

RESEARCH ADVISORY COUNCIL

BIOLOGICAL, CHEMICAL & RADIOLOGICAL HAZARDS FORM

1 Does the proposed research involve any hazardous micro-organisms? Yes No
If YES, name the organisms and describe the nature of hazards expected.
Also describe facilities, safety measures, and procedures that will be used to protect personnel and the environment.

2 Does the proposed research involve recombinant DNA? Yes No
(Please consult the Recombinant DNA Committee Guidelines & Policies)
If YES, are you familiar with the NIH guidelines? Yes No

Please indicate:
The Risk Group of the agent(s) to be used: _____
The Required biological safety level: _____
The Building & Room number where the research will be carried out: _____
The Recombinant DNA Authorization (RDA) number(s) under which the proposal will be undertaken: _____

[If you do not have an RDA number that covers the proposed research, please contact the RD Officer (Pager: _____ and phone ext 27865) and complete the application for the Use of Recombinant DNA in research (available at the Office of Research Affairs)]

- A copy of the RDA is attached.
- A copy of the RDA will be forwarded to the ORA later.

3 Does the proposed research involve any toxic chemical? Yes No
If YES, name chemicals and describe the nature of hazards involved. Also indicate what safety measures will be taken in the use and disposal of these chemicals.

4 Does the proposed research involve radioactive materials? Yes No
If YES, please indicate:

The isotope to be used: _____
The quantity to be used: _____ MBQ/mCi
The Radiation Safety Authorisation (RSA) number(s) under which the proposal will be undertaken: _____

[If you do not have an RSA number, please contact the Radiation Safety Office to complete the appropriate forms. (Ext: 32850)]

- A copy of the RSA is attached.
- A copy of the RSA will be forwarded later.

Principal Investigator

Name: _____
Signature: _____
Date: _____

Investigator holding RDA

Name: _____
Signature: _____
Date: _____

Investigator holding RSA

Name: _____
Signature: _____
Date: _____