



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

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

Federal Select Agent
Program Training







APHIS/CDC FORM 3


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



eFSAP Landing Page




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Notifications 

Forms Form 1 Form 2 Form 3 Form 4 Form 5 IPP

Federal Select Agent Program Portal

Entity: University of Select Agents

LEAD AGENCY: CDC

Facility Address: 100 University Ave, Gainesville, FL, FL 303411928

| | | |
|---|---|--|
| Responsible Official Name: Allen Atkins | Responsible Official Title: President | Responsible Official Address: 1000 University Ave, Gainesville, FL 300291009 |
| Registration #: | Application #: 600c2ea7-d929-e711-80cf-001dd8003fe2 | Type Status: Government - Federal |

Summary

Filter:

| Entity Name | Cover Letter | Date Submitted | Date Approved | Status | RO Submitter | Details |
|-----------------------------|---|----------------|---------------|----------|----------------------|----------------------|
| University of Select Agents | Add PI Williams. See document upload, file name Section7_PI_Williams.pdf | 08/01/2017 | | Draft | responsible official | Edit |
| University of Select Agents | Remove ARO Doe from the registration. Reason for removal - job duties no longer require access to select agents | 07/25/2017 | | Pending | responsible official | Edit |
| University of Select Agents | Update PI Crick work objectives to add ferret animal model. See document upload, file name Section7AttachC_PI_Crick.pdf | 08/03/2017 | | Pending | responsible official | Edit |
| University of Select Agents | Update abstract | 07/25/2017 | 07/26/2017 | Approved | responsible official | Edit |



APHIS/CDC FORM 3

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



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

Select an Action ✕

Select an action for the APHIS/CDC FORM 3 TO REPORT A THEFT, LOSS, OR RELEASE OF A SELECT AGENT OR TOXIN.

The discovery of a theft, loss, or a release of a select agent or toxin is required to be immediately reported (as described in 7 CFR 331, 9 CFR 121, and 42 CFR 73).

Select Create

[Create](#) [View All](#)

| Location | Incident Date |
|----------|---------------|
|----------|---------------|

[Exit](#)



APHIS/CDC FORM 3

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



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

- SECTION A
- SECTION B
- APPENDIX A

Section A - ENTITY INFORMATION

1. Name of Entity:

 236 of 255 characters left

2. Entity Registration Number:

3. Physical Address:

 237 of 255 characters left

4. City:

 43 of 50 characters left

5. State:

6. Zip Code:

7. Name of Responsible Official or Laboratory Supervisor:

 242 of 255 characters left

8. Name of Responsible Official or Laboratory Supervisor:

 245 of 255 characters left

9. Telephone Number:

10. Fax Number:

11. E-mail address:

 23 of 50 characters left

Section B - INCIDENT INFORMATION



APHIS/CDC FORM 3

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”

Section B - INCIDENT INFORMATION

1. Date and Time of Incident:

Date: 07/19/2017

Time: 06 15 AM

2. Date of Immediate Notification:

07/20/2017

3. Type of Immediate Notification:

Email
 Fax
 Telephone
 eFSAP

4. Location of Incident:

Carruthers - 123

Carruthers - 123
239 of 255 characters left

5. Name of Select Agent or Toxin: Abrin

6. Strain Designation: Powder
249 of 255 characters left

7. Quantity: 25 mg
95 of 100 characters left

+ Add Row



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



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

[+ Add Row](#)

| Name of Select Agent or Toxin | Strain Designation | Quantity | |
|-------------------------------|--------------------|----------|------------------------|
| Abrin | Powder | 25 mg | Delete |

8. Type of Incident:

- Theft
- Loss
- Release/ Potential Exposure

Note:

Please complete Appendix A, event timeline, to provide details on the theft/loss/release incident.

Select type of incident that is being reported.





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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):

| | |
|--|---|
| <input type="checkbox"/> Animal bite/scratch | <input type="checkbox"/> Equipment/mechanical failure |
| <input type="checkbox"/> PPE failure | <input type="checkbox"/> Package damaged in transit (fill out Appendix B) |
| <input checked="" type="checkbox"/> Spill | <input type="checkbox"/> Unintended Animal Infection |
| <input type="checkbox"/> Needle stick/Sharps | <input type="checkbox"/> Unintended Plant Pathogen Release |
| <input type="checkbox"/> Decontamination failure | <input type="checkbox"/> Work performed on an open bench |
| <input type="checkbox"/> Inactivation failure | <input type="checkbox"/> Other |

2. Was there a release outside containment barriers? (choose all that apply)

- Release outside primary containment (e.g., biosafety cabinet, leaking storage vial within storage unit)
- Release beyond secondary containment (e.g., laboratory)
- Release outside all containment barriers of the facility (e.g., resulting in possible agricultural/environmental/public health threat)

3. What PPE was worn at the time of the incident? (choose all that apply)

| | |
|--|---|
| <input checked="" type="checkbox"/> Hand Protection (e.g., gloves) | <input type="checkbox"/> Foot Protection (e.g., booties, shoe covers) |
| <input type="checkbox"/> Head Protectors/Covers | <input type="checkbox"/> Eye/Face Protection (e.g., goggles, face shield) |
| <input type="checkbox"/> Body Protection | <input type="checkbox"/> Respiratory Protection: |
| | <input type="checkbox"/> Other |

4. Did the release result in potential exposure(s)?

Yes
 No

5. Did the release result in a laboratory acquired infection or an infection/outbreak in agriculture or in the environment?

Yes
 No
 Not currently known

Type of exposure – choose all that apply.

Indicate whether release occurred outside containment barriers.

Select all PPE worn at the time of the incident and if the release resulted in a potential exposure.

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



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

Questions 6-8 collect information about:

Initiation of medical surveillance

6. Has medical surveillance been initiated?

- Yes
- No

7. Has prophylaxis or treatment been provided?

- Yes
- No

Prophylaxis or treatment

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.

1937 of 2000 characters left

Details of any internal review of laboratory procedures and policies



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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 →

9. Other than a potential for occupational illness, what other hazards have been identified as a result of this incident?

None

1996 of 2000 characters left

10. Provide a brief summary of how the laboratory and work surfaces were decontaminated after the incident.

Work surfaces were decontaminated with Clorox solution.

1945 of 2000 characters left

11. Provide a brief summary of the medical surveillance conducted (do not provide names or confidential information).

Follow-up medical appointments made at 3 and 6 months post exposure.

1932 of 2000 characters left



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

Appendix A - EVENTS TIMELINE

Provide a detailed summary of events, including a timeline of what occurred.

 Save Draft

 Immediate Notification

 Initiate Submit



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

Enter signature and date



Sign Document

Signature

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.

Signature of Respondent: **Title:** **Date:**

responsible official

i Please type name as above.

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).

Click "Finalize Submit" to send report to FSAP



Finalize Submit