Brandon University Animal Use Protocol  
Schedule 6  
Potential Hazards

Please save this file to your computer. Applicants are required to complete **all** sections and submit electronically to [buacc@brandonu.ca](mailto:buacc@brandonu.ca).

All sections in this form will expand as necessary. Questions about using the form should be directed to [buacc@brandonu.ca](mailto:buacc@brandonu.ca).

**NOTE: Copies of this schedule must be posted in all areas where personnel may be exposed to the hazard(s).**

CATEGORY OF HAZARD

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Specify Each Hazard Checked Yes  (give name, etc.)** |
| **Human Pathogen** | **Yes** | **No** |  |
| **Animal Pathogen** | **Yes** | **No** |  |
| **Carcinogens or Injected Neoplastic Cells** | **Yes** | **No** |  |
| **Poisons (e.g. venomous snakes, spiders, insects, etc.)** | **Yes** | **No** |  |
| **Other Biohazards** | **Yes** | **No** |  |
| **Chemical Hazards** | **Yes** | **No** |  |
| **Radioisotopes *in vivo*** | **Yes** | **No** |  |

GENERAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **For each potential hazard being administered to animals, fill in the required information in the following table:** | | | | | |
| **Identification of Hazard** | **Dosage** | **Route of Administration** | | **Route of Excretion** | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
| 1. **Please describe the hazards to personnel handling or breathing dander, exhaled air, excreta, urine, etc. of animals treated with these agents.** | | | | | |
| 1. **Describe all necessary precautions for personnel working with hazardous animals or animals treated with hazardous agents. Indicate what safety equipment is required, and if it is available.   NOTE: Attach MSDS sheets for all hazardous products to this schedule.** | | | | | |
| 1. **Describe all hazards this work might pose to other animals.  NOTE: It is the responsibility of the investigator to obtain all necessary permits for hazardous materials. Copies of these permits must be forwarded to the BUACC for attachment to this protocol as they are obtained.** | | | | | |
| 1. **If YES, describe the procedures, including temperature and/or humidity values to be used and duration of exposure of animals to them.** | | | | | |
| 1. **Has the Animal Facility Manager and Animal Health Technician reviewed and approved this protocol and potential hazards?** | | | **Yes** | | **No** |