DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
1425 PORTER STREET
FORT DETRICK, MD 21702-5011

REPLY TO
ATTENTION OF:

MCMR-UIZ-J

May 08, 2008

Dr. Maryam Daneshvar,
CDC Reports Clearance Officer
1600 Clifton Road, MS-D74
Atlanta, GA 30333
omb@cdc.gov

Dear Dr. Daneshvar,

I am submitting my comments, as requested, as to the utility of the information collected on the forms required for the Select Agent Program registration and maintenance, the burden of collection of such information and way to minimize the burden of collection of this information.

Necessity of information collected and practical utility and suggestions for improvement

APHIS/CDC Form 1

As the program has matured I have seen a steady increase in the information that must be captured in preparation of the registration materials and have often questioned the utility of much of this information. In my opinion the registration and amendment process has become so burdensome that the CDC cannot even process the required amendments in a timely manner with some amendments for this institute taking over 10 months to process. This has negatively impacted research progress in many cases as we are unable to being working on the proposed researched until we have received the approved amendment.

Additionally much of this information is repetitive because the PI registration package is the driver for the information gathering. I would like to see this process changed so that the room in which the work is conducted drives the registration process. As the room/facility configuration is the most stable component of the program this would allow the definition of the room and facility to occur once but allow several PIs to use the space and be registered there.

I currently have on my desk one amendment for a BSL3/ABSL3 containment suite that contains 86 pages of forms and other documentation in order to identify the work of one PI being registered in that area. This 86 page package would likely have to be submitted for any other PI working in the laboratory facility. The bulk of this documentation alone makes it very difficult to effectively audit and manage. A reorganization of the drivers for this process would significantly reduce the amount of

paperwork and data entry that must be conducted at the entity and the CDC Select Agent Program Office.

I have attached suggested ways that the information on Form 1 could be reorganized in order to reduce the paperwork burden.

Form 1 Section 1: Could the RO and ARO signature block be incorporated into section 1A and 1B respectively and eliminate section 2 for signatures?

Form 1 Section 1D: Why can't the registration number be permanently assigned and renewed periodically? What bearing does the pervious registration for the entity have on the package being submitted?

Form 1 Section 4A: If the room were the registration driver then it would go first in the column. This would allow a more clear understanding of the activities being conducted in the space in order to assess the risk. From a management standpoint it help the user ensure that there is nothing that is being conducted in that space that has been omitted. The storage column then become a check block indicating that an organism that is registered is stored in the area as well and reflects the activity. The biosafety level that the area is being requested to be registered for becomes part of the header for the laboratory space. I would also more easily be able to see which PIs are registered in which labs and storage spaces at a glance. This can then be more easily compared to access records for the areas to ensure auditable compliance.

Form 1 Section 4B: The header for this page would include room and PI and then everyone registered under the direction of that PI. Generally personnel that are working under the direction of the investigator have access to everything that the PI controls, therefore I have never understood the requirement to restate the agents/toxins in this area. Also this is also a very transient point requiring numerous amendments in order to keep accurate. We have taken the approach of registering all personnel for all agents that the entity possesses because we could not manage the amendment volume when we tried to register people for what they were actually using.

Form 1 Section 5: This is the most extensive portion of the registration package and must be filled out for each PI creating a repetition of the most constant information. If the room area that is being registered were the driver then this information could be collected and submitted once and only updated when there are facility changes that warrant the update. Then as PIs come and go the PI registration portions could be modified to reflect who was working in the area. This would require a much smaller subset of information to be gathered when personnel leave an entity or stop working in a specific area and move to another.

Form 1 Section 5A: I have never understood the need to provide such detailed information at this level. Additionally, for entities that have been in existence for years before the Select Agent Program came into effect this information could take months to gather accurately and type into this form. I find that the strain that a facility is handling

of any given organism is irrelevant to the consideration of the proper biosafety level with very few exceptions. In practice the exceptions are recognized as exclusions that would negate the requirement to register at all. I find that the listing of the full inventory in the detail requested in this section to be overly burdensome without any purpose in informing the decision to allow registration. This information was already adequately gathered in section 4A and 4B.

Form 1 Section 5B: what you are trying to establish here is the nature of the activities so that you can ensure the work is being done in accordance with the proper safety guidelines. It would be more effective to have each PI submit the risk assessment for the work that is being conducted. This would allow you to better defined the activities and ensure that the proper control measures were in place. A form might be developed to help guide the risk assessment process.

Form 1 Section 5C: A reorganization of the submission format would allow this information to be submitted once. A risk assessment written by the PI would demonstrate the use of the facility control measures and demonstrate that the PI understands the requirements for proper containment procedures.

Form 1 Section 5D-5I: These sections are stable for the entity and are often not specfic to the researcher. They should be filled out once describing the security means used to secure the lab and entity level policy. To fill out these forms for each PI is incredibly redundant. Each PI does not have a separate emergency response, safety and security plans so why should these be indentified at the PI level. The risk assessment again could touch on these areas more effectively.

Form 1 Section 5K: Names of individual(s) dong inventory should be removed. This changes too frequently as staffing changes and can be audited on site. The PI should be cognizant of the requirement but cannot possible determine who will staff this function over a three year period.

Form 1 Section 5L: Aggregate amount of toxin is inaccurate the day after it is reported. PIs either have to register or not depending on the amount of toxin that they possess. Again this information would be better provided in a risk assessment of the PIs work.

