



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Biological Risk Assessment Worksheet

P.I. Name:

Building/Lab Room #:

Date:

An agent-specific Biological Risk Assessment must be filled out for each agent in used in the laboratory. Once an agent-specific Biological Risk Assessment has been completed for the procedure below, it can be used for multiple protocols. The procedure may be performed with additional precautions, if desired, but must be no less stringent than what is calculated by the Biosafety Officer in Section II.

Keep a completed copy of this worksheet in your red binder. The Biosafety in Microbiological and Biological Laboratories ([BMBL](#)) 6th Edition has additional guidance on facilities, work practices, PPE, and medical surveillance.

Section I: P.I. to complete all Data in this Section to the best of your knowledge.

The Biosafety Officer will consult P.I. and fill in missing information.

1. Research materials:

Select **and list** all materials used in experimental procedures:

A. Recombinant and/or synthetic Nucleic Acids:

B. Human/Non-human Primate Products- blood and blood products, body fluids, archeological samples:

C. Primary Cells or Cell Lines(include species of origin):

D. Microorganisms- bacteria, viruses, yeasts, parasites, algae, etc.:

Are any of the microorganisms transgenic?

Yes

No

E. Arthropods:

Are any arthropods transgenic ?

Yes

No

F. Whole Plants or Fungi:

Are any plants or fungi transgenic?

Yes

No

G. Toxins of Biological Origin:

H. Are any of the above A through G used with animals?

Yes

No

2. Risk Group of agent listed in A through G above: (see [absa.org](#))* **1** **2** **3** **4**

* Go to [absa.org](#), enter name of agent in search box (see search tips, right box), and record **NIH** (Risk Group) number above.

3. Procedures and Experimental Methods

A. Select all techniques used with materials listed in #1 above and include additional information as needed:

- ☐ Pipetting ☐ Vortex/Mixing ☐ Blending ☐ Sonication ☐ Grinding
- ☐ Glassware ☐ Scalpels, Scissors, Razors ☐ Injecting Animals ☐ Excretion by Animals
- ☐ Needles Intended procedures for needles:
- ☐ Centrifuging using: ☐ Sealed Rotors ☐ Safety Cup
- ☐ Other:

B. Are you working with material volumes of 10 Liters or more? Yes No

C. Briefly describe your experimental protocol: You may also attach protocol to this document.

D. List all other CSUDH faculty (P.I.s) and campus facilities that will collaborate on this work:

Send this form to the Biosafety Officer at:

You will be contacted for further review, training requirements, or discussion regarding the protocol or agent in use.

SECTION II : To be completed by Biological Safety Officer (BSO)

Facility and Work Practices Biological Safety Level (BSL): **1** **2** **3**

Biological Safety Cabinet Required: **Class I/II** **Class III**

Respirator Required: If checked, requires respirator fit test and medical evaluation

Medical Monitoring required:

Bloodborne Pathogen Training Required:

Vaccine recommendation:

Biosafety Officer Signature:

Date:

By signing this assessment form below, you agree that you will conduct all work listed above according to the Cal Poly Biosafety Program, including required personal protective equipment, containment procedures listed above (BSL level) and training requirements for myself and lab personnel.

Principal Investigator Signature:

Date:

Required Training: