

Form 3 Submission Quick Reference Guide

1. Log into eFSAP. **Note:** If you use the Discussion Panel on homepage, you can ask questions without submitting a form.
2. Click **Form 3**.
3. Click **Create**. If you previously submitted a Form 3 Immediate Notification, then click the **View** button adjacent to the relevant incident. **Note:** You can edit the information from the Immediate Notification as needed when you are filling out the Form 3 in its entirety.
4. **Section A** will be automatically filled out, except for the PI (Field 8). Select the PI from the dropdown.

1. Name of Entity:

220 of 255 characters left

2. Entity Registration/NRE Number:

87 of 100 characters left

3. Physical Address:

236 of 255 characters left

4. City:

39 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 Principal Investigator:

240 of 255 characters left

9. Telephone Number:

10. Fax Number:

11. E-mail address:

29 of 50 characters left

5. Fill out **Section B**:

Section B - INCIDENT INFORMATION

1. Date and Time of Incident: Date: <input type="text"/> Time: <input type="text" value="12"/> <input type="text" value="00"/> <input type="text" value="PM"/>	2. Date of Immediate Notification: <input type="text"/>	
3. Type of Immediate Notification: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Telephone <input type="checkbox"/> eFSAP	4. Location of Incident: <input type="text"/> <input type="text"/> 235 of 255 characters left	
5. Name of Select Agent or Toxin: <input type="text"/>	6. Strain Designation: <input type="text"/>	7. Quantity <input type="text"/>
+ Add Row		
Name of Select Agent or Toxin	Strain Designation	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Delete		
8. Type of Incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input type="checkbox"/> Release/ Potential Exposure		

- a. Record the Date and Time of Incident (Field 1).
- b. Record the Date of Immediate Notification (Field 2).
- c. Check the Type of Immediate Notification (Field 3).
- d. Record the Location of Incident (Field 4).
 - i. Please select from the drop down menu or type in the answer if the Location of Incident is not listed.
- e. Choose the name of the Select Agent (Field 5), Strain Designation (If you don't know the strain designation, you can type "Unknown" into the dialog box) (Field 6), and Quantity (Field 7).
 - i. For the quantity, ensure that you provide the unit of measure for the agent (vial/plate/ampoule/mouse, etc.).

- ii. Once you have filled out these fields, click **Add Row**. Do this for each additional agent that you need to report for the incident.
- f. Select **Type of Incident** – Theft, Loss, or Release (Field 8). You may need to select more than one answer to this question. Each answer corresponds to a different section of the Form 3: Section C (Theft), Section D (Loss), and Section E (Release).

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.

9. Severity of the incident:

Low ▼

10. What Biosafety Level did the incident occur?

- | | | |
|---------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> BSL2 | <input type="checkbox"/> NIHBL2 | <input type="checkbox"/> NIHBL3-LS |
| <input type="checkbox"/> BSL3 | <input type="checkbox"/> NIHBL3 | <input type="checkbox"/> NIHBL4-LS |
| <input type="checkbox"/> BSL4 | <input type="checkbox"/> NIHBL4 | <input type="checkbox"/> ACL2 |
| <input type="checkbox"/> ABSL2 | <input type="checkbox"/> NIHBL2N | <input type="checkbox"/> ACL3 |
| <input type="checkbox"/> ABSL3 | <input type="checkbox"/> NIHBL3N | <input type="checkbox"/> ACL4 |
| <input type="checkbox"/> BSL3Ag | <input type="checkbox"/> NIHBL4N | <input type="checkbox"/> PPQ Agent |
| <input type="checkbox"/> ABSL4 | <input type="checkbox"/> NIHBL2-LS | |

11. Is this incident associated with an APHIS/CDC Form 2:

- Yes
 No

12. Is this incident associated with an APHIS/CDC Form 4:

- Yes
 No

- g. Select Severity of the Incident (Field 9). Use your best judgement to determine this.
 - h. Check the Biosafety Level of the Registered Space (Field 10). If the incident occurred or involved different lab spaces, please select all that apply.
 - i. Was the incident related to a Transfer of the Select Agent or Toxin (Field 11)? If **Yes**, you must provide the Transfer Number from the related APHIS/CDC Form 2.
 - j. Was the incident related to an Identification of a Select Agent or Toxin (Field 12)? If **Yes**, you must provide the Form 4 number.
6. Fill out Sections C (Theft), D (Loss), and/or E (Release) according to your answer from Section B, Field 8.
- a. Fill out Fields 1-5.
 - i. Choose **all** of the answers that apply to Fields 1-3.
 - ii. Fields 4-5 will require further information if you answer **Yes** to these questions.
 - b. Fill out Fields 6-11 about medical surveillance and policy review.
 - i. If you answer **Yes** to question 8, please provide details in the text boxes.
7. Provide a detailed summary of the incident in **Appendix A**.


Appendix A - EVENTS TIMELINE

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


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 Save Draft


 Immediate Notification

 Initiate Submit

8. Enter your signature and the date of Form 3 submission.
9. Click **Initiate Submit** to submit your completed Form 3. Clicking **Save** does **NOT** submit the Form 3.
10. Once you've submitted, you will see a **Discussion Panel** at the bottom. You can ask any questions here. Replies will show up on your notification panel. This notification will take you to the Form 3.


 General Discussion

AU

 9/5/2017 9:17:48 PM **Agency User**

Form3 was modified (State: Draft) by Agency User on 9/6/2017 1:17:48 AM.

AU

 9/5/2017 10:18:48 PM **Agency User**

Form3 was modified (State: Draft) by Agency User on 9/6/2017 2:18:48 AM.

Type your message here...

