



**WINSTON-SALEM**  
STATE UNIVERSITY



**INSTITUTIONAL BIOSAFETY COMMITTEE**  
Winston-Salem State University  
**Application for the Use of Biohazardous Materials,  
Recombinant DNA and Infectious Agents**

1. APPLICANT INFORMATION		Assigned IBC (Office Use Only) #:	
Protocol Title			
First and Last Name			
Degree (Check All That Apply)	Ph.D. <input type="checkbox"/>	M.D. <input type="checkbox"/>	Other <input type="checkbox"/> _____
Department/Department #			
Office Telephone Number		Fax Number	
Lab Telephone Number			
E-mail Address			
If you will be sharing space with another Authorized Investigator, please include the User's name.			
Type of Application (Check One)	New Protocol <input type="checkbox"/>	Revised Protocol <input type="checkbox"/>	
Project Duration	Start Date:	End Date:	
Funding Source if Grant Proposal			

**INSTRUCTIONS FOR SUBMITTING AN APPLICATION TO THE WINSTON-SALEM STATE UNIVERSITY  
INSTITUTIONAL BIOSAFETY COMMITTEE**

**ALL BIOSAFETY APPLICATIONS MUST BE ACCOMPANIED BY A LABORATORY SAFETY PLAN.** After completion of both forms, please save these documents and send one electronic copy of each via e-mail as an attachment to [shanksvl@wssu.edu](mailto:shanksvl@wssu.edu) and one copy of each with signatures to the Institutional Biosafety Committee. If you need further instructions on sending an e-mail please contact the Compliance Officer at (336) 750-3019

**PRINCIPAL INVESTIGATOR TRAINING  
FOR BIOHAZARDOUS MATERIALS**

**Also submit a copy of this form along with your Biohazardous Material Application**

**PRINCIPAL INVESTIGATOR INFORMATION**

First and Last Name

Application/Protocol Title

Work Telephone Number

**PREVIOUS TRAINING WITH BIOHAZARDOUS MATERIALS**

Please describe below any previous training you have completed at an external organization

Topic Covered:	Date:	Sponsoring Organization	Location

EMPLOYEE/LAB WORKER/STUDENT TRAINING AND AUTHORIZATION	NOT APPLICABLE <input type="checkbox"/>
<p>Please list the individuals working with biohazardous materials in your laboratory under your supervision. (Attach Additional Sheets As Needed.) Please indicate any individuals who are under 18 years of age.</p> <p>You are required to submit a <i>Certificate of Training</i> for each employee working on this research.</p>	
EMPLOYEE FIRST AND LAST NAME	
1.	Under 18 <input type="checkbox"/>
2.	Under 18 <input type="checkbox"/>
3.	Under 18 <input type="checkbox"/>
Person(s) providing training	
Frequency of training	
Evaluation method(s)	
Additional Comments (such as intended use of videotapes)	

**2. TYPES OF BIOHAZARDOUS MATERIALS USED**

Please indicate the type of Biohazardous Materials that you intend to use.

Will you be using Recombinant DNA? Yes  No

Will you be using any type of Infectious Agent? Yes  No  If yes, please list the infectious agents. \_\_\_\_\_

\_\_\_\_\_

Will you be using a Select Agent or Toxin? Yes  No  If yes, please list the biological material and/or toxin. \_\_\_\_\_

\_\_\_\_\_

Will you be using Radioactive Materials? Yes  No  If yes, please list the radioactive materials. \_\_\_\_\_

\_\_\_\_\_

Will you be using animals? Yes  No  If yes, have you received IACUC approval? List date of approval \_\_\_\_\_

\_\_\_\_\_

*Note: The select agent rule allows for some exemptions. If you have questions, please contact the Compliance Officer at (336) 750-3019.*

### 3. DESCRIPTION OF EXPERIMENTS

*Briefly* describe (do not submit Abstracts or Journal Articles) the purpose(s) of the Biohazardous materials(s) you requested. Include the following information for each experiment or biohazardous material:

- a) Describe the proposed research.
  - Identify the sources(s) of DNA and the nature of the inserted DNA sequences (e.g., fraction of total genome represented) that will be used.
  - Identify the hosts and vectors that will be used.
  - Will a deliberate attempt be made to obtain the expression of a foreign gene? If so, what protein will be produced?
  
- b) Other Potential Biohazards
  - If the work also involves other potentially biohazardous materials, this requires Biosafety Level 1, 2 or 3 procedures and facilities:
    1. Identify the biological agent(s) that will be used.
    2. What is the nature of the known or suspected pathogenicity of the agent(s), if any?
    3. What are the principal investigator's suggestions for medical surveillance?
    4. Under the current CDC guidelines (or other announcements—please cite) what is the biosafety containment level (BL 1-4) that is required for this research?

