APPENDIX A

ANIMAL FACILITY SAFETY INFORMATION (IUB Only)

Protocol(s) Number: #______________ Building/Department: ______________
PI/Supervisor: ___________________ Phone: ___________________
Office Room #: ___________________ Lab Room #: ________________
Alternate Contact: ________________ Phone: ___________________
Laboratory Animal Resources Phone: 855-2356
Environmental Health and Safety Phone: 855-6311
IU Police Department Phone: 911 or 855-4111 (non-emergencies)

Minimum Required PPE: ____________________________

BIOLOGICAL HAZARDS:
Animal Biosafety Level
☐ ABSL 1
☐ ABSL 2 ☐ ABSL 3
☐ Infectious Agent or Toxin Identity: ____________________________

Biological Hazard Special Instructions

Animal Room: __________________________________________________________________________
Hallways/elevators: _____________________________________________________________________

Required Enhanced PPE (in addition to minimum): ___________________________________________
☐ Hair Cover ☐ Safety Glasses ☐ Splash Goggles ☐ Surgical Mask
☐ N-95 ☐ N-100 ☐ Respirator with ____________ Cartridge ☐ Other _______

CHEMICAL HAZARDS:
☐ Human Carcinogens Chemical Name(s): ____________________________
☐ Reproductive Toxins Chemical Name(s): ____________________________
☐ Acutely Toxic Chemicals Chemical Name(s): ____________________________
☐ Other (Novel Substances or Experimental Chemicals): ____________________________

Chemical Hazard Special Instructions

Animal Room: __________________________________________________________________________
Hallways/elevators: _____________________________________________________________________

Required Enhanced PPE (in addition to minimum): ___________________________________________
☐ Hair Cover ☐ Safety Glasses ☐ Splash Goggles ☐ Surgical Mask
☐ N-95 ☐ N-100 ☐ Respirator with ____________ Cartridge ☐ Other _______
☐ Other Instructions for use of PPE: _____________________________________________________

OTHER SPECIAL INSTRUCTIONS:
☐ Occupational Health Requirements/Vaccinations: ________________________________
☐ Entry/Exit Procedures: __________________________________________________________________

WASTE STREAM:
☐ Sanitary Waste ☐ Autoclave then Sanitary (Biological Hazards Only) ☐ Medical Incineration