Form 1 Section 5M: Restricted experiments. Why do you have to declare that you might intend to do work when such work must be specifically approved before work can begin. This information is already covered in section 4A where I specify what agents will be under NIH guidelines because it involves recombinant work. As everyone is now required to submit full IBC committee meeting notes and proposal prior to the registration being approved for this work I cannot understand the requirement to submit this brief and uninformative description of the work.

Form 1 Section 5N-5O: again facility information and risk assessment description would better serve this information need.

Attached are PDF scans of suggested ways that the registration process could be changed to provide a more readily auditable program using that laboratory space as the driver of registration.

Form 2- Recommend the addition of a signature block for the PI that receives the shipment on page 2 in lieu of the RO signature block. The RO generally approves the shipment and ensures the proper submission of the Form 2 prior to sending and receiving the package but it is generally not the RO that personally verifies the contents of the package upon arrival. Therefore, I think that the PI receiving the package should be signing the shipping form verifying that all of the materials that were supposed to be in the package were received.

Form 3- In the summary of events taken I am confused why one would consult and MSDS sheet or chemical data base when reporting a select agent loss for anything other than toxin. You should have followed your Emergency management plan or spill procedures for select agents. The only MSDS sheet available for select agents have not been approved and reviewed for use in the US.

Form 4- No comment

Form 5 - No comment

Accuracy of the agencies estimate of the burden

Form 1- Registration

The accuracy of the burden of registration is grossly underestimated. In my experience is takes at least 15 hours to gather and verify all of the information required to submit one PI for registration. Drawings must be gathered and updated with the locations of freezers and incubators, CVs must be collected from the PIs that will be conducting the work. Inventory data is requested in details that would require a typing effort of at least 10 hours alone for each of my PIs who have extensive select agent holdings. The names and addresses of everyone working for that PI must be gathered and it must reflect what was submitted on the SRA or another form will be required to correct the error. All of this preparation work is conducted before the form is even typed. It is likely that it only takes 3 hours to fill out the form however it requires a substantial collection of data from various sources in order to ensure that the information is accurate. I currently have a submission package on my desk for review that is 86 pages long for 1 PI in one lab.

Additionally the estimate of one hour for the submission of a modification is also underestimated. A simple adress change may only take this amount of time but adding a new agent to the registration is also considered an amendment that is incredibly lengthy in process. It in some cases has taken a substantial effort in providing not only the registration forms but research protocol and risk assessments to the approval authority for recombinant organisms.

Form 2- The burden of the Form 2 is also underestimated. Again the time required to ensure that all of the information is gathered and correct on the form far exceeds the time spent. Additionally, whether an entity ends or receives material both have a time requirement in the completion of this form. Finally, the number of transfers per entity is grossly underestimated at 5 per year. For this facility alone, I am involved in either sending or receiving 5 – 8 items per month. With each transaction requiring the dedicated time of at least 5 hours from coordination of shipment through the final documentation of shipment confirmation.

Form 3 - The submission time for the form 3 preparation is accurate. However, for every Form 3 I have submitted, it is immediately followed by a request for additional information. Answering the additional information requirement requires documentation of corrective actions, a lengthy description of the circumstances of the event and other information that is often unnecessary because it does nothing to provide the HHS director information upon which he must take action. It seems that this additional burden is not reflected in the calculations of the amount of time involved.

The number of Form 3 reports I hope is overestimated. It seems that 60 reports/ year is still a substantial number of errors or exposures. I would question the proper management and oversight of a program that had that many reports of loss, theft or release. The reporting of these issues should be clearly understood and I applaud the efforts of the CDC to provide further guidance in the requirement for Form 3 reporting. This will likely reduce the exposure/release reporting significantly and allow the CDC to focus on issues that need immediate attention.

Form 4- No comment

Form 5 - I have only submitted one Form 5 during my three year tenure as the RO for this facility.

Exclusion of an attenuated strain - It seems that the data required to validate the exclusion of an agent because of it attenuation would take longer than one hour. Gathering the data for our researchers has been so significant as to preclude having ever submitted for exclusion.

RO inspections- This is an unrealistic estimate. It takes longer that one hour to audit a laboratory for compliance which is what you are really tasking the RO to do. They must prepare for the inspection by gathering registration information, conduct the inspection and then document the whole event. This takes at least 5 hours per laboratory and registered PI.

Implement a system to ensure that certain records and databases are accurate - This is also grossly underestimated at 4 hours. My facility has spent countless hours in the development of such systems. Inventory control efforts require the efforts of at least 2

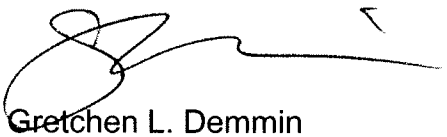
full time employees and database developers as there is no off the shelf programs that meet the data capture requirement of the CDC select agent program.

Inspection time is underestimated as well. Our inspection alone requires a 40 hour week and significant time in preparing all of the materials that are subject to audit. This includes occupational exposure records, training records, safety and security files. After the inspection there are corrective issues that must be designed and implemented in order to prepare an adequate response to maintain registration. So while it might only require 8 hours to type the letter, there is a significant amount of time involved with the inspection process that is not captured.

It is not enough to capture the requirements of the report filing or typing in the estimate of the burden to implement and maintain these programs. There is a complete lack of accounting for the time it takes to conduct the inspections for both the RO and the entity during the biannual inspection cycle. Also not assessed in the burden is the amount of time required in preparation and review of all of the program requirements. If this data is attempting to represent the time involved in complying with the Select Agent Program requirements then this is truly an unfair representation of the significant time and effort required to ensure strict adherence to all of the requirements of the program in order to avoid the substantial civil and criminal liability associated with non-compliance.

