

# Biological Risk Assessment Worksheet

Tracking # \_\_\_\_\_ Building/Lab Room # \_\_\_\_\_ PI Name \_\_\_\_\_

Laboratory protocols consist of one or more procedures. Each procedure in the protocol needs an agent-specific Biological Risk Assessment. Once an agent-specific Biological Risk Assessment has been completed for the procedure, it can be used for multiple protocols by referencing its tracking number. The procedure may be performed with additional precautions, if desired, but must be no less stringent than what is calculated below at Section II.

Keep a completed copy of this worksheet in your Biosafety Manual. The **Biosafety in Microbiological and Biological Laboratories (BMBL)** 5<sup>th</sup> Edition has additional guidance on facilities, work practices, PPE, and medical surveillance.

## Section I: Complete All Data Entry in this Section

1. Agent Used \_\_\_\_\_
2. Is a vaccine available? Yes ☐ No ☐
3. Risk Group of Agent (check [www.absa.org](http://www.absa.org)) 1 ☐ 2 ☐ 3 ☐ 4 ☐ {Inactivated agents = Risk Group 1}
4. Procedure \_\_\_\_\_
5. For Risk Group 2-3, is there a splash potential? Yes ☐ No ☐
6. For Risk Group 2-3, does the procedure generate aerosol or large concentration? Yes ☐ No ☐  
(e.g., cell culture, vortex, centrifuge, aerosol chamber, sonicate)

## Section II: Data will be calculated in this Section according to the answers entered above in Section I

1. Facility and Work Practices Biological Safety Levels (BSLs)  
Facility BSL 1 ☐ 2 ☐ 3 ☐ 4 ☐ Work Practices BSL 1 ☐ 2 ☐ 3 ☐ 4 ☐
2. Biological Safety Cabinet Class I/II ☐ Class III ☐
3. Personal Protective Equipment Needed for Procedure: (left to right = increased protection)
  - a. Gloves latex/nitrile required
  - b. Eye safety glasses ☐ goggles + face shield ☐
  - c. Lab coat white ☐ blue smock/coveralls ☐ space suit ☐
  - d. Respirator\* N-95/PAPR ☐ space suit ☐
4. Medical Protection and Surveillance
  - a. Medical Monitoring required ☐
  - b. Hearing Conservation Program ☐
  - c. Vaccine recommended\* ☐
  - d. Respiratory Protection Program ☐
5. Comments \_\_\_\_\_

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

Biosafety Officer's Signature