



5. WILL YOUR RESEARCH INVOLVE ANY OF THESE PROCESSES? MARK APPROPRIATE PROCESS.

CENTRIFUGATION     FILTRATION     PRECIPITATION    CULTURE     SONICATION     PIPETTING     DISSECTION

OTHER, EXPLAIN

6. IDENTIFY ANY KNOWN UNIQUE CHEMICAL STORAGE, COMPATIBILITY, VENTILATION, AND SHELF-LIFE REQUIREMENTS.

**D. EXPERIMENTAL METHODS AND PROCEDURES**

1. BRIEFLY SUMMARIZE THE NATURE OF THIS NEW RESEARCH AND IDENTIFY ANY PREVIOUS RELEVANT BSR(S). LIST PERSONAL PROTECTIVE EQUIPMENT AND ENGINEERING CONTROLS TO BE USED.

BIOLOGICAL SAFETY CABINET     CLASS I    CLASS II     CLASS III     CHEMICAL FUME HOOD

2. WILL BIOLOGICAL WASTE REQUIRE DISINFECTION OR STERILIZATION PRIOR TO DISPOSAL?    YES    NO

SPECIFIC METHOD:    HEAT    CHEMICAL    RADIATION    OTHER \_\_\_\_\_

3. NAME OF RESEARCH POINT OF CONTACT FOR WASTE DISPOSAL (e.g. MANIFESTING CHEMICAL AND BIOLOGICAL WASTE).

4. WILL NRL STANDARD LABORATORY SPILL PROCEDURES BE SUFFICIENT TO CONTROL ANY ACCIDENTAL SPILLS?

YES    NO

**E. SIGNATURES**

1. PRINCIPAL INVESTIGATOR	2. DATE
3. BRANCH HEAD	4. DATE
5. DIVISION HEAD	6. DATE

**F. BIOSAFETY COMMITTEE REVIEW**

1. SUMMARY OF COMMENTS, QUESTIONS, AND RECOMMENDATIONS	2. DATE
3. REQUIRES BIOSAFETY LEVEL	

**G. BIOSAFETY COMMITTEE APPROVAL**

1. SIGNATURE ( <i>Chair, Biosafety Level Committee</i> )	2. DATE
3. SIGNATURE ( <i>Head, Safety Branch</i> )	4. DATE