**POLICY NUMBER: S-006**

# Title: Research Laboratory Hazardous Agents Control Program

## PURPOSE

The purpose of this document is to establish a policy regarding laboratory security as well as the security and control of hazardous agents in the laboratories of the VA Pittsburgh Healthcare System (VAPHS) Research and Development (R&D) Department.

## REVISION HISTORY

| **R&D Approval Date** | **Revision #** | **Change** | **Reference Section(s)** | **Effective Date** |
| --- | --- | --- | --- | --- |
| August 28, 2018 | 1.4 | Addition of acronyms section; addition of semi-annual review reported to IBC; Waiver approved for monthly review of access records; Addition of incident safety report form; rewording of section | Section 3.0  Section 8.6.5;  Section 8.6.6;  Sections 8.9.1 & 8.9.2 | August 31, 2018 |
| August 22, 2017 | 1.3 | Change RSC to R&D office; update information on radioactive materials; update reporting information; update to Select Agents & Toxins | Sections 4.2, 7.3 and 7.4;  Section 7.7.1; Section 7.9.2; Attachment A | August 25, 2017 |
| August 23, 2016 | 1.2 | Change to MCM number; updates to chemical agents | All | September 26, 2016 |
| September 22, 2015 | 1.1 | New format; more detailed description | All | September 25, 2015 |
| September, 2008 | N/A | New Policy | N/A | September, 2008 |

## ACRONYMS

ACOS/R&D – Associate Chief of Staff/Research & Development Department

APHIS – Animal and Plant Health Inspection Service

ARF – Animal Research Facility

BMBL – Biosafety in Microbiological and Biomedical Laboratories

CDC – Centers for Disease Control and Prevention

DOT – Department of Transportation

HR – Human Resources

IBC – Institutional Biosafety Committee

ID – Identification

IPA – Intergovernmental Personnel Agreement

MCM – Medical Center Memorandum

NIH – National Institutes of Health

NRC – Nuclear Regulatory Commission

ORO – Office of Research Oversight

OSHA – Occupational Safety and Health Administration

OSLE – Office of Security and Law Enforcement

PI – Principal Investigator

R&D – Research and Development

RSC – Research Safety Coordinator

USDA – United State Department of Agriculture

VA – Veterans Affairs

VAPHS – VA Pittsburgh Healthcare System

VHA – Veterans Health Affairs

WOC – Without Compensation

## SCOPE

The research laboratories and inventories of hazardous agents will be secured in keeping with the intent and scope of VHA Handbook 1200.06. This policy applies to all individuals entering secured Research areas, to include VA employees, without compensation (WOC) employees, Intergovernmental Personnel Agreement (IPA) appointees, contract employees, oversight entities, vendors, employees from other VA Service Lines, and visitors.

## RESPONSIBILITY

* 1. **The Associate Chief of Staff for Research and Development (ACOS/R&D) and the Deputy ACOS/R&D**, by and through the Research Safety Coordinator (RSC), will maintain laboratory security and hazardous agent access and inventory control policies in keeping with VA directives and ensure compliance with established policies. The VAPHS R&D Committee will appoint the RSC. The responsibilities of the RSC are as follows:
     + Provide support and assistance to ensure compliance with various safety practices, regulations, and policies.
     + Assist in addressing safety infractions and safety improvements.
     + Assist the Principal Investigator (PI) with maintaining laboratory compliance.
     + Act as a liaison to the Safety Department to assist with lab safety inspections, coordinate safety training, and maintain overall lab compliance including hazardous waste management.
  2. **VAPHS Human Resources Department (HR)** will review employment applications for citizenship and visa status. HR will initiate appropriate background investigations for all VA personnel, and communicate the results to the R&D Office in a timely manner.
  3. **VA Police Department** will conduct annual security vulnerability assessments and act as a resource to R&D in the creation and monitoring of security policies.

## DEFINITIONS

1. Authorized Individual – An authorized individual is a VA employee appointed on a full-time, part-time, intermittent, fee basis, or WOC that has undergone credentialing and a background check required for appointment to a Title 5 position, Title 38 position, or as a WOC. In addition, the individual has completed appropriate safety and security training specific to the hazardous and/or sensitive materials used in their particular laboratory.
2. Hazardous Agent – A hazardous agent is a biological material that is included on the Centers for Disease Control and Prevention (CDC) list of select agents and toxins (42 CFR Part 73), Animal and Plant Health Inspection Service (APHIS) list of biological agents (7 CFR part 331, 9 CFR Part 121), and products of such biological material (i.e., toxins). The term also includes highly toxic chemicals, exempt quantities of toxins, or gases that have the potential for being used as weapons of mass destruction, as well as radioactive materials and/or radioactive sources (see Attachment A, *VAPHS Research Laboratory Hazardous Agents Certification*). The terms select agents and toxins refer to both the CDC select agents and toxins and the APHIS biological agents and toxins.
3. Institutional Biosafety Committee (IBC) – Subcommittee of the R&D Committee, which is delegated oversight of matters relating to security and safety of the areas under the purview of the R&D Department.
4. Secured Areas – The secured areas refer to research laboratories containing hazardous and/or select agents or toxins.
5. Select Agent – A select agent is one of a group of agents (viruses, bacteria, rickettsiae, fungi, toxins, and recombinant or synthetic nucleic acid molecules) designated by the CDC as requiring registration with the CDC Laboratory Registration Program. The regulation of select agents is codified in 42 CFR Part 73. Attachment A includes all of the select agents included in the list of hazardous agents. For purposes of this policy, select agents and hazardous agents are synonymous, and are to be handled at the same level of security. The terms select agents and toxins also refers to biologic agents and toxins that the Secretary of Agriculture has determined to have the potential to be a severe threat to animal and plant health (7 CFR part 331 and 9 CFR Part 121); they are included in Attachment A of this policy.
6. Sensitive Materials – Sensitive materials include, but are not limited to, any hazardous agents as defined in subparagraph 3e of VHA Handbook 1200.06 and identified in Attachment A, as well as research equipment and/or supplies used to store, test, destroy or otherwise handle hazardous agents, and laboratory notebooks or other written or computerized records documenting possession of and/or research using hazardous agents.
7. Terrorist Event – A terrorist event is the unauthorized removal or theft of hazardous agents capable of being used as weapons of mass destruction from VAPHS research laboratories, including leased and off-site space, and/or the unlawful use of such hazardous agents. It specifically encompasses the illicit and unauthorized use of VA research laboratory facilities (including equipment, supplies, computers, faxes, phones, etc.) for the production, purification, or dissemination of any hazardous agent. The term also refers to the illegal transfer of agents into or out of research laboratories and other research space such as the Animal Research Facility (ARF), storage areas, and offices. The term may also refer to activities such as dissemination, detonation, and contamination of hazardous agents, select agents, toxins, or sensitive materials within VAPHS laboratories or the building(s) housing these laboratories.
8. Weapons of Mass Destruction – Weapons of mass destruction include any of the classes of hazardous agents as defined in subparagraph 3e of VHA Handbook 1200.06 and identified in Appendix A, or combination of these agents that are capable of inflicting morbidity and mortality on a widespread basis.

## PENALTIES

Failure to conform to the requirements in this policy may result in immediate withdrawal of VA research funding, suspension from the research program, and/or denied access of the secured area. Individuals who knowingly fail to follow the provisions of this policy are subject to disciplinary action proportionate to the severity of the violation, up to and including termination of VA employment or WOC status and criminal prosecution.

## PROCEDURES

### Safety Plan

The Safety Plan for the VAPHS is titled the Laboratory and Clinical Research Safety/Biosafety Manual and Chemical Hygiene Plan and includes all VA research laboratories, including those in leased space and approved off-site locations. The plan includes requirements found in paragraph 3a of VHA Handbook 1200.08 “Safety of Personnel Engaged in Research”. This safety plan: (1) meets the biosafety standards and requirements for BSL-2 operations as they pertain to the respective select agents and toxins that are contained in the most recent edition CDC-National Institutes of Health (NIH) publication “Biosafety in Microbiological and Biomedical Laboratories (BMBL)” including all appendices except Appendix F and all updates on the CDC website; (2) meets all applicable Occupational Safety and Health Administration (OSHA) regulations, including, but not limited to, requirements for handling toxins found in 29 CFR 1910.1450 “Occupational Exposure to Hazardous Chemicals in Laboratories”, and/or 29 CFR 1910.1200 “Hazard Communication”, in addition to specific provisions for handling toxins found in Appendix I of the BMBL, or its most recent update; and (3) incorporates the “NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules” requirements for portions of the plan related to genetic elements, recombinant nucleic acids, and recombinant organisms.

### Security Plan

The physical security of the VAPHS research laboratories is described by Medical Center Memorandum (MCM) EC-012 Access Control (Employee Identification and Badge Program) and EC-098 Key Issue Control and Lock Changes, and meets appropriate standards determined by the Office of Security and Law Enforcement (OSLE) (see VA Directive and Handbook 0730), regulatory agencies, and/or VA oversight offices; specific details of procedures to maintain research laboratory security are detailed in this Policy.

### Laboratory Access

* + - 1. Access to research laboratories is controlled and limited to authorized individuals. Authorization is contingent on initial education and ongoing training in safe handling and security of all hazardous and/or sensitive materials used and stored in the designated research laboratory. No research laboratories will be open to the public. Most laboratory areas, including the ARF and storage areas, include a keycard system that generates permanent, dated records with identification of persons entering the area and times of entry. Entry is controlled on a 24-hour/7-day per week schedule. Other laboratory areas are key only entry.
      2. Current VA identification (ID) badges will be used as keycards into some of the secured areas. For employees and WOC’s, the VA ID will be electronically programmed to allow entry into designated areas. At the request of the RSC, visitors may be issued visitor passes by the VA Police which will not act as keycards. Keys will be provided to Research staff that can only access research space by key locks.
      3. A record of keycard assignments must be current at all times. Personnel leaving VAPHS employment or no longer working in the research laboratory must adhere to full clearance and checkout procedures to include turning in all identifications, keys, keycards, and other access items.
      4. Authorized health and safety inspectors, emergency response staff, the VA Police Department, inspectors from regulatory agencies, and personnel from VHA oversight offices will have access to the secured areas. The nature of that access will be determined on a case-by-case basis, based upon the frequency of access needs, the potential urgency of access needs, and the potential for after-hours access needs.

### Requirements of Individuals Granted Secure Access

* + - 1. All personnel must obtain formal authorization from the RSC before entering the secured laboratory area. A VA ID badge may be programmed as the secured area keycard, a key will be provided by the R&D Office, or the RSC may instruct the VA Police Department to issue a Visitor pass.
      2. All authorized individuals must wear their VA ID above the waist at all times.
      3. Personnel may enter the secured area only to perform required duties.
      4. Unauthorized persons entering the secured area will be reported to the VA Police Department by the RSC.
      5. Authorized individuals must use their own card to enter the secured area. Multiple individuals, even when each person has authorization to enter the area, may not enter on one person’s card.
      6. It is the responsibility of each authorized individual to:

1. Use their keycard only for personal entrance into the secured area.
2. Use their keycard on each entry into the secured area.
3. Not allow any individual to follow them through the door.
4. Report any security violations, including unauthorized individuals to the RSC and the VA Police Department.
5. Turn in their keycard or key to the R&D Office immediately when laboratory access is no longer necessary.
   * + 1. Prohibited persons may be granted access to a general secured area on a case-by-case basis, as approved by the IBC with concurrence of the R&D Committee.
       2. Discrepancies in the legal permission of non-citizens to be in the United States will be reported to the U.S. Marshal through the VA Police Department.
       3. Each individual must receive annual training in: VA Privacy and Information Security Awareness and Rules of Behavior; General Safety; and Research Laboratory Safety Training. The R&D Office will maintain verification of the training.

### Responsibilities of the Principal Investigator (PI)

* + - 1. Submit the *VAPHS Request for Staff Access to Research Secured Area* (Attachment B) on behalf of each staff member being considered for employment or work within the investigators research laboratory.
      2. Ensure that research laboratory staff follows all safety and security procedures, including those of the ARF, when applicable.
      3. Notify the R&D Office immediately when any research laboratory staff no longer has a work-related need for authorized access, to include leaving VAPHS employment.
      4. Complete and submit the *VAPHS Research Laboratory Hazardous/Select Agent Certification* (Attachment A). Review and certify the accuracy of radiological material and controlled substance inventory on a monthly basis. The more potentially hazardous chemicals and biological items will also require frequent review and certification should they come into use in the laboratory. The need, and the review/certification standards, will be determined by the IBC and communicated to the PI.

### Visitors

* + - 1. Visitor’s access to secured areas is limited to hours where authorized individuals are present. The visitor must be in the presence of an authorized individual at all times. Please see R&D Policy #S-005 for specific details.
      2. Visitors must produce a valid picture ID in order to obtain a visitor pass from the VA Police Department. Visitors must wear their visitor pass above the waist at all times.
      3. Visitors must sign in and out, specifying name, affiliation, purpose for visit, time in and out, and the name of the authorized individual escorting them. Visitor passes must be relinquished to the VA Police as part of the sign-out procedure.
      4. In rare instances, it may be necessary for an authorized individual to bring a visitor into the secured area after regular business hours. In these rare instances, they are solely and fully responsible for the visitor and must accomplish all of the requirements listed above. The sponsor must ensure that (1) the visitor signs in and out as required; and (2) the visitor is in the presence of the authorized individual at all times.

### Process to Obtain Authorized Entry

* + - 1. The RSC, as a designee of the IBC, will grant authorized access. The IBC may review the processes and decisions made by the RSC in relation to secured access.
      2. The process of obtaining authorization to enter the secured area begins with the PI. The PI must make a formal request to identify each staff member that requires access to the secured area. The request is accomplished by completing the *VAPHS Request for Staff Access to Research Secured Area* (Attachment B).
      3. Each individual requiring access to the secured area must complete the *Application for Access to Research Secured Area* (Attachment C).
      4. The RSC is responsible for approving security access according to policy. Criteria and elements to be considered when granting approval: completion of VAPHS appointment; acceptable and work-related need to be in secured area; certification that individual is not a prohibited person; application and PI *Request for Staff Access to Research Secured Area* form completed; person has been added to the Research protocol and approved by the appropriate subcommittee; and verification that required training has been completed.
      5. The RSC must review the continued status of staff access semi-annually. The review will include an inquiry from the RSC to the PI, to determine whether specific staff require continued access to the secured area. Factors that will be considered when addressing requested renewal include (1) the number and nature of security exceptions by the individual; (2) whether required training is current; and (3) security-related information deemed pertinent. Once the review is complete, the RSC will report the results of the access review to the IBC at the next convened meeting.
      6. Access records to VA Research laboratories are reviewed on at least a monthly basis. The VA Police Physical Security Specialist sends the audits of the VA Research locations and these documents are reviewed by the RSC. The RSC obtained a waiver from weekly checks since the position is reliant on the Physical Security Specialist to provide the records.

### Inventory Controls

Inventory control includes maintaining an up-to-date record of all select agents, toxins, exempt quantities of toxins, and other hazardous agents in VA research laboratories. It also includes following the applicable regulations for the acquisition, transfer, and destruction of these agents.

* + - 1. **Accountability for Radioactive Materials and/or Radioactive Sources.** The Radiation Safety Officer maintains accountability for radioactive materials and/or radioactive sources by enforcing the existing VAPHS policies: MCM EC-008 Policy for Radiation Safety in All Areas Involved in Ionizing Radiation and Radiation Safety Policy, 2016 reviewed and approved by the Radiation Safety Committee. This policy includes the regulations for acquisition, inventory, use, and disposal of all radioactive materials used in research.
      2. **Accountability for select agents, toxins, and other hazardous agents.** PIs will submit annually to the RSC a completed *VAPHS Research Laboratory Hazardous/Select Agent Certification* (Attachment A). Prior to acquisition of any of these materials, approval for procurement must be reflected in the minutes of the IBC and the R&D Committee. Only laboratories holding a CDC or APHIS Certificate of Registration and/or registration number may acquire select agents or toxins.

When any of these materials do come into use at VAPHS, the following inventory control procedures will be implemented:

* 1. Inventory Lists – A current, complete list of select agents, toxins, and other hazardous agents, as defined by OSHA and the EPA, will be maintained for each VA research laboratory.
  2. Acquisition of Agents – The acquisition of these agents may only occur when there is an approved protocol that requires their use and storage.
  3. Inventory Transfers – Transfers of inventory must be in compliance with Department of Transportation (DOT), OSHA, Nuclear Regulatory Commission (NRC), CDC and USDA APHIS regulations. Transfer of any hazardous agents, including but not limited to those specifically identified as CDC select agents and toxins and USDA APHIS biological agents and toxins, must be documented as to the identity of the receiver of the materials, where it is being transferred, and the date of the transfer. If a select agent or toxin is involved in the transfer, the material may only be transferred in compliance with applicable regulations (see 42 CFR 73.16, 7 CFR 331.16, or 9 CFR 121.16).
  4. Delivery – Procedures for delivery and the handling of highly sensitive materials must be adhered to and must be documented. Packages containing specimens, bacterial or virus isolates, or toxins are only to be opened in a biosafety cabinet or other appropriate containment device.
  5. Hazardous agents (includes select agents, toxins, exempt quantities of toxins) not currently in use – Agents not currently in use on approved protocols and for which there are no immediate plans for use, must be transferred to another laboratory, destroyed, or disposed of by methods approved in applicable regulations as described in VHA Handbook 1200.06.
  6. Destruction of select agents and toxins including exempt quantities – Procedures for implementing destruction of agents no longer required for research will be established and implemented at VAPHS in accordance with VHA Handbook 1200.06 as necessary. These procedures do not apply if during the select agent’s use in the research, the characteristics of a select agent or toxin are altered so that it no longer meets the criteria for a select agent or toxin, or if the select agent is destroyed or consumed during and because of research.

### Administration

* + - 1. The RSC will complete and document a review of access records on a semiannual basis. Any security exceptions will be reported to the VA Police.
      2. The RSC must immediately update the keycard access, which includes deactivation of the keycard as well as indication of the date and reason for keycard access termination.
      3. The IBC will make recommendations to the R&D Committee regarding access approval to secured areas. The R&D Committee may add to the IBC requirements to obtain approval or may disapprove an action approved by the IBC. It may not approve an action that the IBC has disapproved.
      4. Irregularities in security access will be reported to the VA Police and the IBC, who will make recommendations for action to the R&D Committee and/or the VAPHS facility Director (see Section 7.9 below).
      5. In the event an individual with secured access inexplicably disappears, is suspected to have violated procedures, or committed a security breach, the IBC and VA Police Department must be notified immediately. The IBC and VA Police will determine whether further action is necessary.
      6. Security Standards: Physical security must meet appropriate standards determined by the OSLE (see VA Directive and Handbook 0730), regulatory agencies, and/or applicable VA oversight offices. VA Police will conduct an annual vulnerability assessment of the research laboratory area. The RSC is responsible for informing the VA Police of any issues affecting security.
      7. Safety Standards: All individuals given authorized access to the laboratory area must abide by all safety standards as mandated by OSHA, Veterans Health Administration, and the VAPHS Laboratory and Clinical Research Safety/Biosafety Manual and Chemical Hygiene Plan.
      8. Emergency Preparedness Standards: All individuals given authorized access to the laboratory area must be knowledgeable of the VAPHS Department Emergency Response Plan.
      9. Inventory Control Standards: All individuals given authorized access to the laboratory area must follow all Research Inventory Control Procedures as detailed above in Section 7.8 and in the cited materials.

### Reporting Research Laboratory Security Incidents

**8.9.1** VA personnel, including WOC and IPA appointees, must ensure written notification of the ACOS/R&D within 5 business days after becoming aware of any physical security concerns that pertain to research laboratories or other areas used exclusively for research, including:

* 1. Any intrusion, physical security breach, break-in, or other security violation that occurs in dedicated research areas.
  2. Any finding by any entity other than Office of Research Oversight (ORO) of noncompliance with research laboratory security requirements. ***NOTE:*** *Related reports to ORO must include all findings and all pertinent documentation.*
  3. Any unplanned suspension or termination of research by the ACOS/R&D or another facility official due to concerns about research laboratory security.
  4. Any other deficiency that substantively compromises the effectiveness of the facility’s research laboratory security program.

NOTE: The VA Police Service must be notified immediately of all laboratory security incidents.

Reports should be made to the ACOS through the RSC. In case of a reportable event, the investigator and/or research staff should make a written report (via a Research Safety Incident Report form) to the RSC. The report should include the date of the event, the person(s) involved (if known), the location (building number and room number), and a detailed summary of the event. A template for the Research Safety Incident Report form is available on the Research Safety and Security web page.

**8.9.2** Within 5 business days of becoming aware of any situation described in 7.9.1 above, the ACOS/R&D must report the incident to the facility Director and the VA Police Service (if not previously notified).

1. The report must be made in writing with simultaneous copies to the R&D Committee, any relevant research review committee, and the VA Police.
2. Within 5 business days of being notified, the facility Director must report the research laboratory security incident to the appropriate ORO Office.

## REFERENCES

* VHA Handbook 1200.06 Control of Hazardous Agents in VA Research Laboratories
* VHA Handbook 1200.08 Safety of Personnel Engaged in Research
* VHA Handbook 1058.01 Research Compliance Reporting Requirements
* VA Handbook 0730 Security and Law Enforcement
* [www.CDC.gov/od/sap](http://www.cdc.gov/od/sap) Federal Select Agent Program
* VAPHS Laboratory and Clinical Research Safety/Biosafety Manual and Chemical Hygiene Plan
* Controlled Substance Act (21 U.S.C. 812)
* Public Law 107-188, Public Health Security and Bioterrorism Preparedness and Response Act of 2002
* Title 18 U.S.C 175b Possession by Restricted Persons
* CDC-NIH “Biosafety in Microbiological and Biomedical Laboratories”, 5th edition
* NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules
* 29 CFR 1910.1200 Hazard Communication
* 29 CFR 1910.1450 Occupational Exposure to Hazardous Chemicals in Laboratories
* Medical Center Memorandum EC-098: Key Issue Control and Lock Changes
* Medical Center Memorandum EC-012: Access Control (Employee Identification and Badge Program)
* Medical Center Memorandum EC-008: Policy for Radiation Safety in All Areas Involved in Ionizing Radiation
* VAPHS Radiation Safety Policy
* VAPHS Department Emergency Response Plan

*//signed copy on file //*

Gretchen L. Haas, PhD

Research and Development Committee Chair

*//signed copy on file //*

Steven H. Graham, MD, PhD

Associate Chief of Staff for Research and Development

**ATTACHMENT A**

**VAPHS RESEARCH LABORATORY HAZARDOUS/SELECT AGENT CERTIFICATION**

This form must be filled out per laboratory each calendar year OR immediately if any information provided herein changes (i.e., the investigator plans to acquire any of these materials not previously documented).

Return completed form to Dana Roolf, Building 30 room 1A126 (mail to 151U) or Dana.Roolf@va.gov.

**Principal Investigator:**

**Lab location(s):**      

**Date:**      

***\*Check yes or no; if no agents in a given section are used in your laboratory, check NA for that group.***

**HHS Select Agents and Toxins**

READ COMPLETE LIST in this section; if none are used in your lab, check  **NA**

**Yes** **No**

Abrin

*Bacillus cereus* Biovar *anthracis*

Botulinum neurotoxins

Botulinum neurotoxin producing species of *Clostridium*

Conotoxins

*Coxiella burnetii*

Crimean-Congo Haemorrhagic Fever Virus

Diacetoxyscirpenol

Eastern Equine Encephalitis Virus

Ebola Virus

*Francisella tularensis*

Lassa Fever Virus

Lujo Virus

Marburg Virus

Monkeypox Virus

Reconstructed 1918 Influenza Virus

Ricin

*Rickettsia prowazekii*

*SARS-associated Coronoavirus (SARS-CoV)*

Saxitoxin

South American Haemorrhagic Fever Viruses (Chapare, Guanarito, Junin, Machupo, Sabia)

Staphylococcal enterotoxins A, B, C, D, E subtypes

T-2 Toxin

Tetrodotoxin

Tick-borne Encephalitis Complex Viruses (Far Eastern and Siberian subtypes)

Variola Major Virus (Smallpox Virus)

Variola Minor Virus (Alastrim)

