## **Biological Risk Assessment Worksheet**

Tra	acking #	<b>Building/Lab</b>	Room #			_ P	l Name	
Ass for if d	sessment. Once an agent-specific r multiple protocols by referencir desired, but must be no less strin	Biological Risk ng its tracking n gent than what	Assessmoumber. The is calculated	ent has e proce ted belo	been cedure mow at Se	omple ay be ection		
	ep a completed copy of this work osafety Manual (LBM) 4 <sup>th</sup> Edition						ealth Organization Laboratory actices, PPE, and medical surveillance.	
	ection I: Complete All Data I	Entry in this S	ection					
	Agent Used							
3.	Risk Group of Agent (check y	Yes No vww.absa.org)	1	2	3	4	{Inactivated agents = Risk Group 1}	
	For Risk Group 2-3, is there a	splash poten	tial?	Yes	No			
6. For Risk Group 2-3, does the procedure generate aerosol or large concentration?							entration? Yes No	
	(e.g., cell culture, vortex, cen	trifuge, aeroso	l chambe	r, soni	cate)			
		_						
Se	ection II: Data will be calcula	ited in this Se	ction ac	cordin	g to th	e ans	swers entered above in Section I	
1.	L. Facility and Work Practices Control Measures							
	Core Heightened	Core Heightened Maximum Containment						
2.	Biological Safety Cabinet	Class I/II	Class III					
		Personal Protective Equipment Needed for Procedure: (left to right = increased protection)						
	a. Gloves latex/nit							
		<ul><li>b. Eye safety glasses</li><li>c. Lab coat white</li></ul>		goggles + face shield blue smock/coveralls				
							space suit	
	<b>d. Respirator*</b> N-95/PA	PR	space suit					
4.	Medical Protection and Surveillance							
	<ul><li>a. Medical Monitoring required</li><li>c. Vaccine recommended*</li></ul>		<ul><li>b. Hearing Conservation F</li><li>d. Respiratory Protection</li></ul>				_	
5.	Comments							

Note: \*Vaccines and respirators require separate risk assessments.

Biorisk Management Advisor's Signature