

INVENTORY OF BIOHAZARDS

Investigator Name: _____

Building: _____ Room Number: _____ Email: _____

Office Address: _____ Phone No.: _____ CLIA-Certified LAB ? Yes No

Yes	No	WORK WITH...	Origin	Quantity
		Bacteria, Fungi, Viruses, Parasites at Biosafety Level 1 (BSL-1) List Genus & species: _____		
		Bacteria Fungi, Viruses, Rickettsia, & Parasites at Biosafety Level 2 (BSL-2) List Genus & species: _____		
		Bacteria Fungi, Viruses, Rickettsia, & Parasites at BiosafetyLevel 3 (BSL-3) List Genus & species: _____		
		Cells or Cell Lines, (Human OR Non-Human Primate)		
		Human Gene Transfer Constructs		
		Oncogenic Viruses		
		SELECT AGENT per CDC 42 CFR PART 72 – Microorganism, Recombinant DNA or Toxin LIST AGENT: _____ [Please review organisms and toxins listed below]		

CHECK ("X") FOR EACH AGENT (S) OR TOXIN (S) USED OR POSSESSED BY YOUR FACILITY (CHECK ONE OR MORE CATEGORIES AS APPROPRIATE)	VIABLE	NUCLEIC ACID OR GENETIC ELEMENTS FROM AGENT	VACCINE APPROVED BY USDA OR FDA (MODIFIED)	REGISTERED WITH HHS SELECT AGENT PROGRAM
HHS SELECT AGENTS				
<input type="checkbox"/> CRIMEAN-CONGO HAEMORRHAGIC FEVER VIRUS				
<input type="checkbox"/> EBOLA VIRUSES				
<input type="checkbox"/> LASSA FEVER VIRUS				
<input type="checkbox"/> MARBURG VIRUS				
<input type="checkbox"/> RICKETTSIA PROWAZEKII				
<input type="checkbox"/> RICKETTSIA RICKETTSII				
<input type="checkbox"/> SOUTH AMERICAN HAEMORRHAGIC FEVER VIRUS				
<input type="checkbox"/> TICK-BORNE ENCEPHALITIS				
<input type="checkbox"/> VARIOLA MAJOR VIRUS (SMALLPOX VIRUS)				
<input type="checkbox"/> VIRUSES CAUSING HANTAVIRUS PULMONARY SYNDROME				
<input type="checkbox"/> YELLOW FEVER VIRUS				
<input type="checkbox"/> YERSINIA PESTIS				
<input type="checkbox"/> ABRIN				
<input type="checkbox"/> CONOTIXINS				
<input type="checkbox"/> DIACETOXYSCIRPENOL				
<input type="checkbox"/> RICIN				
<input type="checkbox"/> SAXITOXIN				
<input type="checkbox"/> TETRODOTOXIN				
USDA-HHS Overlap Agents				
<input type="checkbox"/> BACILLUS ANTHRACIS				
<input type="checkbox"/> BRUCELLA ABORTUS				
<input type="checkbox"/> BRUCELLA MELITNESIS				
<input type="checkbox"/> BRUCELLA SUIS				
<input type="checkbox"/> BURKHOLDERIA (PSEUDOMONAS) MALLE				
<input type="checkbox"/> BURKHOLDERIA (PSEUDOMONAS) PSEUDOMALLE				
<input type="checkbox"/> CLOSTRIDIUM BOTULINUM				
<input type="checkbox"/> COCCIDIOIDES IMMITIS				
<input type="checkbox"/> COXIELLA BURNETTII				
<input type="checkbox"/> EASTERN EQUINE ENCEPHALITIS VIRUS				
<input type="checkbox"/> EQUINE MORBILLIVIRUS (HENDRA VIRUS)/NIPAH VIRUS				

CHECK ("X") FOR EACH AGENT (S) OR TOXIN (S) USED OR POSSESSED BY YOUR FACILITY (CHECK ONE OR MORE CATEGORIES AS APPROPRIATE)	VIABLE	NUCLEIC ACID OR GENETIC ELEMENTS FROM AGENT	VACCINE APPROVED BY USDA OR FDA (MODIFIED)	REGISTERED WITH HHS SELECT AGENT PROGRAM
USDA-HHS Overlap Agents				
<input type="checkbox"/> FRANCISELLA TULARENSIS				
<input type="checkbox"/> RIFT VALLEY FEVER VIRUS				
<input type="checkbox"/> VENEZUELAN EQUINE ENCEPHALITIS VIRUS				
<input type="checkbox"/> AFLATOXINS				
<input type="checkbox"/> BOTULINUM TOXINS				
<input type="checkbox"/> CLOSTRIDIUM PERFRINGENS EPSILON TOXIN				
<input type="checkbox"/> SHIGATOXIN				
<input type="checkbox"/> STAPHYLOCOCCAL ENTEROTOXIN				
<input type="checkbox"/> T-2 TOXIN				
USDA HIGH CONSEQUENCE OF LIVESTOCK PATHOGENS AND TOXINS				
<input type="checkbox"/> AFRICAN HORSE SICKNESS VIRUS				
<input type="checkbox"/> AFRICAN SWINE FEVER				
<input type="checkbox"/> AKABANE VIRUS				
<input type="checkbox"/> AVIAN INFLUENZA VIRUS (HIGHLY PATHOGENIC)				
<input type="checkbox"/> BLUE TONGUE VIRUS (EXOTIC)				
<input type="checkbox"/> BOVINE SPONGIFORM ENCEPALOPATHY AGENT				
<input type="checkbox"/> CAMEL POX VIRUS				
<input type="checkbox"/> CLASSICAL SWINE FEVER				
<input type="checkbox"/> COWDRIA RUMINANTIIUM (HEARTWATER)				
<input type="checkbox"/> FOOT AND MOUTH DISEASE VIRUS				
<input type="checkbox"/> GOAT POX VIRUS				
<input type="checkbox"/> JAPANESE ENCEPHALITIS VIRUS				
<input type="checkbox"/> LUMPY SKIN DISEASE VIRUS				
<input type="checkbox"/> MALIGNANT CATARRHAL FEVER				
<input type="checkbox"/> MENANGLE VIRUS				
<input type="checkbox"/> MYCOPLASMA CAPRICOLUM/M.F 38/M.M YCODIES CAPRI (CONTAGIOUS CAPRINE PLEUROPNEUMONIA AGENT)				
<input type="checkbox"/> MYCOPLASMA MYCODIES MYCODIES (CONTAGIOUS BOVINE PLEUROPNEUMONIA AGENT)				
<input type="checkbox"/> NEWCASTLE DISEASE VIRUS (EXOTIC)				
<input type="checkbox"/> PESTE DES PETITS RUMINANTS				
<input type="checkbox"/> RINDERPEST VIRUS				
<input type="checkbox"/> SHEEP FOX				
<input type="checkbox"/> SWINE VESICULAR DISEASE VIRUS				
<input type="checkbox"/> VESICULAR STOMATITIS VIRUS				

I attest that the inventory reported above is a true and accurate accounting of all materials listed above.

Faculty Investigator: _____ Signature required _____ Date _____

**Please return the completed and signed inventory form via fax to:
Biosafety Officer: 410.955.5929**