Office Use Only: ePromise Unique ID _____

VAMHCS R&D Subcommittee on Research Safety (SRS) Annual Update/Amendment/Closure

Date submitted to SRS	
PRINCIPAL INVESTIGATOR (PI):	
PI's Phone & E-mail Address	
Study Coordinator(s) or Point of Contact	
Study Coordinator or Point of Contact's Phone and Email Address	
IRB, IACUC and/or IBC #s (if applicable)	
Project Title	
List all VA and non-VA Locations where PI conducts research on this project (bldg. & room numbers).	

1. Review your current Research Protocol Safety Survey (RPSS) for this study, choose one of the following statements, and provide details accordingly:

   ☐ My research program remains unchanged, and my RPSS on file accurately reflects the current research biosafety concerns of my program.

   ☐ There are minor changes to my research program (e.g. changes in personnel as reflected in Section 2), not requiring modifications to the current RPSS; these changes are as follows:

   _____

   ☐ There are substantial changes to my research program (e.g. adding or removing any of the following items found in Section 1 of the RPSS: biological hazards, animals, human or non-human samples, recombinant or synthetic nucleic acid molecules, hazardous chemicals, controlled substances, ionizing or nonionizing radiation). I am submitting a new RPSS reflecting these changes; the summary of these changes are as follows:

   _____

   ☐ I am no longer performing laboratory research on this study, please close. Note: by closing this study I attest that I am not using the following items on this study: biological hazards, animals, human or non-human samples, recombinant or synthetic nucleic acid molecules, chemicals, controlled substances, ionizing or nonionizing radiation. (If you are closing your study you may skip sections 2-8).

2.

List personnel who work on this project and are at risk of exposure to (1) laboratory hazards and/or (2) bloodborne pathogens (e.g. transporting samples) Note: if PI is not listed, a lab manager is required.	Role in study	Work Locations: 1. VA 3rd floor research labs 2. VA clinical space 3. VA animal facility 4. VA core lab (histology) 5. UMB 6. Other (describe in comments)	The Scope of Practice on file accurately reflects the responsibilities of the team member (Yes or No)	Comments
	Choose role from dropdown menu:	e.g. 1, 3, 5	YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	
	Choose role from dropdown menu:		YES ☐ NO ☐	

3. Have all personnel listed in Section 2 completed annual mandatory training on laboratory safety and security, bloodborne pathogens, infection control, emergency management, hazardous chemicals, and radiation safety (when applicable)? YES☐ NO☐
4. Have all personnel listed in Section 2 been trained in safe work methods and practices by the PI or designee as it pertains to the specific research environment? YES☐ NO☐
5. Has your hazard-specific training plan changed within the past year? YES☐ NO☐ If YES, an updated training plan is required.
6. Do you use ionizing radiation in your laboratory (non-clinical) research? YES ☐ NO ☐
   If YES, specify: _____
7. Do you use non-ionizing radiation in your laboratory (non-clinical) research? YES ☐ NO ☐
   If YES, specify: _____
8. Has your chemical inventory changed within the past year (i.e. added or deleted chemicals)? YES ☐ NO ☐
   If YES, an updated chemical inventory is required.

Acknowledgement of Responsibility and Knowledge

I certify that my reasearch studies will be conducted in compliance with and full knowledge of Federal, State, and Local policies, regulations, and CDC-NIH Guidelines governing the use of, biohazardous materials, chemicals, radioisotopes, and physical hazards. I further certify that all technical and incidental workers involved with my research studies will be aware of potential hazards, the degree of personal risk (if any), and will recieve instructions and training on the proper handling and use of biohazardous materials, chemicals, radiosotopes, and physical hazards. A chemical inventory of all Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency (EPA) regulated hazardous chemicals is attached to this survey (when applicable).

_____

Principal Investigator's Signature Date