PERSONEL BIOLOGICAL AGENT EXPOSURE CONTROL PLAN FORM

Biohazardous Materials Use Certificate (BMUC) Holder: (Name and current certificate #)

PART 1 RISK ASSESSMENT

1. Biological Agents in use (Attach PSDS or Suppliers information):

2. Zoonotic Agent  ☐ Yes  ☐ No

3. Mode(s) of Transmission:

4. Infectious Dose:

5. Working Dose:

6. Symptoms and Incubation Period:

7. Laboratory Associated Infection Reported in Literature: (# and description)

8. Targeted Organs:

9. Is the biological agent rendered inactive or non-replicative? ☐ Yes  ☐ No
   If yes, How has this been confirmed (by whom and date):

10. Experimental procedures that pose an exposure risk
    Note: These may include those risk associated with
    • Standardized lab procedures,
    • animal handling (bite, scratch, needle stick due to movement of the animal, and
    • atypical situations (jarring movements, traffic flow, lab design)

11. Has a Biosafety Health Assessment Form been completed and submitted to Occupational Health to determine if vaccination is available or if your medical history could increase a risk.
    ☐ Yes  ☐ No

12. Is medical surveillance or vaccination recommended by HR-Health Wellness and Leave?
PART 2  MITIGATION STRATEGIES

1. Vaccination or other medical prophylaxis measures:

2. Steps undertaken to reduce the risk of exposure:

PART 3  ACCIDENT REPORT AND MEDICAL TREATMENT

1. UO Accident/Incident forms must be completed including near miss-incidents)

2. In the case of an exposure, describe the steps to be undertaken (attach any relevant documentation):

3. Has your staff been informed of the exposure risks, mitigation activities as well as emergency procedures in the case of an exposure?  Yes  No

4. Has an Emergency Medical Contact Card been issued as per PHAC for pathogens for which the medical community may not be able to easily identify, RG3 and/or RG4  Yes  No  n.a.

Declaration and Signature

I am aware of the inherent risks associated with this project and implemented the appropriate measures to eliminate or mitigate the risks. I certify that the information provided herein is, to the best of my knowledge, complete, accurate and consistent with any proposal(s) submitted and will be provided to my staff and staff of ACVS.

______________________________   ______________________
Principle Investigator’s signature                         Date