

# 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 page title is "Form 3 | CDC IPSAS". The browser's address bar shows "Federal Select Agent Program ...". The page content includes a "Save TLR" button and the following form fields:

- 1. Name of Entity:** Text input containing "ACG", with "252 of 255 characters left" below it.
- 2. Entity Registration/NRE Number:** Empty text input.
- 3. Physical Address:** Text input containing "1234 Maple", with "245 of 255 characters left" below it.
- 4. City:** Text input containing "Onekama", with "43 of 50 characters left" below it.
- 5. State:** Dropdown menu showing "Michigan".
- 6. Zip Code:** Text input containing "48236-\_\_\_".
- 7. Name of Responsible Official or Laboratory Supervisor:** Text input containing "Rick Smith", with "245 of 255 characters left" below it.
- 8. Name of Principal Investigator:** Empty text input.
- 9. Telephone Number:** Text input containing "(734)123-4564ext.\_\_\_\_".
- 10. Fax Number:** Text input containing "(123)456-4656ext.\_\_\_\_".
- 11. E-mail address:** Text input containing "nick@acg.com", with "38 of 50 characters left" below it.

## Section B - INCIDENT INFORMATION

The screenshot shows the same web browser window as above, but the page content has changed to "Section B - INCIDENT INFORMATION". The form fields are:

- 1. Date and Time of Incident:** A sub-section containing:
  - Date:** Text input with placeholder "mm/dd/yyyy".
  - Time:** Three dropdown menus for "Hour", "Minute", and "am/pm".
- 2. Date of Immediate Notification:** Text input with placeholder "mm/dd/yyyy".
- 3. Type of Immediate Notification:** A list of checkboxes:
  - Email
  - Fax
  - Telephone
  - eFSAP
- 4. Location of Incident:** Empty text input.
- 5. Name of Select Agent or Toxin:** Dropdown menu.
- 6. Strain Designation:** Empty text input.
- 7. Quantity:** Empty text input.

Below the form fields, there is a table with the following headers: "Name of Select Agent or Toxin", "Strain Designation", and "Quantity". To the right of the table is a blue button labeled "+ Add Row".

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"/> BSL2	<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 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:

3:02 PM  
9/18/2017

### 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)**

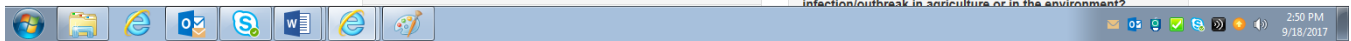
Release outside primary containment (e.g., biosafety cabinet, leaking storage vial within storage unit)

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:
	<b>Type:</b> <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