



# BIOHAZARD!!!

Responsible Individual: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: campus \_\_\_\_\_ home \_\_\_\_\_

Biological Agents (optional) \_\_\_\_\_

IACUC Protocol # (if applicable) \_\_\_\_\_

IBC Registration # \_\_\_\_\_

Biosafety Level:    BL-1       BL-2       BL-3



- **Entry May Be Restricted**
- **Appropriate Precautions Advisable**
- **Know and Follow Proper Procedures**
- **Report accidents/potential exposures to IBC and EH&S immediately**

## Infectious Materials in Use