

University of Hawaii Biosafety Program Laboratory Inventory and Declaration Form

**ANNUAL MICROORGANISM INVENTORY DECLARATION FORM
(Part A)**

The principal investigator for each laboratory working with microorganisms, including select agent toxins must complete this form on an annual basis. Please submit completed forms Part A and B to UH Animal Welfare and Biosafety Compliance Program ATTN: Eleanor Low, Biosafety Officer, Biocontainment and Biological Materials Transfer Specialist.

Principal Investigator:		Date:	
		Dept:	
Laboratory Location:		Lab Rm. #:	
Email Address:		Phone Numbers:	
Individuals with access to inventory:			

If you have no microorganisms in your lab(s) check box complete only the portion above and email page 1 back to uhpermit@hawaii.edu or fax to 956-2265

Section 1. Personnel Qualifications

List all key personnel and training dates (Separate sheet may be attached with training records)
Additional Sheet Attached: Yes No

Name	Type of Training	Date of Training

Section 2. Complete UH LID Part B. (Excel Spreadsheet)-Annual LID Inventory

Section 3. Microorganism Inventory Verification Statement.

Check			Verification Statement
Yes	No	N/A	
			Principal Investigator has taken an accurate inventory of each microorganism and/or toxin and verifies the amount declared.
			All biological derived toxins are properly labeled, with full chemical name.
			Current written biosafety manual has been reviewed by all staff at least annually.
			Current written incident and emergency response plan has been reviewed by all staff at least annually.

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Section 4. Select Agent List.

Select Agents List

(Effective December 4, 2012)

HHS (Health and Human Services)

Botulinum neurotoxin producing species of *Clostridium*
 Chapare Virus
Coxiella burnetii
 Crimean-Congo haemorrhagic fever virus
 Eastern Equine Encephalitis virus (only South American type is excluded)
 Ebola virus
Francisella tularensis
 Lassa fever virus
 Lujo Virus
 Marburg virus
 Monkeypox virus (West African clade is excluded)
 Reconstructed replication competent forms of the 1918 pandemic influenza virus containing any portion of the coding regions of all eight gene segments (Reconstructed 1918 Influenza virus)
Rickettsia prowazekii
 Severe acute respiratory syndrome (SARS)-associated coronavirus
 South American Haemorrhagic Fever viruses
 Guanarito
 Junin
 Machupo
 Sabia
 Tick-borne encephalitis complex (flavi) viruses
 Far Eastern Tick-borne encephalitis
 Kysanur Forest disease
 Omsk Hemorrhagic Fever
 Russian Spring and Summer encephalitis
 Variola major virus (Smallpox virus)
 Variola minor virus (Alastrim)
Yersinia pestis
Bacillus anthracis
Brucella abortus
Brucella melitensis
Brucella suis
Burkholderia mallei (formerly *Pseudomonas mallei*)
Burkholderia pseudomallei (formerly *Pseudomonas pseudomallei*)
 Hendra virus
 Nipah virus
 Rift Valley fever virus
 Venezuelan Equine Encephalitis virus subtype IAB, IC
 African horse sickness virus
 African swine fever virus
 Avian influenza virus (highly pathogenic)
 Classical swine fever virus
 Foot-and-mouth disease virus
 Goat pox virus
 Lumpy skin disease virus
Mycoplasma capricolum subspecies *capripneumoniae* (contagious caprine pleuropneumonia)
Mycoplasma mycoides subspecies *mycoides* small colony (*Mmm* SC) (contagious bovine pleuropneumonia)
 Peste des petits ruminants virus
 Rinderpest virus
 Sheep pox virus
 Swine vesicular disease virus
 Virulent Newcastle disease virus ¹
Peronosclerospora philippinensis (*Peronosclerospora sacchari*)
Phoma glycinicola (formerly *Pyrenochaeta glycinis*)
Ralstonia solanacearum race 3, biovar 2
Rathayibacter toxicus
Sclerophthora rayssiae var *zeae*
Synchytrium endobioticum
Xanthomonas oryzae

Section 5A. Select Agent Inventory Verification.

Check			Verification Statements
Yes	No	N/A	
			I currently am in possession of microorganisms listed in the above Select Agents List.
			I currently am in possession of Genomic Material from microorganisms on the Select Agent List.
			I currently am in possession of recombinant constructs encoding a Select Agent.

***If you answered yes to any questions in 5A please complete Section 5B, 6 and 7.
If you did not answer yes to any questions in 5A skip sections 5B, complete section 6.***

Section 5B. Select Agent Inventory Verification

Check			Verification Statements
Yes	No	N/A	
			All Select Agents are stored within a secure facility, with two layers of containment. ¹
			All personnel who work with or have access to Select Agents are on current UH Select Agent registration. ²
			Select Agents are listed on a currently approved Institutional Biosafety Committee (IBC) Protocol.
			Select Agents are listed on a currently approved Institutional Animal Care and Use Committee (IACUC) Protocol.
Briefly explain use of Select Agent and/or Toxins.			
List all applicable IBC Protocol #'s.			
List all applicable IACUC Protocol #'s.			

¹42CFR73.11 Security

²42CFR73.10 Restricted access

Section 6. Select Toxins Inventory Declaration.

HHS TOXINS [§73.3(d)(3)]	Amount (total in mg)
Abrin	
Botulinum neurotoxins	
Short, paralytic alpha conotoxins	
Diacetoxyscirpenol (DAS)	
Ricin	
Saxitoxin	
Staphylococcal Enterotoxins (Subtypes A, B, C, D, and E)	
T-2 toxin	
Tetrodotoxin	

If do not have any select agents or toxins, skip to section 8. Otherwise complete Section 6B and 7

Section 6B. Select Toxin Verification

Check			Verification Statements
Yes	No	N/A	
			I currently am in possession of Toxins listed in the above List.
			All toxins are stored within a secure facility, with two layers of containment. ¹
			All personnel who work with or have access to Toxins are on current UH Select Agent registration. ²
			A chemical hygiene plan is in place.
			Toxins are listed on a currently approved Institutional Biosafety Committee (IBC) Protocol.
			Toxins are listed on a currently approved Institutional Animal Care and Use Committee (IACUC) Protocol.
Briefly explain use of Select Agent and/or Toxins.			
List all applicable IBC Protocol #'s.			
List all applicable IACUC Protocol #'s.			

Section 7. Declaration of use and/or possession of Select Agent and Toxins.

I certify that this is a complete and accurate inventory description of the inventory in my possession. I have completed all applicable forms, training and obtained required permits and/or approvals.

Principal Investigator Signature Date

Section 8. Declaration of non use or possession of Select Agent and Toxins.

I DO NOT POSSESS SELECT AGENT AND TOXIN DECLARATION

I have reviewed the list of Select Agents and toxins above and I certify Select Agents and toxins are not used, stored or possessed by me or my staff in the physical space assigned to me by the University of Hawaii. I will notify the responsible official or alternate responsible official before obtaining any select agents or toxins.

I certify that this is a complete and accurate inventory description of the inventory in my possession. I have completed all applicable forms, training and obtained required permits and/or approvals.

Principal Investigator Signature Date