



# **Electronic Federal Select Agent Program** (eFSAP) Information System - Updates

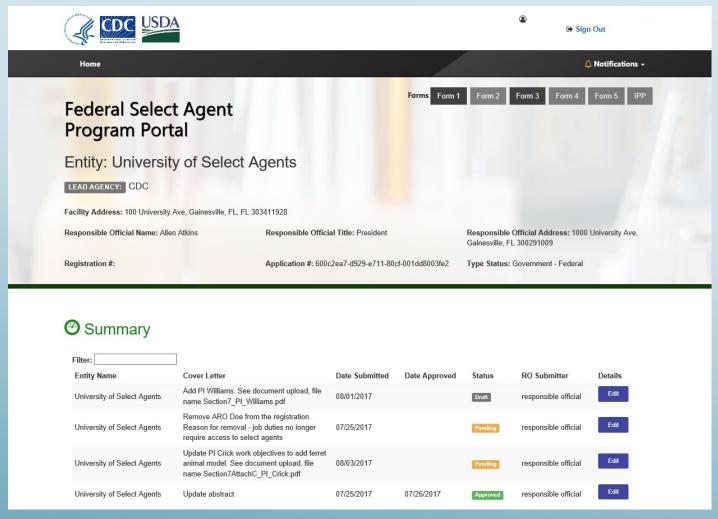
APHIS/CDC Form 3
Theft, Loss or Release of Select Agents and Toxins







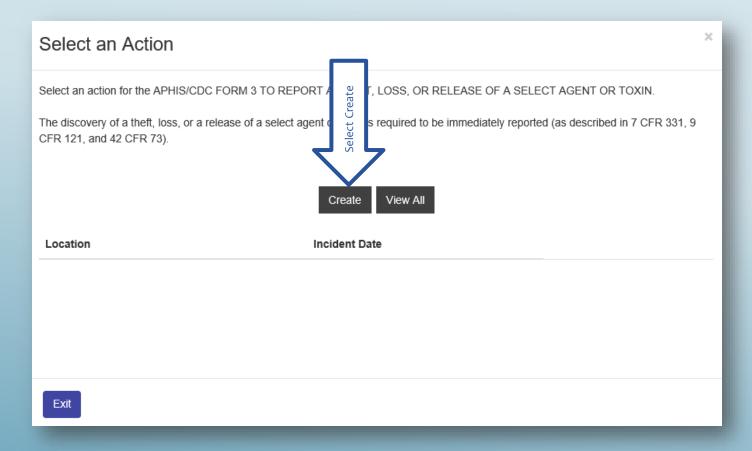
#### **eFSAP Landing Page**







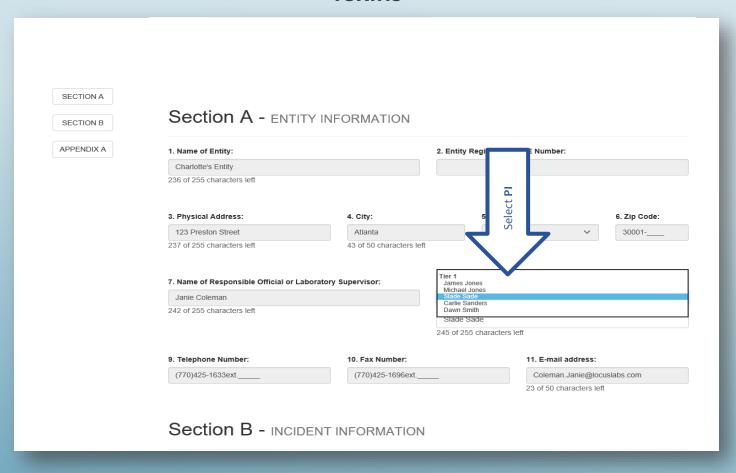
### Report of Theft, Loss or Release of Select Agents and Toxins







### Report of Theft, Loss or Release of Select Agents and Toxins

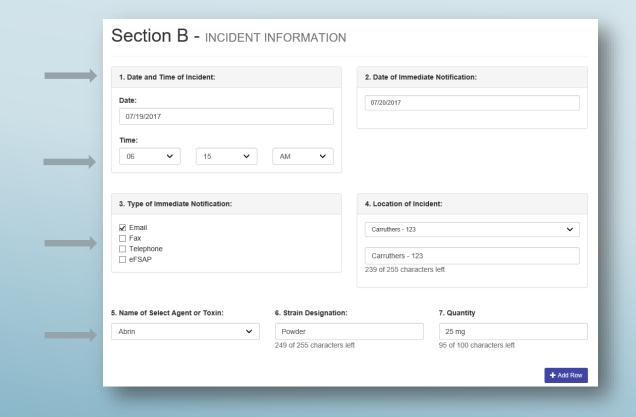






### Report of Theft, Loss or Release of Select Agents and Toxins

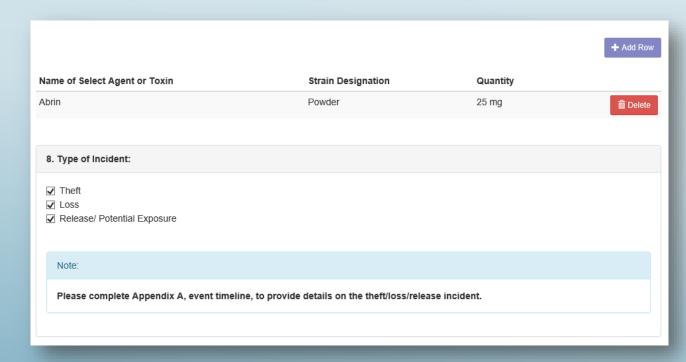
- Complete the date and time of the incident
- Indicate the date that immediate notification was made to the Federal Select Agent Program. Include the type of immediate notification.
- Indicate the location of the incident from the registered rooms drop down list.
- Identify the select agent or toxin, strain designation and quantity.
- Click "add row"







### To Report a Theft, Loss or Release of Select Agent or Toxin



Select type of incident that is being reported.





