



(BSC Use Only) **BUA No.**

YEAR	NUMBER	AMEND #

Application for Biohazard Use Authorization

- A valid BUA is required for research projects and academic assignments that involve biohazards. Campus Biosafety Committee approval is required before work that poses a biological hazard may be started.
 - Submit completed application to the EHS Biosafety Programs Coordinator at lvadura@sfsu.edu or sfehs@sfsu.edu
- Useful Source: [ABSA Risk Group Database](#)

New BUA Update to Existing BUA BUA# being amended

Part A. General Project Information

The BUA must be in the name of the Principal Investigator, Staff Manager, or Academic Lab Coordinator responsible for the lab space or project.

1. Requestor <small>Print Name</small>	E-Mail	Telephone

Note: This is a fill-in form. Cells will expand as needed.

2. Biological Material(s) Requested		Check all that apply
Biomaterials	Proposed Biosafety Level of experiments	
<input type="checkbox"/> Bacteria	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2	<input type="checkbox"/>
<input type="checkbox"/> Virus	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2	
<input type="checkbox"/> Spores or Fungus	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2	
<input type="checkbox"/> Parasite	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2	
<input type="checkbox"/> Vector	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2	
<input type="checkbox"/> Rickettsia	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2	
<input type="checkbox"/> Human derived materials (blood, blood products, fluids, and unfixed tissues)		
<input type="checkbox"/> Bacteria or virus listed in ATD Standard Appendix D (i.e., Salmonella typhi and other Salmonella spp.)		
<input type="checkbox"/> Select Agents or Toxins		

Briefly describe the organism, cell line, vector, plasmid, etc. to be used in this project.

3. Type of Use	<input type="checkbox"/> Research	<input type="checkbox"/> Academic Classroom	<input type="checkbox"/> Demonstration
Briefly describe the project or experiment(s)			
List the lab classes to be included in this BUA (Dept/Class #)			
<input type="checkbox"/> N/A			



Anticipated Start Date

Expected End Date

4. Use and Storage Locations

Building	Room No	Biosafety Level	Room Use		Shared Room?
			<input type="checkbox"/> Work	<input type="checkbox"/> Storage	<input type="checkbox"/>
			<input type="checkbox"/> Work	<input type="checkbox"/> Storage	<input type="checkbox"/>
			<input type="checkbox"/> Work	<input type="checkbox"/> Storage	<input type="checkbox"/>
			<input type="checkbox"/> Work	<input type="checkbox"/> Storage	<input type="checkbox"/>

5. Group Members and Collaborators

First Name	Last Name	SFSU ID	Status <i>(Paid, Unpaid or Official Volunteer)</i>

Part B. Biological Materials Used – Guide to Applicable Parts of Application

1. Use of biohazardous agents (bacteria, viruses, parasites, etc.)

Yes No If yes, complete **Attachment 1**.
Proposed BSL of experiment: BSL-1 BSL-2 BSL-2+

2. Use of agents regulated under California’s Aerosol Transmissible Disease Standard

Yes No For a list of regulated agents, see Appendix D of the ATD Standard

3. Use of Recombinant or Synthetic Nucleic Acid molecules (RSNA)?

Yes No If yes, complete **Attachment 2**.
Proposed BSL of experiment: BSL-1 BSL-2 BSL-2+

4. Use of human blood, blood products, primary cells, cell lines, unfixed tissues or cells

Yes No If yes, complete **Attachment 2**. Is IRB approval required? Yes No

5. Use of CDC/USDA Select Agents or Toxins (Patriot Act)

Yes No If yes, contact EH&S before proceeding. SFSU is not authorized by the federal government to have these materials. <http://www.cdc.gov/SAP>

6. Does this project include funding by the US Government?

Yes No If yes, name funding source:



Part C. Experimental Risks and Controls

1. Use of Sharps

Yes No If yes, specify all that apply

needles & syringes razors blades glass

microtome probes Pasteur pipettes scalpels

other

2. Aerosol Generating Procedures

Yes No If yes, specify all that apply

centrifugation mixing pipetting

sonicating blending use of pressurized equipment

grinding flow cytometry analysis / sorting

other

3. Engineering Controls Used

Check all the engineering controls used to reduce hazards and prevent injury or contamination of work surfaces

biosafety cabinet(s) fume hood centrifuge safety cups

plastic pipettes sharps container sealed rotors

filter pipette tips safety sharps closed processing system

splash shielding sealed secondary transport container

other

4. Personal Protective Equipment (PPE)

Check the PPE that will be used to protect workers.

Lab coat	<input type="checkbox"/> Cotton/Poly, Laundered	<input type="checkbox"/> Barrier, Laundered	<input type="checkbox"/> Disposable
Protective eyewear	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Splash goggles	<input type="checkbox"/> Face shield
Gloves	<input type="checkbox"/> Nitrile	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Rubber
	<input type="checkbox"/> Cut protective	<input type="checkbox"/> Leather (animal bites)	<input type="checkbox"/> PVC
	<input type="checkbox"/> Double-gloving	<input type="checkbox"/> Other	<input type="text"/>
Respiratory Protection	<input type="checkbox"/> N95		



Other PPE or Items to be Worn	<input type="checkbox"/> protective footwear – safety toe	<input type="checkbox"/> Shoe covers
	<input type="checkbox"/> Sleeve covers (over lab coat)	<input type="checkbox"/> Hearing protection
	<input type="checkbox"/> Splash apron (over lab coat)	<input type="checkbox"/> Surgical mask
	<input type="checkbox"/> Other	

5. Disinfectants, Sterilization, and Waste Disposal

Fill in the types of disinfectants you plan to use for surfaces, liquids, and materials.

Disinfectant (e.g. bleach, hydrogen peroxide, ethanol)	Concentration (percent active ingredient)	Contact Time (minutes)	Liquid Disinfection	Surface Disinfection
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6. Biohazardous and Medical Waste

I will not generate any biological waste from this project. (You may skip to question #7)

I will generate at least some biological waste from this project. (Answer the questions below)

BSL-2: Do you have red biohazard bags that meet CA requirements? Yes No

BSL-2: Do you have hard-sided, leak proof containers with closeable lids? Yes No

Will you be using an autoclave to sterilize waste? Yes No

BSL-1: If YES, do you have clear unmarked autoclavable bags? Yes No

BSL-2: If YES, do you have autoclavable red biohazard bags? Yes No

BSL-1: If NO, will you have heavy-duty clear bags for waste collection? Yes No

Do you have sharps waste containers? Yes No Not needed

7. Medical Surveillance

Medical surveillance is not planned for this project

Occupational health monitoring (e.g., allergy, analytical tests, immunosuppressive drugs)

Vaccinations (If required, please list them below)

Other



Part D. Project Operations Summary

Please type in your responses in the box below the question. The box will expand if more space is needed.

1. Briefly describe the project involving this material(s).
2. Why are you using these particular organisms, bio-materials, human blood, etc.?
3. From where will you get the material? (i.e., vendor, other university, field work)
4. How will it be transported or delivered? (i.e., by truck or boat, FedEx, courier, in my vehicle)
5. Where and how will the material be stored? (e.g., shared freezer or cold room, special cabinet)
6. Who will be permitted access? Describe how the material will be secured.
7. List the equipment you will use in the experiments. (e.g., centrifuge, sonicator, scalpel)
8. List or provide a brief description of the laboratory procedures that will be conducted.
9. What kind of training will be provided to participants?
The online curricula at right are mandatory for all participants
<input checked="" type="checkbox"/> Biological Waste Management for Science Labs
<input checked="" type="checkbox"/> Working Safely with Biohazards at SFSU
<input type="checkbox"/> Introduction to Biosafety Cabinets
<input type="checkbox"/> Bloodborne Pathogens Prevention
<input type="checkbox"/> Autoclave User Training (if using Biology Dept autoclaves)
<input type="checkbox"/> New Employee Safety Orientation (lab-specific) <i>conducted by Principal Investigator or Staff Supervisor</i>
<input type="checkbox"/> Supervised practice in lab techniques
<input type="checkbox"/> Other
10. Are there any other permits, approvals, or regulations governing its use?



Part E. Statement of Understanding

1. Signature and Statement of Understanding

- ✓ I attest that the information contained in the attached application is accurate and complete. I agree to comply with the requirements pertaining to shipment and transfer of infectious agents. I am familiar with and agree to abide by the provisions of the current NIH/CDC Guidelines and other specific granting agency instructions pertaining to the proposed project.
- ✓ I further attest that all research personnel are familiar with and understand the potential biohazards, proposed precautions, and appropriate emergency procedures, and that the practices and techniques required to ensure safety will be followed. I agree to accept responsibility for training of all laboratory workers involved in the project.
- ✓ I hereby adopt the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (*6th Edition*) as the basis for work in my laboratory. As a minimum, I will implement work practices in accordance with the Standard Microbiological Practices as outlined in Section II of the Biosafety Manual. See [CDC BMBL 6th Edition](#) .
- ✓ Written reports will be submitted to the Campus Biosafety Committee through EH&S staff concerning the following:
 - Any accident that results in inoculation, ingestion, and inhalation of infectious agents or recombinant DNA or any incident causing serious exposure of personnel or danger of environmental contamination:
 - Any problems pertaining to operation and implementation of containment safety procedures or equipment or facility failure or security: and,
 - Any new information bearing on the Guidelines such as technical information relating to hazards and safety procedures or innovations.
- ✓ I will not carry out the work described in the attached application until it has been filed with and accepted by BSC or, when necessary, until it has been approved by the BSC, other appropriate oversight committees and all sponsoring agency requirements have been met.

Requestor Signature

Date

2. Application Attachments Included

- Attachment 1 – Bio-Material Details
- Attachment 2 – RSNA Details (Recombinant or Synthetic Nucleic Acid Molecules)
- Attachment 3 – Standard/Safe Operation Procedure(s) (*There is a template included.*)
- Other Attachment(s)