If you have any further questions please contact me by email: Gretchen.demmin@amedd.army.mil or by phone: 301-619-4394.

Sincerely,



Gretchen L. Demmin
Lieutenant Colonel, United States Army
Director for Safety, Biosurety and Security
Responsible Official

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

2. Select Biosafety Level(s) for Laboratory being registered that apply
   - BSL2
   - BSL3
   - ABSL3
   - BSL4
   - ABSL4

☐ ☐

SECTION 4A – TO BE COMPLETED BY ALL ENTITIES FOR EACH LABORATORY BEING REGISTERED

Each entity will complete questions 1 - _____ for each laboratory. Include a floor plan for each laboratory where select agents or toxins are to be used or stored (for all laboratory safety levels).

1. Laboratory is currently operational: ☐ Yes ☐ No
2. If no, date of anticipated completion of laboratory: _____
3. Floor plan(s) for all laboratory safety levels include:
   a. Entry into laboratory: ☐ Yes ☐ No
   b. Sink locations: ☐ Yes ☐ No
   c. Eyewash locations: ☐ Yes ☐ No
   d. Biological safety cabinet (BSC) locations: ☐ Yes ☐ No
   e. Fume hood locations: ☐ Yes ☐ No
   f. HVAC supply and exhaust locations: ☐ Yes ☐ No
   g. Freezer/refrigerator locations: ☐ Yes ☐ No
   h. Other large equipment locations (incubators, centrifuges, etc): ☐ Yes ☐ No
   i. Autoclave location (if applicable): ☐ Yes ☐ No ☐ N/A
   j. Incinerator location (if applicable): ☐ Yes ☐ No ☐ N/A
   k. Cage washing area (if applicable): ☐ Yes ☐ No ☐ N/A

NOTE: For BSL-4 or ABSL-4 facility questions, complete Section 5P and all other applicable sections.

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

SECTION 4B – TO BE COMPLETED BY ALL ENTITIES FOR EACH BSL2 LABORATORY(IES)

4. Will work be performed in BSL2 laboratory(ies)? ☐ Yes ☐ No
   If yes, complete questions 5 – 6.

5. Provide a description of the HVAC system (*check all that are appropriate*):

Single-pass	Re-circulated
Dedicated exhaust	Shared exhaust
Constant air volume	Variable air volume
Redundant exhaust fans	
Emergency power back-up	

6. Provide information on the biological safety cabinets (BSC) in use (For more than one cabinet, provide class and how BSC is connected to HVAC system. Attach additional sheets if needed):

   a. Class of cabinet #1: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III
      Class of cabinet #2: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III N/A

   b. BSC #1 connection to the HVAC system: Hard duct Thimble Re-circulating
      BSC #2 connection to the HVAC system: Hard duct Thimble Re-circulating N/A

   c. Define certification period: Annual Biannual Other (explain):_____

SECTION 4C – TO BE COMPLETED BY ALL ENTITIES FOR EACH BSL3 LABORATORY(IES)

7. Will work be performed in BSL3 laboratory(ies)? ☐ Yes ☐ No
   If yes, complete questions 9 – 18.

8. Provide a description of the HVAC system (*check all that are appropriate*):

Single-pass	Re-circulated
Dedicated exhaust	Shared exhaust
Constant air volume	Variable air volume
Redundant exhaust fans	
Emergency power back-up	

9. Provide information on the biological safety cabinets (BSC) in use (For more than one cabinet, provide class and how BSC is connected to HVAC system. Attach additional sheets if needed):

   a. Class of cabinet #1: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III
      Class of cabinet #2: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III ☐ N/A

   b. BSC #1 connection to the HVAC system: Hard duct Thimble Re-circulating
      BSC #2 connection to the HVAC system: Hard duct Thimble Re-circulating N/A

   c. Define certification period: Annual Biannual Other (explain):_____

10. Entry into the lab is through a double set of lockable self-closing doors: Yes No

11. Each laboratory room has a hands-free sink: Yes No

12. An eyewash station is readily available inside the laboratory: Yes No

13. All cultures, stock and other regulated wastes are decontaminated before removal from the containment area: Yes No
    If yes, describe method:
    Autoclaved (temperature, time, and psi):_____
    Chemical (disinfectant, concentration, and time): _____
    Irradiation: _____
    Other:_____

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

14. Laboratory exhaust is re-circulated to other areas of the facility: Yes No
15. The laboratory is maintained at negative air pressure to provide directional air into the laboratory: Yes No
16. A visual system is provided for laboratory personnel to monitor directional air before entry and during use of the laboratory: Yes No
17. An alarm system is provided to warn laboratory personnel of exhaust system failure: Yes No
18. HEPA filtration of all exhaust air is in place: Yes No

SECTION 4D – TO BE COMPLETED BY ALL ENTITIES FOR EACH ABSL2 LABORATORY(IES)

19. Will work be performed in ABSL2 laboratory(ies)? YES ☐ No ☐
    If yes, complete questions 20 – 29.
20. Provide a description of the HVAC system (*check all that are appropriate*):

    Single-pass Re-circulated

    Dedicated exhaust Shared exhaust

    Constant air volume Variable air volume

    Redundant exhaust fans

    Emergency power back-up
21. Provide information on the biological safety cabinets (BSC) in use (For more than one cabinet, provide class and how BSC is connected to HVAC system. Attach additional sheets if needed):
    a. Class of cabinet #1: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III
       Class of cabinet #2: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III N/A
    b. BSC #1 connection to the HVAC system: Hard duct Thimble Re-circulating
       BSC #2 connection to the HVAC system: Hard duct Thimble Re-circulating N/A
    c. Define certification period: Annual Biannual Other (explain):_____
22. Animal laboratories are separated from open and unrestricted areas: Yes No
23. Animal laboratory exhaust is re-circulated to other areas of the facility: Yes No
24. The animal laboratory is maintained at negative air pressure to provide directional air into the animal laboratory: Yes No
25. External doors are self-closing, self-locking, and open inward: Yes No
26. There is an autoclave in the laboratory: Yes No
27. The location of cage washing area is included on floor plan: Yes No

