



Institutional Biosafety Committee

The UNIVERSITY of OKLAHOMA

Animal Study SOP Deviation Assessment Biological Hazards

PI Name: _	AUP # (or Ref#): _
Housing Information: <input type="checkbox"/> Rodent Barrier Facility <input type="checkbox"/> Conventional Animal Facility	
Building: <input type="checkbox"/> BRC <input type="checkbox"/> BMSB <input type="checkbox"/> URP-1 <input type="checkbox"/> CPB <input type="checkbox"/> ORB	Room (if known): _

RISK ASSESSMENT		
Biohazards – Fill in appropriate level number and agent.		Autoclave
ABSL-		
ABSL-		
ABSL-		
ABSL-		
ABSL-		
ABSL-		

SUPPLEMENTAL QUESTIONS
Potential Hazard/Health Effects of Exposure:
Is the agent excreted and the bedding infectious? If yes, how many days?
Please indicate any special requirements for carcass/tissue disposal:
Please indicate any special requirements for door signage or cage cards:
Please list the PPE necessary for entry into the animal room:
Please list the PPE necessary for handling animals and/or cages:
I agree to follow the Comparative Medicine practices and procedures for identifying the room and cages for hazardous studies: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree