

ANIMAL FACILITY SAFETY FORM

(WHILE FILLING OUT THIS FORM, PLEASE GIVE CAREFUL ATTENTION TO THE EXPLANATORY NOTES AND GUIDELINES FOUND ON PAGE 5)

REASON FOR FILLING OUT THIS FORM



ACCESSING THE ANIMAL FACILITY AS A USER:

- ☐ first-time access
- ☐ regularization of access after previous failure to submit this form
- ☐ continuation of access previously interrupted or suspended



UPDATING THE ENTRY FORM:

- ☐ change in the type of materials introduced and/or Research Project
- ☐ continuation of access for experimental activities at the Animal Facility that will exceed the time stated in the previous form submitted

a) Information on users accessing the Animal Facility to conduct experimental and research activity.

Name:

Surname:

Residence or domicile (provide the address of residence or domicile for purposes of communicating their name to the competent A.S.L. [local health authority] responsible for providing vaccinations):

resident (or domiciled) in: in via:

.....

Telephone:

Institutional affiliation:

- ☐ Public institution.....
- ☐ Private foundation.....
- ☐ University.....
- ☐ Hospital.....
- ☐ other (specify type)

Position:

- permanent staff

- ☐ technician
- ☐ researcher
- ☐ instructor
- ☐ other:

- external staff

- ☐ trainee
- ☐ research fellow
- ☐ graduate student
- ☐ fellow
- ☐ contract worker
- ☐ PhD student
- ☐ other:

Institute/Departmental affiliation:

.....

.....

Institute/Department Director:

.....

.....

Title of Research Project involving "in vivo" experimentation:

.....

.....

.....

.....

.....

Project Manager:.....

.....

.....

(N.B.: The box below must be filled out by external staff only).

Period during which the external user will be employed by their Institute/Department:

from to

The user has undergone health surveillance at their home institution:

☐ YES

☐ NO

The user has been vaccinated for:

- tetanus

☐ YES

☐ NO

If YES, indicate date of vaccination or most recent booster:

.....

- hepatitis B

☐ YES

☐ NO

If YES, indicate date of vaccination or most recent booster:

.....

.....

- other:

.....

.....

Indicate any allergies:

.....

.....

.....

The user has attended adequate information and training courses regarding the specific risks related to the work they will carry out in the Animal Facility (e.g., biological risks, risks related to handling laboratory animals, chemical risks):

☐ YES

☐ NO

If YES, indicate the type of information and training and when it was received:

.....

1. B) INFORMATION ABOUT THE WORK TO BE CARRIED OUT IN THE ANIMAL FACILITY:

Duration (or estimated duration) of the activity to be carried out at the Animal Facility (indicate the total duration of the period of planned activity at the Animal Facility):

from to.....

Frequency of access to the Animal Facility to carry out the work specified above:

☐ daily,

☐ weekly; indicate the number of times per week

☐ bi-weekly

☐ monthly

☐ other (specify the frequency)

.....

Biological and/or chemical materials to be introduced into the Animal Facility:

1. biological agents (see note a)

☐ YES

☐ NO

If YES, indicate which:

.....

.....

.....

- adoption of measures and equipment for the safe transportation of the biological agent (from home Institution to Animal Facility and vice-versa):

☐ YES

☐ NO

If YES, indicate which:

.....

.....

- use of adequate collective protective equipment (e.g., biological safety hood):

☐ YES

☐ NO

If YES, indicate which:

.....

.....

- use of adequate personal protective equipment (e.g., gloves, safety glasses, respiratory protection equipment, etc.):

☐ YES

☐ NO

If YES, indicate which:

.....

.....

2. biological samples (see note b)

☐ YES

☐ NO

If YES, indicate which:

.....

.....

- adoption of measures and equipment for the safe transportation of the biological samples (from home Institution to Animal Facility and vice-versa):

☐ YES

☐ NO

If YES, indicate which:

.....
.....

- use of adequate collective protective equipment:

☐ YES ☐ NO

If YES, indicate which:

.....
.....

- use of adequate personal protective equipment:

☐ YES ☐ NO

If YES, indicate which:

.....
.....

3. chemical agents (see note c)

☐ YES ☐ NO

If YES, indicate which:

.....
.....

- adoption of measures and equipment for the safe transportation of the chemical agents (from home Institution to Animal Facility and vice-versa)::

☐ YES ☐ NO

If YES, indicate which:

.....
.....

- use of adequate collective protective equipment:

☐ YES ☐ NO

If YES, indicate which:

.....
.....

- use of adequate personal protective equipment:

☐ YES ☐ NO

If YES, indicate which:

.....
.....

- other (**see note d**) :

.....
.....

Date of compilation:

Signature of Animal Facility user

Signature of user's Research Project Manager

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.....

USEFUL INFORMATION FOR CORRECTLY FILLING OUT THIS FORM

NOTES:

- a. **Biological agent** means: any microorganism, including those genetically modified, cell culture or endoparasite that could cause infection, allergy or poisoning. Microorganism specifically means any cellular or non-cellular microbiological entity that is able to reproduce or transfer genetic material (Art. 74 of Legislative Decree no. 626/94).
- b. **Biological sample** means: blood, blood products at risk of infection, animal tissues, anatomical parts, other biological material potentially contaminated with biological agents.
- c. **Chemical agent** means: all elements or chemical compounds, alone or in mixtures; specify the name of the agents, their hazard categories; indicate if they are used in solution or mixture, specifying the concentrations of the individual components.
- d. Report any other information on materials introduced into the Animal Facility whose handling may involve risks to the health and safety of the user and others present in the Animal Facility.

GUIDELINES FOR FILLING OUT THIS FORM:

- 1. **this form must be filled out by the user, specifying the reason for filling it out, and given to the Animal Facility Manager;**
- 2. **access is authorized only for the period of activity stated in part b of the form.** If the user needs to continue his/her work at the Animal Facility, he/she must resubmit the form (as indicated above), specifying updating the form as the reason;
- 3. **in the event that work at the Animal Facility ceases prior to the period stated on the form or is temporarily suspended (for example, in the case of pregnancy and the postpartum period, or in the case of specific limitations imposed by the competent physician), the user must give prompt written notification to the Animal Facility Manager. If the user wishes to resume the interrupted or temporarily suspended activity, he/she must fill out the form again, specifying the reason (continuation of access previously interrupted or suspended);**
- 4. **in addition to filling out this form, the user is required to attend a specific 3 hour Information/Training Course. Courses are offered at least 3 times per year and whenever first-time access is requested;**
- 5. **this form must be duly completed in all its parts; for clarification or further information, contact the Animal Facility Manager at the following telephone number:**