

APHIS/CDC Form 3, Report of Theft, Loss, or Release of Select Agents and Toxins

Data for the APHIS/CDC Form 3 were not collected in NSAR. The pdf of the form was scanned into the system. The below screen prints show what will be collected in eFSAP.

The screenshot shows a web browser window with the URL <https://webapp.ipsastest.com/web/Form3/Default/Index?enti>. The browser tabs include "Federal Select Agent Program ..." and "Form 3 | CDC IPSAS". The page title is "Section A - ENTITY INFORMATION".

1. Name of Entity: ACG (252 of 255 characters left)

2. Entity Registration/NRE Number: (empty)

3. Physical Address: 1234 Maple (245 of 255 characters left)

4. City: Onekama (43 of 50 characters left)

5. State: Michigan

6. Zip Code: 48236- (empty)

7. Name of Responsible Official or Laboratory Supervisor: Rick Smith (245 of 255 characters left)

8. Name of Principal Investigator: (empty)

9. Telephone Number: (734)123-4564ext. (empty)

10. Fax Number: (123)456-4656ext. (empty)

11. E-mail address: nick@acg.com (38 of 50 characters left)

Section B - INCIDENT INFORMATION

The screenshot shows the same web browser window as above, but the page title is "Section B - INCIDENT INFORMATION".

1. Date and Time of Incident:

Date: mm/dd/yyyy

Time: Hour Minute am/pm

2. Date of Immediate Notification: mm/dd/yyyy

3. Type of Immediate Notification:

- Email
- Fax
- Telephone
- eFSAP

4. Location of Incident:

5. Name of Select Agent or Toxin:

6. Strain Designation:

7. Quantity:

+ Add Row

Name of Select Agent or Toxin Strain Designation Quantity

Name of Select Agent or Toxin Strain Designation Quantity

+ Add Row

8. Type of Incident:

Must answer at least one of the below

Theft
 Loss
 Release/ Potential Exposure

Note:

Please complete Appendix A, event timeline, to provide details on the theft/loss/release incident.

9. Severity of the incident: --Select an option--

10. What Biosafety Level did the incident occur?

Must answer at least one of the below

<input type="checkbox"/> BSL2	<input type="checkbox"/> NIHBL2	<input type="checkbox"/> NIHBL3-LS
<input type="checkbox"/> BSL3	<input type="checkbox"/> NIHBL3	<input type="checkbox"/> NIHBL4-LS
<input type="checkbox"/> BSL4	<input type="checkbox"/> NIHBL4	<input type="checkbox"/> ACL2
<input type="checkbox"/> ABSL2	<input type="checkbox"/> NIHBL2N	<input type="checkbox"/> ACL3
<input type="checkbox"/> ABSL3	<input type="checkbox"/> NIHBL3N	<input type="checkbox"/> ACL4
<input type="checkbox"/> BSL3Ag	<input type="checkbox"/> NIHBL4N	<input type="checkbox"/> PPQ Agent
<input type="checkbox"/> ABSL4	<input type="checkbox"/> NIHBL2-LS	

11. Is this incident associated with an APHIS/CDC Form 2:

12. Is this incident associated with an APHIS/CDC Form 4:

<input type="checkbox"/> ABSL2	<input type="checkbox"/> NIHBL2N	<input type="checkbox"/> ACL3
<input type="checkbox"/> ABSL3	<input type="checkbox"/> NIHBL3N	<input type="checkbox"/> ACL4
<input type="checkbox"/> BSL3Ag	<input type="checkbox"/> NIHBL4N	<input type="checkbox"/> PPQ Agent
<input type="checkbox"/> ABSL4	<input type="checkbox"/> NIHBL2-LS	

Transfer

11. Is this incident associated with an APHIS/CDC Form 2:

Yes
 No

12. Is this incident associated with an APHIS/CDC Form 4:

Yes
 No

Appendix A - EVENTS TIMELINE

Provide a detailed summary of events, including a timeline of what occurred.

Save Draft Immediate Notification Initiate Submit

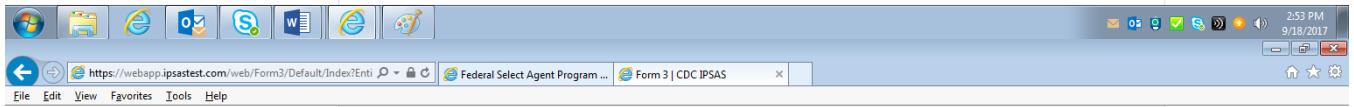
Section C - REPORT OF THEFT

1. Type of Theft: <input checked="" type="checkbox"/> Forced Entry <input type="checkbox"/> Insider/Insider-assisted access <input type="checkbox"/> Unauthorized access	2. Has Local Law Enforcement been Notified: <input type="radio"/> Yes <input checked="" type="radio"/> No
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3. Local Law Enforcement Agency:

4. Local Law Enforcement Agent Name: <input type="text" value="First, MI, Last"/>	5. Local Law Enforcement Contact Information (phone/email): <input type="text"/>
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6. Has the FBI been Notified:
 Yes
 No



