**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.

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

 Please transmit this form electronically to matthew.philpott@oregonstate.edu