#### To Report a Theft, Loss or Release of Select Agent or **Toxin**

#### Complete Section E, questions 1-5:

Section E - REPORT OF RELEASE 1. Type of Potential Exposure/Release(choose all that apply): 2. Was there a release outside containment barriers? (choose all that apply) Type of exposure – Animal bite/scratch Equipment/mechanical failure ☐ PPE failure Release outside primary containment (e.g., biosafety Package damaged in transit (fill choose all that cabinet. leaking storage vial within storage unit) out Appendix B) ✓ Spill Release beyond secondary containment (e.g. Unintended Animal Infection □ Needle stick/Sharps apply. Unintended Plant Pathogen ☐ Decontamination failure Release outside all containment barriers of the ☐ Inactivation failure facility (e.g., resulting in possible Work performed on an open bench agricultural/environmental/public health threat) Other 3. What PPE was worn at the time of the incident? (choose all that apply) ✓ Hand Protection (e.g., gloves) Foot Protection (e.g., booties, shoe covers) Eye/Face Protection (e.g., goggles, face shield) ☐ Body Protection Respiratory Protection: ☐ Other and if the release 4. Did the release result in potential exposure(s)? 5. Did the release result in a laboratory acquired infection or an infection/outbreak in agriculture or in the environment? Yes Yes No exposure. No Not currently known

Indicate whether release occurred outside containment barriers.

Did this release result in a laboratory acquired infection, infection/outbreak in agriculture or the environment?

Select all PPE worn at the time of the incident resulted in a potential



#### **APHIS/CDC FORM 3**

#### Report of Theft, Loss or Release of Select Agents and Toxins



### Form 3 To Report a Theft, Loss or Release of Select Agent or Toxin

Questions 6-8 collect information about:

6. Has medical surveillance been initiated? 7. Has prophylaxis or treatment been provided? Initiation of Yes medical Yes ○ No ○ No surveillance 8. Has an internal review of laboratory procedures and policies been initiated to lessen the likelihood of recurrences of incident involving the select agents and toxins at this entity? Yes (If yes, please provide additional details.) ○ No Details: A mandatory retraining initiative was indicated and undertaken. Details of any internal review of laboratory 1937 of 2000 characters left procedures and policies

Prophylaxis or treatment





### Form 3 To Report a Theft, Loss or Release of Select Agent or Toxin

Questions 9-11 collect additional information about:

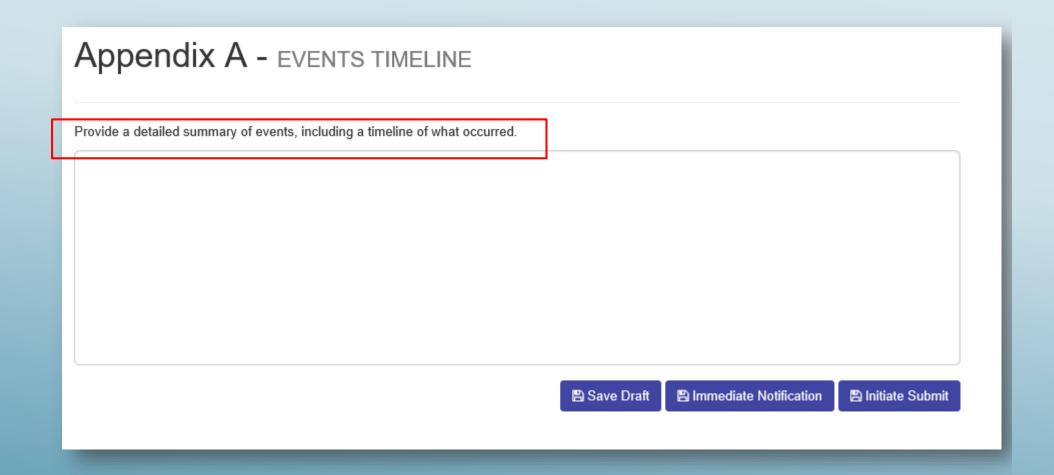
- additional hazards identified
- requests a summary of laboratory decontamination following the incident
- medical surveillance conducted as a result of the incident

None	
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). Provide a brie	f summary of how the laboratory and work surfaces were decontaminated after the incident.
Work surfaces w	ere decontaminated with Clorox solution.
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1. Provide a brie	f summary of the medical surveillance conducted (do not provide names or confidential information).
Follow-up medic	al appointments made at 3 and 6 months post exposure.
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## APHIS/CDC Form 3 Report of a Theft, Loss or Release of Select Agent or Toxin







#### APHIS/CDC Form 3 Report of a Theft, Loss or Release of Select Agent or Toxin

Title:

Enter signature and date



Sign Document

Signature of Respondent:

responsible official

Signature

Public reporting burden

Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports

Clearance Officer; 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30329; ATTN: PRA (0920-0576).

Certification: I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of the select agent regulations may result in civil or criminal penalties, including imprisonment. 7 CFR 331, 9 CFR 121, 42 CFR 73.

Date:

08/22/2017

Click "Finalize Submit" to send report to FSAP