6. Has the FBI been Notified:
 Yes
 No

7. FBI Agent Name: <input type="text" value="First M. Last"/>	8. FBI Agent Contact information (phone/email): <input type="text"/>
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9. Was the stolen BSAT material recovered:
 Yes
 No

10. Was there a potential exposure:
 Yes
 No
 Unsure

Appendix A - EVENTS TIMELINE



Section D - REPORT OF LOSS

1. Type of Loss:

- Inventory/Recordkeeping error
- Sample lost/discarded at entity
- Sample lost in transit
- Other

2. Has Local Law Enforcement been Notified:

- Yes
- No

3. Local Law Enforcement Agency:

After yu, Inc.
241 of 255 characters left

4. Local Law Enforcement Agent Name:

Eyeon Yu
247 of 255 characters left

5. Local Law Enforcement Contact Information (phone/email):

123-234-3456
243 of 255 characters left

6. Was the FBI Notified:

After yu, Inc.
241 of 255 characters left

6. Was the FBI Notified:

- Yes
- No

7. FBI Agent Name:

Al Cuffedup
244 of 255 characters left

8. FBI Agent Contact Information (phone/email):

234-898-1871
243 of 255 characters left

9. Was the lost BSAT material found?

- Yes
- No

10. How long was the BSAT material missing?

Date Recovered: Duration of loss(hrs/days)

11. Give the date of the last inventory/audit performed, which meets the FSAP regulatory requirement:

12. Was there a potential exposure:

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7. FBI Agent Name:

 244 of 255 characters left

8. FBI Agent Contact Information (phone/email):

 243 of 255 characters left

9. Was the lost BSAT material found?
 Yes
 No

10. How long was the BSAT material missing?
Date Recovered:
Duration of loss(hrs/days)

11. Give the date of the last inventory/audit performed, which meets the FSAP regulatory requirement:

12. Was there a potential exposure:
 Yes
 No
 Unsure

Appendix A - EVENTS TIMELINE



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Section E - REPORT OF RELEASE

1. Type of Potential Exposure/Release(choose all that apply):

<input type="checkbox"/> Animal bite/scratch	<input type="checkbox"/> Equipment/mechanical failure
<input type="checkbox"/> PPE failure	<input type="checkbox"/> Package damaged in transit (fill out Appendix B)
<input type="checkbox"/> Spill	<input type="checkbox"/> Unintended Animal Infection
<input type="checkbox"/> Needle stick/Sharps	<input type="checkbox"/> Unintended Plant Pathogen Release
<input type="checkbox"/> Decontamination failure	<input checked="" type="checkbox"/> Work performed on an open bench
<input type="checkbox"/> Inactivation failure	<input type="checkbox"/> Other

2. Was there a release outside containment barriers? (choose all that apply)

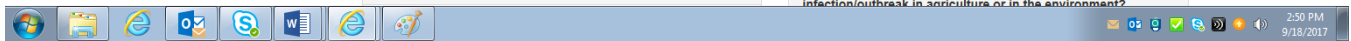
Release outside primary containment (e.g., biosafety cabinet, leaking storage vial within storage unit)

Release beyond secondary containment (e.g., laboratory)

Release outside all containment barriers of the facility (e.g., resulting in possible agricultural/environmental/public health threat)

3. What PPE was worn at the time of the incident? (choose all that apply)

<input checked="" type="checkbox"/> Hand Protection (e.g., gloves)	<input type="checkbox"/> Foot Protection (e.g., booties, shoe covers)
<input type="checkbox"/> Head Protectors/Covers	<input type="checkbox"/> Eye/Face Protection (e.g., goggles, face shield)
<input type="checkbox"/> Body Protection	<input checked="" type="checkbox"/> Respiratory Protection:
	Type: <input type="text" value="N-95"/>
	<input type="checkbox"/> Other



4. Did the release result in potential exposure(s)?

5. Did the release result in a laboratory acquired infection or an infection/outbreak in agriculture or in the environment?

4. Did the release result in potential exposure(s)?

Yes

If yes, how many individuals/animals/plants were exposed?

1

No

5. Did the release result in a laboratory acquired infection or an infection/outbreak in agriculture or in the environment?

Yes

No

Not currently known

6. Has medical surveillance been initiated?

Yes

No

7. Has prophylaxis or treatment been provided?

Yes

No

8. Has an internal investigation been initiated to lessen the likelihood of recurrences of incident involving the select agents and toxins at this entity?

Yes (if yes, please provide additional details.)

No

Details:

Additional training was conducted with the staff.

9. Other than a potential for occupational illness, what other hazards have been identified as a result of this incident?

Broken glass on floor

3979 of 4000 characters left

10. Provide a brief summary of how the laboratory and work surfaces were decontaminated after the incident.

10 percent bleach

3983 of 4000 characters left

11. Provide a brief summary of the medical surveillance conducted (do not provide names or confidential information).

Went to occupational health and was prescribed antibiotics

1942 of 2000 characters left

Appendix A - EVENTS TIMELINE