Florida State University Animal By-product Use Form

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 or contact us at 850-644-6895.

I. Project information

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Department</th>
<th>e-mail</th>
<th>Phone number</th>
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<tr>
<th>Project Title</th>
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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:

<table>
<thead>
<tr>
<th>Species</th>
<th>Number</th>
<th>Animal by-product that is being collected</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Blood</td>
</tr>
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<td></td>
<td></td>
<td>Carcasses</td>
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<td>Carcasses</td>
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<td></td>
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<td>Carcasses</td>
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</tbody>
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☐ 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 during and 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: ____________________________

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