    If yes, cage washing is: Manual With a mechanical cage washer
28. Each animal room where infected animals are kept contains a hand-washing sink: Yes No
29. If floor drains are provided, the traps are always filled with an appropriate disinfectant: Yes No

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

SECTION 4E – TO BE COMPLETED BY ALL ENTITIES FOR EACH ABSL3 LABORATORY(IES)

30. Will work be performed in ABSL3 laboratory(ies)? ☐ Yes ☐ No
    If yes, complete questions 31 – 44.

31. Provide a description of the HVAC system (*check all that are appropriate*):

Single-pass	Re-circulated
Dedicated exhaust	Shared exhaust
Constant air volume	Variable air volume
Redundant exhaust fans	
Emergency power back-up	

32. Provide information on the biological safety cabinets (BSC) in use (For more than one cabinet, provide class and how BSC is connected to HVAC system. Attach additional sheets if needed):

    a. Class of cabinet #1: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III
    Class of cabinet #2: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III N/A

    b. BSC #1 connection to the HVAC system: Hard duct Thimble Re-circulating
    BSC #2 connection to the HVAC system: Hard duct Thimble Re-circulating N/A

    c. Define certification period: Annual Biannual Other (explain):_____

33. Animal laboratories are separated from open and unrestricted areas: Yes No
34. Entry into the animal lab is through a double set of lockable self-closing doors: Yes No
35. External doors are self-closing, self-locking, and open inward: Yes No
36. Each animal room contains a hands-free hand washing sink: Yes No
37. Animal laboratory exhaust is re-circulated to other areas of the entity: Yes No
38. The animal laboratory is maintained at negative air pressure to provide directional air into the animal laboratory: Yes No
39. A visual system is provided for laboratory personnel to monitor directional air before entry and during use of the animal laboratory: Yes No
40. An alarm system is provided to warn laboratory personnel of exhaust system failure: Yes No
41. HEPA filtration of all exhaust air is present: Yes No
42. There is an autoclave in the laboratory: Yes No
43. The location of cage washing area is included on floor plan: Yes No
    If yes, cage washing is: Manual With a mechanical cage washer
44. If floor drains are provided, the traps are always filled with an appropriate disinfectant: Yes No

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____ Laboratory Safety Level: _____

SECTION 4F – TO BE COMPLETED BY ALL ENTITIES FOR EACH LABORATORY (SECURITY)

45. Each laboratory has a site-specific written security plan: ☐ Yes ☐ No

    a. Plan designed according to a site-specific risk assessment and provides graded protection in accordance with the risk of select agent or toxin: Yes No

    b. Plan contains all information as required by the Select Agent Regulations: Yes No

    c. The plan is reviewed annually and revised as necessary: Yes No

    d. Drills or exercises are conducted to validate or test the effectiveness of the plan: Yes No

46. Physical Security (check all apply):

    a. Means to limit access to buildings with select agents and toxins:
    - ☐ Guard station at the building entrance
    - ☐ Locks
    - ☐ Card access system
    - ☐ Biometric system
    - ☐ Intrusion detection system
    - ☐ Other (describe): _____

    b. Means to limit access to rooms with select agents and toxins:
    - ☐ Locks
    - ☐ Card access system
    - ☐ Biometric system
    - ☐ Intrusion detection system
    - ☐ Other (describe): _____

    c. Means to limit access to select agents and toxins inside the room:
    - ☐ Locked incubators, refrigerators, freezers, etc.
    - ☐ Locked box inside incubators, refrigerators, freezers, etc.
    - ☐ Biometric system
    - ☐ Card access system
    - ☐ Intrusion detection system
    - ☐ Other (describe): _____

    d. Means to monitor access to areas where select agents and toxins are used or stored:
    - ☐ Electronic logs of access
    - ☐ Manual sign in logs
    - ☐ Video camera surveillance
    - ☐ Other (describe): _____

    e. Access to select agents and toxins is restricted to individuals that have access approval from the APHIS Administrator or HHS Secretary: ☐ Yes ☐ No

    f. Are individuals not approved for access from the APHIS Administrator or HHS Secretary allowed access to an area with select agents and toxins? ☐ Yes ☐ No

    1) If yes, are these individuals allowed into the area escorted? Yes No

    2) If no, explain: _____

    g. The laboratory is secured when no one is present during regular working hours: ☐ Yes ☐ No

47. Suspicious packages are inspected prior to entry or removal from an area where select agents and toxins are used or stored: ☐ Yes ☐ No

48. Select agents and toxins are transferred within the entity (intra-entity transfers): ☐ Yes ☐ No

    a. Intra-entity transfer is only under the supervision of an individual with access approval from APHIS Administrator or HHS Secretary: Yes No

    b. Chain-of-custody documents are used for intra-entity transfers: Yes No

49. Select agents and toxins are transferred from a laboratory to a shipping area and vice versa only under the supervision of an individual with access approval from APHIS Administrator or HHS Secretary: ☐ Yes ☐ No

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

SECTION 4G – TO BE COMPLETED BY ALL ENTITIES FOR EACH LABORATORY (BIOSAFETY AND INCIDENT RESPONSE)

