**Florida State University Animal By-product Use Form**

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| Instructions |
| Please complete, sign, and return this form to Environmental Health & Safety (EH&S) for project that would require the collection of animal by-product. Submit the completed form to EH&S via FAX (850-644-8842), Campus Mail (Mail code 4481), or deliver it to 1200 Carothers Hall. If you have any questions, concerns, or require further clarification, visit EH&S at [www.safety.fsu.edu](http://www.safety.fsu.edu) or contact us at 850-644-6895. |
| I. Project information |
|       |  |       |  |       |  |       |
| Principal Investigator |  | Department |  | e-mail |  | Phone number |
|       |
| Project Title  |
| II. Type of animal by-product: |
| Please list the species which will supply the animal by-products, the number of animals needed for this project, and the by-product that is being collected from the animal: |
| Species |  | Number | Animal by-product that is being collected |
|       |  |       | [ ]  Carcasses | [ ]  Blood | [ ]  Organs | [ ]  Tissue | [ ]  Other:  |       |
|       |  |       | [ ]  Carcasses | [ ]  Blood | [ ]  Organs | [ ]  Tissue | [ ]  Other:  |       |
|       |  |       | [ ]  Carcasses | [ ]  Blood | [ ]  Organs | [ ]  Tissue | [ ]  Other:  |       |
|       |  |       | [ ]  Carcasses | [ ]  Blood | [ ]  Organs | [ ]  Tissue | [ ]  Other:  |       |
| [ ]  Yes | [ ]  No | Does the animal by-product require a federal, state or local permits or licenses? |
|  |  | If yes, list permit number. |       |
| Potential hazards associated with handling the animal by-product: | [ ]  None | [ ]  Dermal | [ ]  Injection | [ ]  Ingestion | [ ]  Inhalation | [ ]  Other      |
|  |
| III. Collection location of the animal by-product: |
| Select where the animal by-product is being collected from: |
| [ ]  **Research laboratory** |
| Name of PI: |       | ACUC protocol number: |       |
| [ ]  Yes | [ ]  No | Has the animal by-product been exposed to hazardous or infectious agents?: |
|  |  | If yes, list hazardous or infectious agents. |       |
|  |
| [ ]  **USDA Slaughter/processing facility** |
| Name of facility: |       |
| [ ]  Yes | [ ]  No | Is handling the animal by-product potentially hazardous?: |
|  |  | If yes, list potential hazard. |       |
|  |
| [ ]  **In the Wild or Roadside** |
| List location: |       |
| [ ]  Yes | [ ]  No | Is handling the animal by-product potentially hazardous?: |
|  |  | If yes, list potential hazard. |       |
| [ ]  Yes | [ ]  No | Is the animal by-product from poisonous or venomous animal? **If yes, attach outdoor emergency procedures.** |
|  |
| IV. Use and disposal of the animal by-product: |
| Please describe the reason for collecting and how the animal by-product will be used.: |
|       |
|       |
| List the method of disposal of the animal by-product at the conclusion of the project.: |
|       |
|       |
|  |
| IV. Personal protective equipment: |
| [ ]  Yes | [ ]  No | **Will personal protective equipment be needed ABOVE the standard measures (e.g. wearing disposable gloves) for handling animal by-products? If yes indicate below.** |
| [ ]  Safety glasses | [ ]  Dust mask | [ ]  High visibility vest\* **Required for in the Wild & Roadside collection** |
| [ ]  Apron | [ ]  Ear protection | [ ]  Special gloves (type): |       |
| [ ]  Tongs | [ ]  Head protection  | [ ]  Other. Describe: |       |
| **Additional engineering controls:** |       |
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| **VII. Statement of responsibility** |
| As the Principal Investigator for this project, I have the responsibility to assure that the animal by-product collection is operated in a safe manner and that all staff and students are informed of potential risk(s), wear appropriate personal protective equipment, and are adequately trained. I will assure that all students and staff will receive orientation for safe handling of the animal by-product and emergency instructions.I understand that I am responsible for assuring that the animal by-product collection is within all federal, state, and local environmental laws and regulations and adhering to Florida State University policies.Additionally, I am responsible for and will report any significant problems and/or significant accidents and illnesses to EH&S, and will complete required forms in the event of an incident or injury.I further understand that I must complete an updated form and obtain approval prior to instituting any changes in my animal by-product collection. |
|  |  |       |  |       |
| Principal Investigator Signature |  | Principal Investigator (please print) |  | Date |

Ver. 05-2019