**BIOHAZARD SAFETY WARNING AND PRECAUTIONS FOR ANIMAL ROOMS**

Biohazard

Sticker Here

**Effective Date(s)**, beginning:      Ending:      Building / Room Number:

**Infectious Agent or other Biohazard**:

**Animal Biosafety Level**: [ ] ABSL-1 [ ] ABSL-2 [ ] ABSL-3

**Required Personal Protective Equipment**: [ ] Gloves [ ] Gown [ ] Lab Coat [ ] Eye Protection

 [ ] Respirator [ ] Shoe Covers [ ] Surgical Mask [ ] Bonnet / head cover

**IACUC Protocol Number**:       **IBC Number**:

**Principal Investigator**:     Department:       Phone:

Alternate Contact:     Phone:

**Agent Information**: [ ] Bacterium [ ] Virus [ ] Parasite [ ] Fungus [ ] SE agent (prion) [ ] Biological Toxin

Infectious for (all that apply): [ ] Human [ ] Animals:      [ ] Not infectious

Routes of Shedding from Animals: [ ] Urine [ ] Saliva [ ] Feces [ ] Respiratory [ ] Not known

[ ] Other:

Routes of Exposure (all that apply): [ ] Mucous membrane [ ] Ingestion [ ] Non-intact skin [ ] Biological Vector [ ] Airborne

Clinical Signs of Disease in Humans:

**Husbandry Information**

 [ ] Research staff responsible for feeding and care of the animals.

 [ ] Disposable Cages must be used: used cages must be autoclaved or incinerated.

 [ ] Animal carcasses must be incinerated (required for all animals infected with pathogens).

**Other Information or Procedures**:

Signature of Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form revised: March, 2011