Toxin Checklist Annual Exempt Quantities

The Principal Investigator (PI) must complete this checklist on an annual basis (upon annual biosafety inspection) to ensure your laboratory is meeting all institutional, CDC and USDA-APHIS-VS-Select Agent Programs and Dual Use Research of Concern and Pathogens with Enhanced Pandemic Potential (DURC/PEPP) requirements for possession of toxins including exempt levels of Select Agent Biological Toxins. The PI is responsible for all documentation regarding inspections, including findings of deficiencies and corrective actions.

Please forward to Biosafety Safety Program, ORC (original signed copy only, no faxes). If you have further questions or need more information, call 956-2285 or e-mail at biosafe@hawaii.edu.

Principal Investigator Name (PRINT):_____

Department/Unit:_____**Bldg./Room No.**: _____

E-mail Address:_____**Telephone**_____

[ ] I have no biological derived toxin in this laboratory.

The following toxins are not regulated if the amount under the control of a principal investigator, treating physician or veterinarian, or commercial manufacturer or distributor does not exceed, at any time, the amounts indicated in the table below.

HHS Toxins [§73.3(d)(7)]	Amount
Abrin	1000 mg
Botulinum neurotoxins	1 mg
Short, paralytic alpha conotoxins	100 mg
Diacetoxyscirpenol (DAS)	10,000 mg
Ricin	1000 mg
Saxitoxin	500 mg
Staphylococcal Enterotoxins (Subtypes A, B, C, D, and E)	100 mg
T-2 toxin	10,000 mg
Tetrodotoxin	500 mg

Y	N	Toxin (circle above)
		If Not Listed Above (not a select agent toxin) Provide Biological Toxin name:
		General Safety
		Inventory Verification
		1. PI has taken an inventory of each toxin listed below and verifies that the maximum quantity in their possession at this time (as of date recorded) does not exceed the maximum, exempt quantities. If toxin quantity exceeds quantity allowed, then PI is required to immediately contact the Biosafety Program Office at 956-2285 or biosafe@hawaii.edu
		2. Appropriate procedures are in place to ensure safe handling, storage, and disposal of toxins (I.e., written SOP)

Approved Users/Training

3. PI has reviewed and verified current list of approved handlers.

Current Quantity:_____Toxin_____Date: _____

4. All approved handlers have been provided site specific safety training on the biologicalderived toxin involved process and follow the SOP procedures (LIST STAFF)

Storage/Physical Security Measures

5. All biological derived toxins, especially select agent toxin have been properly labeled, withfull chemical name.
6. All Select Agent toxins are stored within a locked facility, within a lock room/cabinet
7. A chemical hygiene plan is written
8. A written security plan is in place:
9. Briefly explain use of toxin:
10. Use of toxin has been authorized by the IBC. IBC Authorization No. _____

[ ] Not applicable only storage

11. he toxin is produced by viable agent(s). Please describe procedures
12. Dilution procedures or other manipulation is done in a [ ] fume hood, [ ]biosafety cabinetor [ ] other: _____ _____
13. How do you decontaminate and disposal:

Comments:

Declaration:

Signature:_____Date:_____

Official Use:	
Report No:	BSP-2 Form for import/transfer:
Toxin Completely destroyed:	Witnessed by:
IBC Authorization No.:	Date: