biolabs @
NYU LANGONE

BIOLABS@NYU LANGONE COMPANY SAFETY QUESTIONNAIRE

Company Information

Company Name: _____

Emergency Contact

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Back-up Emergency Contact

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Laboratory Safety Contact

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Overview

Please provide a brief company overview and brief description of laboratory activities:

Types of Hazardous Materials

Please provide the requested details of the hazardous materials that will be used, stored, or handled in the leased property. Check off all that apply:

Check	Hazard Category	Chemical Names & Total Volume (mL, L, scf, etc.)
☐	Flammable Liquids	
☐	Flammable Solids	
☐	Acids	
☐	Bases	
☐	Toxics	
☐	Inert Gases	
☐	Flammable Gases	
☐	Toxic Gases	
☐	Corrosive Gases	
☐	Oxidizers	
☐	Oils (e.g., Mineral Oil, Droplet Reader Oil)	

Specific Hazards

Check	Hazard Category	Quantity/Notes
☐	Radioisotopes	
☐	Methylene Chloride	
☐	Hydrofluoric Acid or HF releasing chemicals (PMSF, Sodium Fluoride)	

Check	Hazard Category	Quantity/Notes
☐	Peroxide Formers (e.g. diethyl ether, tetrahydrofuran)	
☐	Potent compounds (e.g. Chemotherapeutic agents, novel compounds)	
☐	Heavy Metal Compounds (e.g. Lead, mercury)	
☐	Cyanide compounds	
☐	Controlled Substances	
☐	Lasers or equipment containing lasers (Cytoflex, Microscopes, etc.) *Note: All lasers utilized for research & development require registration with the NYSDOL.*	
☐	X-Ray Devices	
☐	OSHA Regulated Carcinogens *Note: A list of OSHA Regulated Carcinogens can be found at https://www.osha.gov/carcinogens/standards*	
☐	Other	

Biological Materials Use

Human and Non-Human Primate (NHP) Blood, Tissues, Primary Cells

1. Will human blood, tissues, or primary cells be used?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.
2. Have samples been tested for bloodborne pathogens or other diseases?	☐ Yes ☐ No ☐ N/A	If Yes, please describe. Click or tap here to enter text.
3. Are any samples known to be infected with human pathogens (e.g., viruses, prion-like aggregates, etc.)?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.
4. Will any recombinant or synthetic nucleic acids be used?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.
5. Will NHP blood, tissues, or primary cells be used?	☐ Yes ☐ No	If Yes, please list materials. Click or tap here to enter text.
6. Have NHP materials been tested for the Herpes B virus (*Cercopithecine herpesvirus 1)*?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.

Please provide any pathogenic materials to be used.

Select Agents or Toxins Use: ☐Yes ☐No

If yes, please contact the Biolabs team for further instructions. See below for the lists.

Select agent and toxins list: https://www.selectagents.gov/sat/list.htm

Excluded list: https://www.selectagents.gov/sat/exclusions/index.htm

Permissible toxins list: https://www.selectagents.gov/sat/permissible.htm

Animal Use: ☐Yes ☐No

If yes, complete the table below

1. Where will experiments be conducted? Please provide offsite vivarium details.	☐ In-house ☐ Offsite ☐ Both	Name: Click or tap here to enter text. City/Town: Click or tap here to enter text.
2. Who will conduct experiments? (select all that apply)	☐ In-house employees	☐ In-house ☐ Offsite
	☐ CRO employees	☐ In-house ☐ Offsite
3. Animal models (Select all that apply)	☐ Mice ☐ Rats ☐ Other	If "Other", please describe. Click or tap here to enter text.
4. Will any transgenic model(s) of human infectious disease (e.g., Alzheimer's) be used?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.
5. Will any human materials, toxins, or infectious materials be introduced?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.

Biosafety Containment Level

Proposed Biosafety Level for Work (BMBL, 6th edition)

☐ BSL-1 ☐ BSL-2 ☐ BSL-2 enhanced (BSL-2+)

Provide justification for selection. If BSL-2+ is selected, include BSL-3 practices adopted. Click or tap here to enter text.

