

**Annual SRS Update/Amendment
Subcommittee on Research Safety
Baltimore VA Medical Center**

Date:

YES **Principal Investigator (PI):**

**Mail Code:
Pager:**

**Office phone:
Email:**

Lab phone:

Project Title(s)

IRB # (If Applicable)

IACUC # (If Applicable)

List all VA and UMB rooms/buildings where research will be conducted. Include storage space and location of animals if appropriate:

VA <input type="checkbox"/>	Room Number/s	Building	Room Number/s
UMB <input type="checkbox"/>	Room Number/s	Building	Room Number/s
Building	Room Number/s	Building	Room Number/s
Building	Room Number/s	Building	Room Number/s
Building	Room Number/s	Building	Room Number/s

Personnel: List the personnel and collaborators (and affiliations if non-VA) who work with the P.I.

Name	Position Funded through
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):
	VA <input type="checkbox"/> UMB <input type="checkbox"/> BREF <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify):

Please review your attached RESEARCH PROTOCOL SAFETY SURVEY FORM and respond to the following statements:

1) My research program remains unchanged, and my RESEARCH PROTOCOL SAFETY SURVEY FORM on file accurately reflects the current research biosafety concerns of my program. YES NO

2) My research program has changed or been modified, and a new or amended RESEARCH PROTOCOL SAFETY SURVEY FORM is attached. N/A YES NO

If protocol has been amended, please specify:

**Principal Investigator Annual Research Biosafety Update
Consolidated Biohazard Subcommittee
Baltimore VA Medical Center**

3) All laboratory personnel assigned to my research program have reviewed this form and have completed their mandatory annual biosafety training. YES NO

4) Do you use ionizing radiation (radioisotopes, X-rays, or gamma-rays) in your research?
YES NO

If YES Specify:

5) Has Your Chemical Inventory Changed Within the Past Year (i.e. added chemicals or deleted chemicals): YES NO

If yes, attach an updated chemical inventory

Principal Investigator

Date