

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

## Section B - INCIDENT INFORMATION

The screenshot shows the same web browser window as above, displaying the "Section B - INCIDENT INFORMATION" form. The form includes the following fields:

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

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

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--

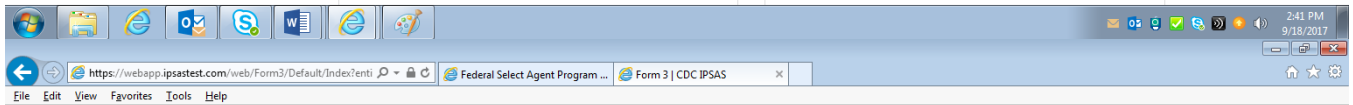
**10. What Biosafety Level did the incident occur?**

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:**  
 Forced Entry  
 Insider/Insider-assisted access  
 Unauthorized access

**2. Has Local Law Enforcement been Notified:**  
 Yes  
 No

**3. Local Law Enforcement Agency:**

**4. Local Law Enforcement Agent Name:**

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

**6. Has the FBI been Notified:**  
 Yes  
 No

**6. Has the FBI been Notified:**  
 Yes  
 No

**7. FBI Agent Name:**

**8. FBI Agent Contact information (phone/email):**

**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):**

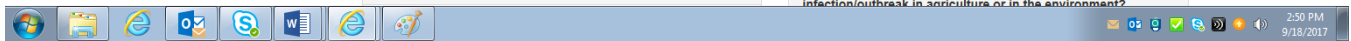
Animal bite/scratch  
 PPE failure  
 Spill  
 Needle stick/Sharps  
 Decontamination failure  
 Inactivation failure  
 Equipment/mechanical failure  
 Package damaged in transit (fill out Appendix B)  
 Unintended Animal Infection  
 Unintended Plant Pathogen Release  
 Work performed on an open bench  
 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)**

Hand Protection (e.g., gloves)  
 Head Protectors/Covers  
 Body Protection  
 Foot Protection (e.g., booties, shoe covers)  
 Eye/Face Protection (e.g., goggles, face shield)  
 Respiratory Protection:  
**Type:**   
 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