DOOR POSTING FORM
BIOSAFETY PRECAUTIONS IN ANIMAL ROOMS

<table>
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<tr>
<th>Agent(s):</th>
<th>Animal Biosafety Level:</th>
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<tr>
<th>Animal Care Protocol No.:</th>
<th>Building/Room:</th>
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<tr>
<th>Biosafety use Authorization No.:</th>
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<tr>
<th>Project Title:</th>
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<th>Principal Investigator:</th>
<th>Department:</th>
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1. **This agent is a:** ___  Bacteria ___  Fungus ___  Parasite ___  Virus ___  Prion

2. **This agent is infectious for:** ___  Humans only ___  Animals only ___  Humans & Animals ___  Animal Species:

3. **The agent can be spread in:** ___  Blood ___  Feces/Urine ___  Saliva/nasal droplets ___  Does not leave animal ___  Placental fluid

4. **You can become infected by this agent in the following ways(s):**
   ___  Ingestion (contaminated hands, clothes, soiled bedding)
   ___  Inhalation
   ___  Mucus membranes (via splashes or hands to eyes/nose/mouth)
   ___  Contact - breaks in skin
   ___  Tick or insect bite

5. **If you are exposed to this agent, you may develop the following clinical signs:**
   (NOTE: clinical signs may differ according to route and dose of exposure, and overall health of the individual.)

6. **The following apply to the management/husbandry of these animals:**
   ___  Researcher or his/her staff is responsible for the feeding and care of these animals.
   ___  All cages must be autoclaved or chemically disinfected before cleaning. (ABSL 2 standard)
   ___  All cages must be autoclaved before cleaning. (ABSL 3 standard)
   ___  Class II Biosafety Cabinet (BSC) is available in the room listed above.
   ___  All animal manipulation must be done within the BSC unless a NIOSH Certified dust mask or HEPA filtered respirator is worn.

   **Animals will be housed in the following type of caging/racks:**
   ___  Micro-isolator boxes within individually ventilated cage racks
   ___  Micro-isolator boxes within laminar flow unit or other containment device
   ___  Micro-isolator boxes on standard racks
   ___  Standard shoe box or other open caging

   **Animal carcasses must be labeled and disposed of as follows:**
   ___  No special handling needed
   ___  Bag and Incinerate
   ___  Biohazardous waste container

   **Soiled bedding or other waste must be disposed of as follows:**
   ___  No special handling needed
   ___  Bag and Incinerate
   ___  Bag and autoclave followed by incineration

   **The following personal protective equipment must be used in the room regardless of animal housing or use of BSC:**
   ___  Lab coat/Coveralls
   ___  Shoe covers/boots
   ___  Disposable gloves
   ___  Reusable gloves
   ___  Disinfectant footbath
   ___  NIOSH Certified Dust Mask  or HEPA filtered respirator (fitted face or PAPR)

7. **Other information or procedures:**

**Signatures:** **Obtain signatures in the specific order indicated below!!!**

1. Principal Investigator
   ___________________________________ ______________________
2. DLAM Representative
   ___________________________________ ______________________
3. Biosafety Officer
   ___________________________________ ______________________
4. IACUC Chair
   ___________________________________ ______________________

**Date:**