**ANIMAL FACILITY SAFETY and HYGIENE PLAN**

**PI:**

**PROTOCOL #**

**HAZARD(s) AUTHORIZATION #**

*Complete this form if you will be using biohazards, radioisotopes, carcinogens, or toxic chemicals in the animal room. Provide a copy of the corresponding Safety Data Sheet to vivarium staff.*

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| **Identify Hazard** |  |
| **Investigator’s Last Name** |  | **Department** |  |
| **Investigator’s First Name** |  | **Phone #** |  |

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| **Provide a short description of the hazardous agent:** |
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| **This agent is hazardous to:** | [ ]  | Humans only | [ ]  | Animals only | [ ]  | Humans and Animals |

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| **Describe the risk(s) to human health associated with this agent:** |
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| **The following materials are potentially contaminated with the hazardous agent:** |
| [ ]  | Cage | [ ]  | Run | [ ]  | Animal Carcass |
| [ ]  | Bedding | [ ]  | Water | [ ]  | Other:  |

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| **The precautions checked below must be followed when working with this agent:** |
| [x]  | The animal cage(s) must be identified with a hazard ID sticker |
| [ ]  | Research personnel are responsible for the feeding and care of these animals*.* Contact the Attending Veterinarian to establish health monitoring and emergency care procedures for the animals not cared for by ARC staff. Give the names and phone numbers of the responsible personnel:  |
| [ ]  | ARC staff is responsible for the feeding and care of these animals. |
| [ ]  | The animal cage must not be disturbed for *X* days post-treatment. Define the number of days: |
| [ ]  | Decontaminate room (describe decontamination procedure). |
| [ ]  | Animal carcasses must be disposed as of pathological waste (i.e. incinerated) by licensed contractor (i.e. MWEE). |
| [ ]  | The animal cage, bedding, water bottles, or other cage accessories must be autoclaved before disposal or cleaning.  |
| [ ]  | Describe the animal waste treatment procedure, if other than autoclaving: |

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| **The following Personnel Protective Equipment (PPE) is required to be used by Research Personnel (RP) or Animal Facility (AF) staff:** |
| [x]  RP[x] AF | Lab Coat or Uniform | [x]  RP[x]  AF | Disposable Gloves |
| [ ]  RP[ ]  AF | Eye Protection, Face Shield | [ ]  RP[ ]  AF | Shoe Covers, Booties, or Dedicated Shoes |
| [ ]  RP[ ]  AF | NIOSH Certified Dust Mask | [ ]  RP[ ]  AF | Fitted RespiratorType: |
| [ ]  RP[ ]  AF | Head Cover | [ ]  RP[ ]  AF | Disposable Lab Coat or Tyvek suit |

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| **Provide any other additional precautions that are needed to safely work with this agent (attach additional sheets as necessary):** |
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