**Attach Additional Sheets as Needed**

<p><b>4. LOCATIONS OF USE</b></p> <p>Please indicate the locations where you will use and/or store BIOHAZARDOUS materials. (This includes cold rooms and waste storage areas.) Include the site building name or number, floor, and room numbers. If you will be sharing space with another Principal Investigator, please include the User's name in COMMENTS.</p>			
BUILDING	FLOOR	ROOM(S)	COMMENTS
<p><b>5. REQUESTED BIOHAZARDOUS MATERIALS AND POSSESSION LIMITS</b></p> <p>Please specify the Biohazardous Materials and maximum quantity limits that will be used in this protocol. Include all materials stored in your lab, used in experiments, and all waste. Specify quantity in <i>appropriate units</i>.</p>			
BIOHAZARDOUS MATERIAL	FORM (LIQUID, SOLID OR GAS)	QUANTITY	
A.			
B.			
C.			
D.			
E.			
F.			

<b>6. ENGINEERING CONTROLS</b>		<b>NOT APPLICABLE</b> <input type="checkbox"/>
If operations will be performed in a laboratory fume hood or biological safety cabinet, please provide the information shown below. Otherwise, check NOT APPLICABLE.		
	Fume Hood	Biological Safety Cabinet
Location of fume hood/biological safety cabinet (building and room number)		
Date of last certification of face velocity/decontamination and recertification		
Frequency of use		
<b>7. DESCRIPTION OF BIOSAFETY SAFETY EQUIPMENT TO BE USED</b>		
Please indicate <i>required</i> safety equipment for individuals working with biohazardous materials under your supervision.		
Gloves	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Lab coats, sleeve covers, or aprons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Protective eyewear	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Respiratory protection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Secondary containment for liquids	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADDITIONAL SAFETY FEATURES OR EQUIPMENT		
<b>8. EMERGENCY PROCEDURES</b>		
Please describe detailed procedures to be followed in the event of a spill or contamination incident.		

**9. BIOHAZARDOUS MATERIAL STORAGE**

Federal and State regulations require you to secure from unauthorized removal or access biohazardous materials that are in storage.

Please describe your storage locations and methods. Describe measures you will take to ensure that biohazardous materials are secured at all times.

(Attach Additional Copies Of This Page If Necessary.)

STORAGE LOCATIONS	STORAGE METHOD(S)
BLDG _____ ROOM _____	Flammable Cabinet <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Safe <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
BLDG _____ ROOM _____	Flammable Cabinet <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Safe <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____
WASTE STORAGE LOCATIONS	DESCRIPTION
BLDG _____ ROOM _____	
BLDG _____ ROOM _____	

Please describe your access control and security measures.

**10. MONITORING**

<b>MEDICAL MONITORING</b>	<input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> OPTIONAL
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**DESCRIBE MEDICAL MONITORING**



**11. LOCATION OF DOCUMENTATION**

All biosafety and chemical safety program records (including correspondence regarding your Biosafety Application, Inventory, Certifications of Training, and survey results) must be available for review. Please indicate the location of your biosafety and chemical safety program documentation.

**12. BIOHAZARDOUS AND RELATED CHEMICAL WASTE DISPOSAL**

All biohazardous and related chemical waste *must* be disposed of through appropriate institutional procedures. Please estimate the approximate volume per month of biohazardous and chemical waste that will be generated.

TYPE	DESCRIPTION	QUANTITY PER MONTH
Gas		
Liquid		
Solid		

**SELECT AGENT disposal: Describe the method of disposal for select agent:**

**NOT APPLICABLE**

**PRINCIPAL INVESTIGATOR ASSURANCE AND SIGNATURE**

1. I understand that it is my responsibility to assure that all personnel working in my laboratory with any of these hazards are fully informed about their specific dangers, proper actions for safe use, steps to take in case of accidents, and are provided with all necessary safety equipment and instructions in its use.
2. I agree to follow the provisions of the WSSU Biosafety Program.
3. I agree to permit Representatives of WSSU Environmental Health and Safety to inspect the facilities where this work is being conducted.
4. I will dispose of all chemical and biological waste in accordance with North Carolina State and Local Regulations

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Departmental Chair

\_\_\_\_\_  
Date

**BIOSAFETY COMMITTEE DECISIONS**

The facilities and procedures referred to in this application have been reviewed by the Institutional Biosafety Committee of Winston-Salem State University. The following action was taken by the Committee:

- The proposal was reviewed by the Institutional Biosafety Committee and found to be EXEMPT
- The proposal was reviewed by the Institutional Biosafety Committee and was found to comply with *NIH and CDC guidelines* and is APPROVED.
- The proposal was reviewed by the Institutional Biosafety Committee and was found to comply with *NIH and CDC guidelines* and is APPROVED WITH THE FOLLOWING CONDITIONS.

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- The proposal was reviewed by the Institutional Biosafety Committee and found not to comply with *NIH and CDC Guidelines* and is NOT APPROVED.

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**Institutional Biosafety Committee Chairperson**

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**Date**

### **CONTACTING THE INSTITUTIONAL BIOSAFETY COMMITTEE**

All correspondence, including that directed to the Chair or other specific members of the Committee, should be also be sent to the Compliance Officer.

Vernon Shanks  
Compliance Officer  
Office of Sponsored Programs  
C117B Anderson Center  
(336) 750-3019  
[shanksvl@wssu.edu](mailto:shanksvl@wssu.edu)