Kyasanur Forest Disease Virus

Omsk Hemorrhagic Fever Virus

*Yersinia pestis*

**HHS and USDA Overlap Select Agents and Toxins**

READ COMPLETE LIST in this section; if none are used in your lab, check  **NA**

**Yes** **No**

*Bacillus anthracis*

*Bacillus anthracis* Pasteur strain

*Brucella abortus*

*Brucella melitensis*

*Brucella suis*

*Burkholderia mallei*

*Burkholderia pseudomallei*

Hendra Virus

Nipah Virus

Rift Valley Fever Virus

Venezuelan Equine Encephalitis Virus

**USDA Select Agents and Toxins**

READ COMPLETE LIST in this section; if none are used in your lab, check  **NA**

**Yes** **No**

African Horse Sickness Virus

African Swine Fever Virus

Avian Influenza Virus

Classical Swine Fever Virus

Foot-and-mouth Disease Virus

Goat Pox Virus

Lumpy Skin Disease Virus

*Mycoplasma capricolum*

*Mycoplasma mycoides*

Newcastle Disease Virus

Peste Des Petits Ruminants Virus

Rinderpest virus

Sheep Pox virus

Swine Vesicular Disease Virus

**USDA Listed Plant Pathogens**

READ COMPLETE LIST in this section; if none are used in your lab, check  **NA**

**Yes** **No**

*Peronosclerospora philippinensis (Peronosclerospora sacchari)*

*Phoma glycinicola (formerly Pyrenochaeta glycines)*

*Ralstonia solanacearum*

*Rathayibacter toxicus*

*Sclerophthora rayssiae*

*Synchytrium endobioticum*

*Xanthomonas oryzae*

**Chemical Agents Considered Hazardous (as per VHA Handbook 1200.06)**

READ COMPLETE LIST in this section; if none are used in your lab, check  **NA**

**Yes** **No**

3-quinuclidinyl benzilate (BZ)

Chlorine gas

Cyanogen chloride (CK)

Cyclosarin (GF)

Diphosgene (DP)

Hydrogen cyanide (AC)

Lewisite (L) – (L-1, L-2, L-3)

Lysergic acid diethylamide (LSD)

Nitrogen mustard gas (HN-1, HN-2, or HN-3)

Phosgene (CG) - also known as carbonyl chloride

Phosgene oxime (CX)

Sarin (GB)

Soman (GD)

Sulfur mustard (H, HD, or HT), (mustard gas, mustard agents)

Tabun (GA)

VX (VX is both the name and the symbol)

**Yes** **No** **Radioactive Materials**

I use radioactive material.

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List all radioactive material. Include specific radionuclide, half-life, and maximum quantity authorized:

Radionuclide Half Life Quantity

1.           

2.           

3.

4.

5.

**PI Typed Name:**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### ATTACHMENT B

VAPHS Research & Development Office

**VAPHS REQUEST FOR STAFF ACCESS to RESEARCH SECURED AREA**

1. PURPOSE: To formally request access for Investigator’s employees and staff to Research Secured Areas.

2. POLICY: The information requested in this document must be supplied via submission of this form or email before access to the secured area(s) will be considered.

3. RESPONSIBILITY: It is the responsibility of each Investigator to formally identify the staff that must have access to the secured area in order to complete their research-related duties.

4. PROCEDURE: The Investigator submits the information requested to Dana Roolf via this document (Building 30 room 1A126, 151U or email to [Dana.Roolf@va.gov](mailto:Dana.Roolf@va.gov) ). NOTE: Individual Researcher completion of “Application for Access to Research Secured Area” is also required.

5. REQUESTED INFORMATION:

**Investigator making request**:

| **INDIVIDUAL** | **Building/room** | **Days/Hours** | **Animal Research Facility Days/hours** |
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**Typed Name:**

**Signature of Investigator Making Request:**

**Date:**

**ATTACHMENT C**

VAPHS Research & Development Office

**APPLICATION for ACCESS to RESEARCH SECURED AREA**

**Instructions:** This form is to be used to apply for individual access to Research Secured Areas. In order to be considered for access to the secured laboratory area, the applicant must complete this form and submit it to Dana Roolf (UD, Bldg 30, room 1A126, 151 U, email [Dana.Roolf@va.gov](mailto:Dana.Roolf@va.gov)). Please note that the “VAPHS Request for Staff Access to Research Secured Area” must also be completed by the Principal Investigator.

Applicant’s Full Legal Name:

Home Address (no P.O. Boxes):

Date of Birth:

Place of Birth:

Gender:  Male  Female

Citizenship Status (check one):  U.S. Citizen

Other (Attach copy of document indicating legal authority to be in U.S.)

Check the appropriate box for each item (1-7) below. Any “yes” responses should be detailed in item 8.

| **Select One** | **Description** |
| --- | --- |
| 1. Yes  No | I am under indictment for a crime punishable by imprisonment exceeding 1 year. |
| 1. Yes  No | I have been convicted of a crime punishable by imprisonment exceeding 1 year. |
| 1. Yes  No | I am in fugitive status from any local, state, national, or international law enforcement agency. |
| 1. Yes  No | I am an unlawful user of any controlled substance. |
| 1. Yes  No | I am an alien illegally or unlawfully in the United States. |
| 1. Yes  No | I have been adjudicated as mentally defective or have been committed to a mental institution. |
| 1. Yes  No | I have been discharged from the United States Armed Services under dishonorable conditions. |
| 1. Comments/Details |  |

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Signature of Applicant Date