50. Each laboratory has a written agent-specific, site-specific biosafety plan: ☐ Yes ☐ No
    a. The plan is commensurate with the risk of the select agent and toxin and contains all information as required by the Select Agent Regulations: Yes No
    b. The plan is reviewed annually and revised as necessary: Yes No
    c. Drills or exercises are conducted to validate or test the effectiveness of the plan: Yes No
51. Appropriate personal protective equipment (PPE) is used: ☐ Yes ☐ No ☐ N/A
52. A medical surveillance system is in place for personnel using the select agents and toxins: ☐ Yes ☐ No ☐ N/A
53. Spills and accidents that result in overt or potential exposures to infectious materials are immediately reported: ☐ Yes ☐ No
54. A sharps policy is in place for this laboratory: ☐ Yes ☐ No
55. An Institutional Biosafety Committee (IBC) reviews and approves protocols prior to work with select agents and toxins at this facility? ☐ Yes ☐ No
    If yes, has the IBC approved the work proposed in this application: Yes No
56. The facility has been inspected by USDA, FDA, CLIA, DoE, DoD or others: ☐ Yes ☐ No
    If yes, then give agency name and date of last inspection(s): _____
57. Each laboratory has a written incident response plan: ☐ Yes ☐ No
    a. The plan is commensurate with the hazards of the select agent and toxin and contains all information as required by the Select Agent Regulations: Yes No
    b. The plan is reviewed annually and revised as necessary: Yes No
    c. Drills or exercises are conducted to validate or test the effectiveness of the plan: Yes No

SECTION 4H – TO BE COMPLETED BY ALL ENTITIES FOR EACH LABORATORY (TRAINING)

58. Training:
    a. Security and biosafety training is provided prior to individual's access to areas where select agents and toxins are handled or stored: ☐ Yes ☐ No
    b. Training addresses the needs of the individual, the work being performed, and risks posed by select agents and toxins: ☐ Yes ☐ No
    c. Refresher training is provided: ☐ Annually ☐ Biannually ☐ Other (specify frequency): _____
    d. Written records of individuals trained are kept: ☐ Yes ☐ No
    e. Personnel demonstrate proficiency in laboratory procedures prior to working with select agents and toxins: ☐ Yes ☐ No
    f. Provide a brief description of what is included in the training program:
        ☐ Biosafety: _____
        ☐ Incident Response: _____
        ☐ Security: _____
        ☐ Other: _____
    g. Describe the means used to verify that individuals understood the training (add additional sheets as necessary):

_____

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

SECTION 4I – TO BE COMPLETED BY ALL ENTITIES FOR EACH LABORATORY (RECORDS AND INFORMATION SYSTEMS CONTROL)

59. Complete records are maintained as required by the Select Agent Regulations: ☐ Yes ☐ No

60. Provide a brief explanation of the system in place that ensures records and databases are accurate, their authenticity may be verified, and explains any discrepancies:

_____

61. Describe the means to control access to records and databases that would allow for access to select agents and toxins:
- ☐ Locks
- ☐ Locked filing cabinet, drawer, cabinet, etc.
- ☐ Secured electronic database (e.g., password protected, "stand alone PC")
- ☐ Card access system
- ☐ Other: _____

a. Are these records and databases located on any computer on a network? ☐ Yes ☐ No

If yes, provide a brief explanation of the systems in place to prevent unauthorized access to select agents and toxins (e.g., password protected, firewall protection)? _____

_____

62. Name(s) of Individual(s) responsible for inventory of select agent(s) and toxin(s): _____

a. Inventory record is reconciled: ☐ Annually ☐ Biannually ☐ Other (specify frequency): _____

b. Inventory tracking includes the following information (list): _____

_____

_____

SECTION 4J – TO BE COMPLETED BY ALL ENTITIES FOR EACH LABORATORY WORKING WITH TOXINS

63. A Chemical Hygiene Plan is available for the laboratory using toxins: ☐ Yes ☐ No

Yes No

_____ _____

_____ _____

_____ _____

:

_____

64. Dilution procedures and other manipulations of the concentrated toxins are performed: Yes No

a. If yes, conducted in: Fume hood Biological safety cabinet

b. If a fume hood or biosafety cabinet is used, certification is conducted:
Annually Biannually Other (describe): _____

c. Work is conducted with two knowledgeable people present: Yes No

65. A hazard sign is posted on the door when toxins are in use: Yes No

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

b

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SECTION 4K – TO BE COMPLETED BY ALL ENTITIES FOR EACH LABORATORY WORKING WITH ANIMALS

_____

_____

66. Animal waste is treated prior to disposal (e.g., carcasses, sewage, bedding, etc.) by an approved method:
    Not treated
    Autoclaved (temperature, time, and psi):_____
    Chemical (disinfectant, concentration, and time): _____
    Irradiation: _____
    Other:_____

67. Carcasses of animals are disposed of on site: Yes No

    a. If yes, provide method of disposal of treated carcasses:

    Incineration Rendering Chemical decomposition Other (*describe*): _____

    b. If no, describe:_____

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

68. The entity requires that an Institutional Animal Care and Use Committee (IACUC) review and approve protocols prior to work with animals at this entity: Yes No

    If yes, the proposed work with select agents and toxins in animals has been approved by the IACUC: Yes No

69. The laboratory is accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC): Yes No

    If yes, give accreditation date: _____

SECTION 4L – TO BE COMPLETED BY ALL ENTITIES FOR EACH PRINCIPAL INVESTIGATOR WORKING WITH PLANTS

☐ ☐

70. Work will be done in a glass or greenhouse: Yes No

    If yes, provide a description of the glass or greenhouse:

