

## TVAMC Subcommittee on Research Safety (SRS)

<b>Principal Investigator:</b>	<b>Date of Submission:</b>
<b>Project Title:</b>	
<b>Sponsor:</b>	

**Complete sections I-III. Please attach the Abstract to the back of this form. Submit VA form 10-0398 Research Protocol Safety Survey, if this protocol is planned for submission for VA funding.**

**I. Check the type of hazard involved in the study. Check all that apply.**

**BIOHAZARDS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Blood or other bodily fluids | <input type="checkbox"/> Biological toxins; Microbial or viral pathogens |
| <input type="checkbox"/> Recombinant DNA              | <input type="checkbox"/> Human tissue samples                            |

**CHEMICAL HAZARDS:**

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Carcinogenic or teratogenic chemicals | <input type="checkbox"/> Toxic chemicals (ie. Heavy metals, neurotoxins) | <input type="checkbox"/> Dry ice |
| <input type="checkbox"/> Toxic compressed gases                | <input type="checkbox"/> Flammable, explosive or corrosive chemicals     |                                  |

**RADIOLOGIC/PHYSICAL HAZARDS:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ionizing radiation (ie. Tritium)                       | <input type="checkbox"/> Non-ionizing radiation (ie. UV light, lasers, radiofrequency) |  |
| <input type="checkbox"/> Noise, vibration, extremes of temperature or pressure. | <input type="checkbox"/> Electrical, explosive, or mechanical hazards                  |  |

**II. Check the type of safeguards utilized by research personnel.**

- Standard precautions
- Containment equipment (ie. Centrifuges)
- Use of appropriate safety devices, biological waste containers, and removal systems
- Training in handling/shipment of biomedical samples
- Other: \_\_\_\_\_

**III. List names and qualifications of all research personnel involved in the handling of the above checked hazards.**

_____ Principal Investigator	Date
APPROVED    DISAPPROVED    MORE INFORMATION NEEDED	
_____ Research Safety Officer	Date
APPROVED    DISAPPROVED    MORE INFORMATION NEEDED	
_____ Chair, Research & Development Committee	Date