

DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR PREVENTION SERVICES DIVISION OF QUARANTINE (EO3) ATLANTA, GEORGIA 30333

Form Approved OMB No. 0920-0263 Expiration Date: 8/31/2020

Application For Registration as an Importer of Nonhuman Primates*

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Organizational Name:					Telephone No.:			
Address:								
Person Responsible for Required Recor	d Keeping a	nd Reporting:						
Estimated number of nonhuman prim within 31 days of importation in the p	ates to be im eriod covered	ported or to b d by this regis		2. If currently re received with	egistered, number of no nin 31 days of importat	onhuman p ion in the p	orimates imported or previous 2-year peri	r od*
3. Animal Holding Facilities: a. Attach sketch of facility indicating to offices, laboratories and other a b. Air handling procedures in rooms (1) Air pressure in holding rooms (2) Is exhaust air filtered? c. Usual number of animals per cage	nimal rooms or areas whe is highe Yes	s in the same ere newly acq er than s No	building. uired primates a ame as lo		adjacent corridors and			
. •	•							
Prosimians: Old d. Waste disposal procedures for ani	d World Spec	ies:	New World	Species:	Great Apes:			
For dead animals: 4. Have you developed standard operat	ing procedu	res for:						
a. Animal transport to your facility	Yes	No		f. Necropsy	ana far	Yes	No	
b. Intake procedures for				g. ConsiderationB virus expo	ons for Osures	Yes	No	
arriving animals	Yes	No		h. Statement o	of intended use	Yes	No	
c. Animal husbandry	Yes	No		i. Communicat	ion with CDC	Yes	No	
d. Laundry	Yes	No		j. TB testing of	NHPs in quarantine	Yes	No	
e. Worker protection/use of personal protective equipment	Yes	No						
5. Are newly acquired nonhuman prima	ntes held in r	ooms or area	s with dedicated	d air-handling s	systems? Yes	No		
6. Are all animals that died during the c	quarantine p	eriod necrops	ied? Ye:	s No				
7. Is entry to the area where newly acq Yes No	uired nonhu	man primates	s are held restric	cted to only tho	se personnel who are o	essential to	o its operation?	
8. Is a veterinarian retained to provide	or sunervice	care of nonh	uman nrimatee?	Yes	No			
Name:		oaro or norm	aman pililates:	103	Telephone No.:			
Address:								

	a. Are all employees given a pre-e	mployment tı	ıberculin test?	Yes	No					
	b. Routine interval between tubero	culin tests of	employees afte	r employment:						
	Number of months:	or	Not Done							
	c. Do you have a respiratory contr	rol program,	as required by	OSHA 29 CFR 1	910.134 Respirat	ory Protection	- Standards?	Yes	No	
	d. Are workers fit-tested and train	ned annually	? Yes	No						
	e. Is an occupational health clinic	or physician	retained to su	pervise health	care programs?	Yes	No			
	Name:					Telephone	No.:			
	Address:									
_										
	10. Assurance Statement									
	As a condition of registration I, (we United States only for bona fide so primates to any other person or or purposes. I (we) understand that "commonly known as monkeys, ch	rientific, educ ganization wi nonhuman pr	ational, or exhib ithout clear evid imates" are det	ition purposes. lence that these lined as all nont	l (we) shall not sul animals will be us numan primates of	bsequently sell sed solely for b the Order Prin	l, reseİl, or otherw oona fide scientific nates including bu	rise distribu c, education ut not limite	ute the nonhui nal, or exhibiti	man tion
	11 Signature of Person Completing	this Form:				Date				

Public reporting burden of this collection of information is estimated to average 10 minutes 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 D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0263.

9. Personnel Health Program