    Laminated Glass Tempered Glass Lexan Other (*describe*): _____

71. Structure is reinforced: Yes No

72. Floor is concrete: Yes No

73. Vents in facility: Yes No

74. Waste water collection and treatment: Yes No

75. Greenhouse HVAC supply and exhaust:

    a. Negative air pressure is maintained inside greenhouse: Yes No

    b. Greenhouse exhaust is re-circulated to other areas of the facility: Yes No

        If yes, HEPA filtration of all exhaust air is in place: Yes No

    c. Provide a description of the HVAC system (*check all that are appropriate*):

        Single-pass Re-circulated

        Dedicated exhaust Shared exhaust

        Constant air volume Variable air volume

        Redundant exhaust fans

        Emergency power back-up

76. Vectors present: Yes No
    If yes, vectors are restricted to cages: Yes No

77. Plant waste is treated prior to disposal (e.g., soil, plant material, etc.) by an approved method:
    Not treated
    Autoclaved (temperature, time, and psi):_____
    Chemical (disinfectant, concentration, and time): _____
    Irradiation: _____
    Other:_____

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

SECTION 4M – TO BE COMPLETED BY ALL ENTITIES FOR EACH BSL4/ABSL4 LABORATORIES

78. Will work be performed in BSL4/ABSL4 Laboratory? ☐ Yes ☐ No
    a. If yes, complete questions 95 – 101.

    b. Activities conducted under BSL-4/ABSL4 laboratory (check all that apply):
    Research Small animal
    Diagnostic Large animal
    Large scale production Recombinant DNA
    Other (give description):_____

79. What type of BSL-4 laboratories are you registering?
    Stand alone Class III cabinet laboratory (complete question 83)
    Protective suit laboratory (complete question 84)
    Protective suit laboratory with associated Class III cabinet (complete questions 83 and 84)
    ABSL-4 Stand alone Class III cabinet laboratory (complete questions 83 and 85)
    ABSL-4 Protective suit laboratory (complete questions 84 and 85)
    ABSL-4 Protective suit laboratory with associated Class III cabinet (complete all questions)

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80. Provide a description of the HVAC system (*check all that are appropriate*):

Single-pass	Re-circulated
Dedicated exhaust	Shared exhaust
Constant air volume	Variable air volume
Redundant exhaust fans	
Emergency power back-up	

81. Provide information on the biological safety cabinets (BSC) in use (For more than one cabinet, provide class and how BSC is connected to HVAC system. Attach additional sheets if needed):
    a. Class of cabinet #1: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III
    Class of cabinet #2: I II, Type A1 II, Type A2 (formerly II, B3) II, B1 II, B2 III ☐ N/A
    b. BSC #1 connection to the HVAC system: Hard duct Thimble Re-circulating
    BSC #2 connection to the HVAC system: Hard duct Thimble Re-circulating N/A
    c. Define certification period: Annual Biannual Other (explain):_____

82. Provide safety information for the BSL-4 laboratory facility(ies) you are registering by answering the questions in this section. Use separate sheets if necessary.
    a. A specific BSL-4 facility operations manual has been prepared: Yes No
    b. All standard BSL-4 microbiological practices are followed: Yes No
    c. There is a mandatory daily inspection of the containment parameters for the BSL-4 laboratory area(s) and critical life support systems: Yes No
    d. Walls, floors, and ceilings of the BSL-4 laboratory rooms are sealed. All penetrations into the laboratory are sealed: Yes No
    e. A visual pressure differential monitoring system is provided at the clean change room for laboratory personnel to verify directional air before entry into the BSL-4 laboratory: Yes No
    f. Differential pressures/directional airflow between adjacent areas is monitored and alarmed (visually and audibly) to indicate system failure: Yes No
    g. Double HEPA filtration of all suit area, decontamination shower, decontamination airlock and Class III cabinet exhaust air is in place: Yes No
    h. Single HEPA filtration of all suit area, decontamination shower, decontamination airlock and Class III cabinet supply air is in place: Yes No

i. Describe method utilized for decontamination of BSL-4 area(s):

_____

83. Entities registering a stand alone Class III cabinet laboratory must complete the following information:

a. Inner and outer change rooms are separated by a shower for personnel entering and leaving the cabinet room: Yes No

b. There is a double-door (pass-through) autoclave, dunk tank, fumigation chamber, or ventilated anteroom for passing materials, supplies, or equipment into or out of the cabinet room: Yes No

c. Walls, floors, and ceilings of the cabinet room(s) are sealed and all penetrations into the cabinet room(s) are sealed: Yes No

d. Floors are seamless and coved: Yes No

e. All drains in the cabinet room(s), inner change room(s), and autoclave chambers connect directly to an appropriate liquid waste decontamination system: Yes No

f. Sewer vents and other service lines contain HEPA filters: Yes No

g. Bench tops are seamless or sealed surfaces that are impervious to water and resistant to moderate heat and organic solvents, acids, alkalis, and other decontaminant chemicals: Yes No

h. Laboratory furniture is capable of supporting anticipated loads and uses and is covered with a non-fabric material that can be easily decontaminated: Yes No

i. If a central vacuum system is present, it serves only the cabinet room(s) and is HEPA filter protected, and liquid and gas services to the cabinet room are protected by backflow prevention devices: Yes No

j. Any windows are break resistant and sealed: Yes No

k. Double-door autoclaves are provided for decontamination of materials removed from the Class III cabinet and the cabinet room. These autoclaves are interlocked so that the outside door can only be opened after the sterilization cycle is complete: Yes No

