**National Biosafety Stewardship Month Infectious Agent Inventory**

Principal Investigator:

Location of Stocks, Building: Room:

Is the above location locked when unoccupied? Yes No

Biosafety Level of Lab: BSL-1 BSL-2 BSL-3

Please complete the following information, listing each agent/toxin on a separate row. Insert extra rows as necessary. Include recombinant pathogens as well as non-recombinant.

|  |  |  |
| --- | --- | --- |
| **Infectious Agent/Toxin** | **Strain Designation\*** | **Susceptible Host(s)\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* If known

Please transmit this form electronically to [matthew.philpott@oregonstate.edu](mailto:matthew.philpott@oregonstate.edu)