## ANNUAL REPORT QUESTIONNAIRE ACTIVITIES INVOLVING BIOHAZARDS INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)

Highest BSL:

Title				
Title	,.			
Prin	cipa	al Investigator:		
Dep	artr	ment:		
rev retu proj we	iew rn ect will	ply with University and Federal guidelines covering activities involving biohazard is necessary. Please check the appropriate answer to each question listed below the signed and dated form to Mandy Karper, amanda.karper@wright.edu. If you and wish to close this protocol, please indicate below. If a response is not receassume that you do not need continuation of this approval, at which time the pre IBC will be notified. For questions, contact Mandy at 937-775-3332.	w and have completed eived within 30 d	this ays,
I.		o you wish to continue this protocol? yes, please respond to items II.A. through II.D.	yes	no
II.	A.	Complete the annual summary of the biohazard use activities associated with this projection include all additional information that might be requested based on the response to the contract of the contract o	• .	•
	В.	Since the last review, have there been any changes in leadership or responsibility?	yes*	no
	C.	Since the last review, have there been any health or safety incidents?	yes*	no
	D.	Since the last review, have all project personnel completed the appropriate training/refreshers?	yes	no*
		Since the last review, have you made any changes in procedure or protocol as to modify:  (i) The biohazard(s) being used?  (ii) The experimental design (e.g., cell line host/vector, or experimental manipulations)?  (iii) The biosafety level?	yes* yes* yes*	no no no
	F.	The BSL cabinet(s) associated with this protocol was last certified on		
— Pri	ncip	pal Investigator's Signature and Date:		

## Institutional Biosafety Committee (IBC) Annual Report Summary

Please provide responses to each of the sections below.

	Activities associated with original submission. Su	mmary should	d be written in past	tense.				
В.	Description of any changes made by amendment over the past year (personnel, biohazards, procedural, Biosafety level, etc.)  None							
	Description of any health or safety incidents  None							
C.	Description of any health	or safety inci	<sup>dents</sup> None					
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C.	Description of any health	or safety inci	dents None					
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D.	List all current personnel a		T TO THE		human origin:			
D.		and provide t	ne current training	dates:	human origin:			
D.	List all current personnel a	and provide t	ne current training	dates:	human origin:			
D.	List all current personnel a	and provide t	ne current training	dates:	human origin:			
D.	List all current personnel a	and provide t	ne current training	dates:	If working with biohazard human origin: OSHA Blood Borne Pathog			
D.	List all current personnel a	and provide t	ne current training	dates:	human origin:			
D.	List all current personnel a	and provide t	ne current training	dates:	human origin:			
D.	List all current personnel a	and provide t	ne current training	dates:	human origin:			
D.	List all current personnel a	and provide t	ne current training	dates:	human origin:			
D.	List all current personnel a	and provide t	ne current training	dates:	human origin:			