l. Pass-through dunk tanks, fumigation chambers, or equivalent decontamination methods are provided so that materials and equipment that cannot be decontaminated in the autoclave can be safely removed from both the Class III biological safety cabinet(s) and the cabinet room(s): Yes No

m. All HEPA filters are tested and certified annually: Yes No

n. An HVAC monitoring system is provided to avoid pressurization of the laboratory and is alarmed to warn laboratorians of exhaust system failure: Yes No

o. There is HEPA filtration of all supply and exhaust air from the cabinet room(s), inner change room(s), and anteroom(s): Yes No

p. The Class III cabinet is directly connected to the exhaust system with HEPA filtration on the supply and double HEPA filtration on the exhaust: Yes No

q. Appropriate communication systems are provided between the laboratory and external personnel (intercom, phone, fax, and computer): Yes No

84. Entities registering a protective suit laboratory must complete the following information:

a. Entry into the area(s) where work is performed with BSL-4 select agents [suit room(s)] is through a series of changing and decontamination areas separated by airtight doors: Yes No

b. Inner and outer change rooms are separated by a personal shower: Yes No

c. A chemical shower is provided for decontaminating the outer surface of the protective suit: Yes No

d. A breathing air system is provided with redundant compressors, backup storage tanks, HEPA filtration protection, and alarm monitoring in the event of failure: Yes No

e. All penetrations into containment shell (walls, floors, and ceilings) of the suit area(s), chemical shower(s), and airlock(s) are sealed: Yes No

f. Daily inspections of the containment parameters and life support systems are performed, completed and documented before laboratory work begins: Yes No

g. A double-door, interlocked autoclave is provided for decontaminating waste materials removed from the suit area(s): Yes No

h. A dunk tank, fumigation chamber, or ventilated airlock to pass materials, supplies, or equipment into or out of the suit area(s): Yes No

i. Bench tops are seamless surfaces that are impervious to water and resistant to moderate heat and organic solvents, acids, alkalis, and other decontaminant chemicals: Yes No

j. Laboratory furniture is capable of supporting anticipated loads and uses and is covered with a non-fabric material that can be easily decontaminated: Yes No

k. If a central vacuum system is present, it serves only the suit area(s) and is protected by HEPA filtration: Yes No

l. Liquid and gas services to the suit area(s) are protected by backflow devices: Yes No

m. Inner and outer doors to chemical showers and airlocks are interlocked to prevent both doors from being opened at the same time: Yes No

n. Any windows are break resistant and sealed: Yes No

o. All drains in the suit area(s), chemical shower(s), and autoclave chambers connect directly to an appropriate liquid waste decontamination system: Yes No

p. An HVAC monitoring system is provided to avoid pressurization of the laboratory and is alarmed to warn laboratorians in the event of exhaust system failure: Yes No

q. Redundant exhaust fans are installed: Yes No

r. All HEPA filters are tested and certified annually: Yes No

s. HVAC supply to the suit area(s), chemical shower(s), and airlock(s) is HEPA filtered: Yes No

t. HVAC exhaust from the suit area(s), chemical shower(s), and airlock(s) is double HEPA filtered with the HEPA filters in series: Yes No

u. Appropriate communication systems are provided between the laboratory and external personnel (intercom, phone, fax, and computer): Yes No

v. Emergency lighting and emergency communications systems are provided for the BSL-4 areas: Yes No

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85. Entities registering an ABSL-4 laboratory must complete the following information:

a. Specific procedures have been developed for handling animals under ABSL-4 conditions in the Class III cabinet or protective suit laboratories being registered: Yes No

b. Aerosol experiments are conducted in this ABSL-4 laboratory: Yes No

c. Describe how animals are housed under ABSL-4 conditions (add additional sheets as necessary):

_____

d. Personnel assigned to work with infected animals work in pairs: Yes No

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Public reporting burden: Public reporting burden of this collection of information for the requirements of this application request is estimated to be 3.75 hours. An agency may not conduct, nor is an individual required to respond to, information collection unless a current valid OMB control number has been issued. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, ATTN: PRA (0920-0576), MS D-74, Atlanta, Georgia 30333.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to $250,000 ($500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

SECTION 5 – SELECT AGENT AND TOXIN INFORMATION
(TO BE COMPLETED FOR EACH PRINCIPAL INVESTIGATORS)

Needed

SECTION 5A. BIOSAFETY AND LABORATORY INFORMATION ON SELECT AGENTS AND TOXINS

Provide the following information on a **separate line** for each laboratory safety level: the select agent or toxin; the type of work with each select agent or toxin (e.g., viable, genomic material, recombinant DNA, use in animals, or large scale), the building and room number(s) where each select agent or toxin will be used and stored, and laboratory safety level for each Principal Investigator (or Chief Scientist). For entities only **storing** and not actively working with select agents or toxins, do not complete "laboratory area" column. For information on completing this section, refer to page 2 of the guidance document.