Select the equipment or safety precautions to be taken when utilizing biological materials:
☐ Biosafety cabinet ☐ Centrifuge safety cups ☐ Safer sharps devices
☐ Self-contained aerosol protection

Disinfection and Decontamination Methods

Waste	Disinfection or Decontamination Method	Comments
Liquid waste	☐ 10% Bleach final concentration* ☐ 20% Bleach final concentration* ☐ Other	Click or tap here to enter text.
Contaminated solid waste (treatment prior to discarding in biowaste bin)	☐ None ☐ 10% Bleach (freshly diluted)* ☐ Other	Click or tap here to enter text.
Contaminated sharps waste (treatment prior to discarding in approved sharps container)	☐ None ☐ 10% Bleach (freshly diluted)* ☐ Other	Click or tap here to enter text.
Surfaces (e.g., benchtop, biosafety cabinet, centrifuge rotor)	☐ 70% Ethanol or isopropanol ☐ 10% Bleach (freshly diluted)* ☐ Bleach-Rite ☐ Other	Click or tap here to enter text.

*30 min. contact time before sink disposal

Other Considerations		
Will controlled substances be used onsite?	☐ Yes	☐ No
Will there be any live animal work onsite?	☐ Yes	☐ No
Will plants be used in research onsite?	☐ Yes	☐ No
Will clinical laboratory work take place onsite?	☐ Yes	☐ No
Will any cryogenics be used?	☐ Yes	☐ No
Will any open flames or pieces of equipment that create hot surfaces be needed?	☐ Yes	☐ No
Will any equipment that generates loud noises (>85 dBA) be used?	☐ Yes	☐ No
If you answered yes to the question above, please specify how long you anticipate using these pieces of equipment:	Click or tap here to enter text.	
Will power tools be used?	☐ Yes	☐ No

Viral Vector Work Appendix

Please complete this appendix if any experimentation involving viral vectors (lentivirus, retrovirus, adenovirus, adeno-associated virus, herpes simplex virus, vesicular stomatitis virus*, etc.) is anticipated at Biolabs@NYU Langone.

Brief description of experimentation involving viral vectors:

Eukaryotic Viral Vector Use: ☐Yes ☐No

If Yes, complete the table below (insert rows as needed).

Viral Vector and Serotype (e.g., lentivirus, AdV5, AAV2)	Risk Group	Expression Plasmid (aka transfer vector)	Packaging System	Safety Features (e.g., self-inactivating)	Promoter Driving Transgene Expression

Viral Vector Details		
Is testing for replication-competence required?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.
Will any 2nd generation lentiviral vectors be used?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.
Will it be pre-packaged by vendor or packaged in-house?	☐ Yes ☐ No	If Yes, please describe. Click or tap here to enter text.
Will viral particles be purchased from vendors?	☐ Yes ☐ No	If Yes, complete the table below.

Vendor Information

Complete the table (insert rows as needed).

Type of Virus and Serotype	Cat. #	Product Hyperlink (if available)

Gene Editing Technology Use: ☐Yes ☐No

If Yes, answer the following questions. If No, skip section

1. What system(s) will be used?	Click or tap here to enter text.	
2. What is the purpose of the editing system? (e.g., targeted gene(s), library screening, etc.)	Click or tap here to enter text.	
3. Will any editing components be stably introduced into the genome? (e.g., Cas9 knock-in)	☐ Yes ☐ No	If yes, please describe. Click or tap here to enter text.
4. Are the known target genes oncogenes or tumor supressors?	☐ Yes ☐ No	If yes, please describe. Click or tap here to enter text.
5. How will the system be delivered? (e.g., viral, plasmid, lipofection, nanoparticle, etc.)	Click or tap here to enter text.	
6. Are the components encoded by the same construct or multiple constructs?	Click or tap here to enter text.	
7. What is known about off-target effects with the system components used? Indicate the steps to minimize off-target effects. (e.g., CRISPR design tools, endonucleases with increased specificity)	Click or tap here to enter text.	
8. What organism will be edited? (e.g., cell line, iPSCs, whole animal or plant)	Click or tap here to enter text.	
9. Can the organism reproduce sexually?	☐ Yes ☐ No	
10. If whole animal or plant, will germline cells be targeted?	☐ Yes ☐ No	If Yes, answer question 10.
11. Is there potential to generate a gene drive?	☐ Yes ☐ No	If Yes, answer question 12.
12. Describe safeguards to prevent gene drives from forming.	Click or tap here to enter text.	