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| FOR OFFICE USE ONLY |
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| Date received: IBC Protocol #:  |
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Biosafety Stewardship Initiative Form

*Oklahoma State University*

***Institutional Biosafety Committee (IBC)***

***223 Scott Hall***

***744-3203 or 744-3376***

**This form is to be used to document activities related to the IBC’s Biosafety Stewardship Initiative.**

The information provided in this form will be used to document that all Oklahoma State University investigators who utilize biohazardous materials in research and/or teaching activities have participated in the IBC’s Biosafety Stewardship Initiative. Biohazardous material includes all viable infectious, pathogenic, or toxin-producing agents, prions, biologically derived toxins, or nucleic acid constructs that have the potential to affect the health of humans, animals, plants, or the environment. Please return the completed form and any accompanying documents to the Biosafety Office (219 Cordell North).

**SECTION 1 – Administrative Information**

1. Principal Investigator (PI) name:

College/department:  Campus address:

Phone:  E-mail:

* 1. Current approved biosafety level(s): [ ] BSL1 [ ] BSL2 [ ] BSL3

**SECTION 2 – Confirmation of Activities**

2.1. [ ]  I have performed a review of my laboratory-specific biosafety policies and procedures and, if necessary, have

 modified them to optimize effectiveness.

2.2. [ ]  All members of my laboratory are current for all training requirements and documentation of training is available.

2.3.a. [ ]  I have conducted a full inventory of all infectious agents (i.e., human, animal, and plant pathogens) and

 biologically-derived toxins (i.e., naturally occurring molecules produced by animals, plants, microorganisms, or

 other biological agents that have a median lethal dose value of less than 50 mg/kg) under my control. All

 agents are labeled and properly stored in a secure location.

 [ ]  I did not find any select agents or toxins while conducting this inventory

2.3.b. Please attach a copy of your inventory. The inventory must include the agent name and strain designation (if applicable), the storage method (e.g., -80°C freezer, refrigerator, liquid nitrogen, etc.), and the storage location (i.e., building and room). We will accept inventory documents in any form provided that this information is included. However, an inventory template is available should you wish to use it.

2.3.c. [ ]  I do not possess any infectious agents or biologically derived toxins.

**SECTION 3 – PI Assurance and Signature**

I attest that the information contained in this form is accurate and complete. I agree to comply with all requirements pertaining to the use, handling, storage, and disposal of biohazardous agents.

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| Principal Investigator Signature |  | Date |