Select agent/Toxin name	Viable	Genomic Material	Recombinant DNA	Animal	Large Scale	Toxin	Laboratory Area		Storage Area		Laboratory Safety Level*	Principal Investigator
							Bldg	Room	Bldg	Room		
	INDICATE WITH AN "X" FOR EACH SELECT AGENT/TOXIN AS APPROPRIATE											
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move this to 1st Column

*Biosafety Level 2=BSL2	Animal Biosafety Level 2=ABSL2	rDNA BSL2=NIHBL2	rDNA Large Animal BSL2=NIH BL2N	rDNA Large Scale BSL2=NIH BL2-LS
Biosafety Level 3=BSL3	Animal Biosafety Level 3=ABSL3	rDNA BSL3=NIHBL3	rDNA Large Animal BSL3=NIH BL3N	rDNA Large Scale BSL3=NIH BL3-LS
Biosafety Level 4=BSL4	Animal Biosafety Level 4=ABSL4	rDNA BSL4=NIHBL4	rDNA Large Animal BSL4=NIH BL4N	rDNA Large Scale BSL4=NIH BL4-LS

Toxin= 29 CFR 1910.1450, 29 CFR 1910.1200 and BMBL

I certify that the select agents and toxins listed are categorized commensurate with the risk of the select agent or toxin and its intended use, and the biosafety and containment procedures are sufficient to contain the select agent or toxin.

Responsible Official/Alternate Responsible Official Signature:______________________ Date: __________

APHIS/CDC FORM 1 (12/31/2008)
(CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____ Laboratory Safety Level: _____

SECTION 5B – TO BE COMPLETED BY ALL ENTITIES FOR EACH PRINCIPAL INVESTIGATOR (OBJECTIVES OF WORK)

Make additional copies of this section of the form as needed for each principal investigator at your entity. Each principal investigator should complete questions 1 through 101, as appropriate for *each* select agents are used or stored.

1. Provide the objectives of the work for each select agent or toxin listed on Table 5A, including a description of the methodologies or laboratory procedures that will be used. State if any host-vector systems will be used. Specify whether work will involve live select agents and recombinant DNA. If no work is being performed on select agent or toxin, indicate storage only. Attach additional sheets if needed:

2. Provide an estimate of the maximum quantities (e.g., number of petri dishes or total volume of liquid media) and concentration of each organism grown at a given time (e.g., 2 - 250 ml flasks of 10^5 cfu/ml). If select agent will not be propagated, then indicate "no propagation of agent". Attach additional sheets if needed:

3. Additional Principal investigators performing the same objective of work: ☐ Yes ☐ No

   If yes, list: _____

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____

☐ ☐

_____

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_____

SECTION 5C – TO BE COMPLETED BY ALL ENTITIES FOR EACH PRINCIPAL INVESTIGATOR WORKING WITH TOXINS

4. Will work be performed with toxins or with agents that produce regulated amounts of toxins? ☐ Yes ☐ No
   If yes, complete questions 66 – 71.

5. Maximum quantity of each toxin under the control of the principal investigator, treating physician or veterinarian, or commercial manufacturer or distributor, at a given time:
   a. Toxin: _____ Aggregate amount of Toxin: _____
   b. Toxin: _____ Aggregate amount of Toxin: _____
   c. Toxin: _____ Aggregate amount of Toxin: _____

6. Form of toxins used: Liquid Lyophilized Not Applicable-Storage Only

7. The toxin is produced by viable agent at the entity: Yes No
   a. If yes, provide a brief description of procedures used (include an estimate of the maximum quantities grown at a given time): _____

   b
   : _____

Principal investigator: _____ Date: _____
Laboratory building: _____ Laboratory room number(s): _____ Laboratory Safety Level: _____

SECTION 5D – TO BE COMPLETED BY ALL ENTITIES FOR EACH PRINCIPAL INVESTIGATOR WORKING WITH GENETIC ELEMENTS, RECOMBINANT NUCLEIC ACIDS, OR RECOMBINANT ORGANISMS

8. Will work be performed with genetic elements, recombinant nucleic acids, or recombinant organisms? ☐ Yes ☐ No / ☐ Yes ☐ No / ☐ Yes ☐ No

   If yes, complete questions 9 – 13.

9. The biosafety level listed in Section 5A for this laboratory meets NIH guidelines: Yes No

10. Will you be possessing, using or transferring the following:

    a. Nucleic acids that can produce infectious forms of any of the select agent viruses. Yes No

    b. Recombinant nucleic acids that encode for the functional form(s) of any select toxins if the nucleic acids:

       1) can be expressed in vivo or in vitro. Yes No

       2) are in a vector or recombinant host genome and can be expressed in vivo or in vitro. Yes No

    c. Select agent viruses, bacteria, fungi, and toxins that have been genetically modified. Yes No

11. Provide a brief description of the recombinant constructs and any associated expression control elements, including what the recombinant DNA encodes for, if known: _____

12. Give an estimate of range of length of recombinant DNA to be used: _____

13. Are you intending to conduct the following restricted experiments as defined under 7 CFR 331.13, 9 CFR 121.13, and 42 CFR 73.13? Yes No

    a. Experiments utilizing recombinant DNA that involve the deliberate transfer of a drug resistance trait to select agents that are not known to acquire the trait naturally, if such acquisition could compromise the use of the drug to control disease agents in humans, veterinary medicine, or agriculture: Yes No

       If yes, provide a brief description of the restricted experiment: _____

       _____

    b. Experiments involving the deliberate formation of recombinant DNA containing genes for the biosynthesis of select toxins lethal for vertebrates at an LD_{50} < 100 ng/kg body weight: Yes No

       If yes, provide a brief description of the restricted experiment: _____

       _____

    Note: An individual or entity may not conduct a restricted experiment with select agents and toxins unless approved by the APHIS Administrator and HHS Secretary.

SECTION 5E – TO BE COMPLETED BY ALL ENTITIES FOR EACH PRINCIPAL INVESTIGATOR WORKING WITH ANIMALS

14. Will work be performed with animals? ☐ Yes ☐ No
    If yes, complete questions 79 – 84.

15. List species of animals that will be used: _____

16. Describe route of administration of select agent or toxin: _____

_____
_____
_____
_____

_____

_____