

Block 26. Continued: (Use Appendix A for continuation, if necessary)

SECTION 3 – TO BE COMPLETED BY ALL ENTITIES ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS OR OCCUPATIONAL EXPOSURE

27. An internal review of laboratory procedures and policies has been initiated to lessen the likelihood of recurrences of theft, loss or release of select agents and toxins at this entity.

No Yes If yes, please provide additional details.

28. What were the hazards posed to humans by the extent of the release or occupational exposure?

29. What is the estimated extent of the release or exposure in relation to the proximity of susceptible humans, animals and plants?

30. Provide a brief summary of how the laboratory and work surfaces were decontaminated after the release.

31. In select agents and toxins posing a risk to humans, please state how many laboratorians were potentially exposed and provide a brief summary of the medical surveillance provided (do not provide names or confidential information).

Certification: I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of the select agent regulations may result in civil or criminal penalties, including imprisonment. 7 CFR 331, 9 CFR 121, 42 CFR 73.

Signature of Respondent: _____

Title: _____

Typed or printed name of Respondent: _____

Date: _____

APPENDIX A
ADDITIONAL SHEET FOR CONTINUATION OF INFORMATION

Continue Form 3 comments here. State which block from the Form 3 the continuation is from.
(Example: The following statement is a continuation of block 26.)

Save and continue on next page (Form automatically defaults to a blank page for continuation)

APPENDIX B

IF THE INCIDENT OCCURRED DURING TRANSFER, COMPLETE SECTIONS 1 AND 2 OF FORM 3 AND PROVIDE THE FOLLOWING INFORMATION (INCLUDE A COPY OF THE RELEVANT APHIS/CDC FORM 2)

1. Transfer authorization number from APHIS/CDC Form 2:	2. Date Shipped:
3. Name of Carrier:	4. Airway bill number, bill of lading number, tracking number:
5. Package Description (size, shape, description of packaging including number and type of inner packages; attach additional sheets as necessary):	
6. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of receipt:	7. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, include explanation in box 5 above.
8. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes	9. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes

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Signature of Respondent: _____

Title: _____

Typed or printed name of Respondent: _____

Date: _____

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. 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, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).