NOTIFICATION OF THE PROPOSED DESTRUCTION OF SELECT AGENTS AND TOXINS FORM

IMPORTANT NOTICE: Do NOT destroy any Select Agent or toxin without prior approval from Michael Valigosky, Responsible Official and Director of Environmental Health and Radiation Safety.

Destruction of non-exempt registered Select Agents or toxins must be approved by the CDC and/or APHIS. This approval must be coordinated through Environmental Health and Radiation Safety (EHRS). Complete this form at least seven days in advance of destroying a Select Agent or toxin. Fax the completed form to EHRS (Mike Valigosky at 419.530.3606), and keep a copy for your records. If you have any questions, call Mike at 419.530.3600. After verifying the proposed destruction procedure, Mike will notify the appropriate agency(ies) five days in advance of proposed destruction and obtain confirmation from the agency(ies) regarding the proposed destruction. EHRS will notify the P.I. or Laboratory Manager when destruction is approved.

TODAY’S DATE: ____________________

PLANNED DATE OF DESTRUCTION (Must be at least 7 working days after submission date): ____________________

PRINCIPAL INVESTIGATOR: ________________________________

Phone: ________________________________ FAX: ________________________________ ER phone: ________________________________

Email: ________________________________

LABORATORY LOCATION(S) (Building and Room #): ________________________________

LABORATORY MANAGER: ________________________________

Phone: ________________________________ FAX: ________________________________ ER phone: ________________________________

Email: ________________________________

SELECT AGENT NAME: ________________________________

TOXIN QUANTITY AND CONCENTRATION: ________________________________

USE (check all that apply):

☐ Research
☐ Diagnostics
☐ Production
☐ Other, describe: ________________________________

EXEMPTION STATUS:  

☐ 42 CFR 73 Exempt  
☐ 42 CFR 73 Non-exempt

REGISTRATION:  

☐ 42 CFR 73 Not registered  
☐ 42 CFR 73 Registered

DESTRUCTION PROCEDURE: Describe procedure to be used and provide references. Please note that the procedure must be pre-approved by Mike Valigosky, EHRS.

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SIGNATURE OF P.I.: ________________________________

SIGNATURE OF R.O.: ________________________________

Environmental Health and Radiation Safety  APPROVAL DATE: __