recombinant or synthetic nucleic acids | | | | | | | |  | | | Plants or seeds (including genetically modified) | | | | | | | | | | | | |
|  | CRISPR, TALENs, ZFNs or other genome editing tools | | | | | | | |  | | | Autoclaves | | | | | | | | | | | | |
|  | Gene drives | | | | | | | |  | | | Biological safety cabinets, | | | | | | |  | laminar flow cabinets | | | | |
|  | Environmental samples (e.g., soil, water, wastewater) | | | | | | | |  | | | Centrifuges, flow cytometers, or other aerosol producing devices | | | | | | | | | | | | |
|  | Toxins of biological origin (e.g., venom, tetrodotoxin) | | | | | | | |  | | | Large scale biological research (>10 liters) | | | | | | | | | | | | |
|  | Archaeological samples (e.g., bones, clothing fragments) | | | | | | | |  | | | CDC/APHIS Select Agents or Toxins | | | | | | | | | | | | |
| **Methods used (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pipetting | | | | | | | |  | | | Vortex/mixing | | | | | | | | | | | | |
|  | blending | | | | | | | |  | | | sonication | | | | | | | | | | | | |
|  | grinding | | | | | | | |  | | | glassware | | | | | | | | | | | | |
|  | Scalpels, scissors, razors | | | | | | | |  | | | Injecting animals | | | | | | | | | | | | |
|  | Excretion by animals | | | | | | | |  | | | Needles | | | | | | | | | | | | |
| **Personal Protective Equipment (PPE) or safety equipment used** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Lab coat | | |  | Gloves | | | | | |  | | Cover Gown/booties | | | | |  | Safety Glasses | | | | | |
|  | Goggles | | |  | Surgical Mask | | | | | |  | | Face Shield | | | | |  | Biological Safety Cabinet (BSC) | | | | | |
|  | Respirator | | |  | Other | | | | | |  | |  | | | | |  |  | | | | | |
| **Describe other hazards or special concerns:**  **Describe any restricted areas in which the Principal Investigator's or lab staff presence is required for entry:** | | | | | | | | | | | | | | | | | | | | | | | | |