DOOR POSTING FORM

BIOSAFETY PRECAUTIONS IN ANIMAL ROOMS

Agent(s):	Animal Biosafety Level:	
Animal Care Protocol No.:	Building/Room:	
Biosafety use Authorization No.:		
Project Title:		
Principal Investigator:	Department:	Biohazard Sticker
1. This agent is a: Bacteria Fungus Parasite Virus Prion		
2. This agent is infectious for: Humans only Animals only		
Humans & Animals Animal Species:		
3. The agent can be spread in: Blood Feces/Urine Saliva/nasal droplets Does not leave animal Placental fluid		
4. You can become infected by this agent in the following ways(s):		
5. If you are exposed to this agent, you may develop the following clinical signs: (NOTE: clinical signs may differ according to route and dose of exposure, and overall health of the individual.)		
 6. The following apply to the management/husbandry of these animals: Researcher or his/her staff is responsible for the feeding and care of these animals. All cages must be autoclaved or chemically disinfected before cleaning. (ABSL 2 standard) All cages must be autoclaved before cleaning. (ABSL 3 standard) Class II Biosafety Cabinet (BSC) is available in the room listed above. All animal manipulation must be done within the BSC unless a NIOSH Certified dust mask or HEPA filtered respirator is worn. Animals will be housed in the following type of caging/racks: 		
Micro-isolator boxes within individually ventilated cage racks Micro-isolator boxes within laminar flow unit or other containment device Micro-isolator boxes on standard racks Standard shoe box or other open caging		
Animal carcasses must be labeled and disposed of as follows:		
No special handling needed Bag and Incinerate Biohazardous waste container		
Soiled bedding or other waste must be disposed of as follows:		
No special handling needed Bag and Incinerate Bag and autoclave followed by incineration		
The following personal protective equipment must be used in the room regardless of animal housing or use of BSC:		
Lab coat/Coveralls Shoe covers/booties Disposable gloves Reusable gloves Disinfectant footbath NIOSH Certified Dust Mask or HEPA filtered respirator (fitted face or PAPR)		
7. Other information or procedures:		
Signatures: Obtain signatures in the specific	c order indicated below!	Date:
1. Principal Investigator		
2. DLAM Representative		
3. Biosafety Officer		
4. IACUC Chair		