

INSTITUTIONAL BIOSAFETY COMMITTEE – SUNY ESF

**Progress Report**

PI:

PROTOCOL REVIEW IBC#:

DATE:

1. Status of this protocol? Canceled\_\_\_\_\_ Active\_\_\_\_\_ Awaiting Funding\_\_\_\_\_ Other/Explain:
  
2. If this is still on Active Status, are the methods essentially the same as described in the application # referred to above? Yes\_\_\_\_\_No\_\_\_\_\_. If different, please explain. Use additional sheet if necessary.
  
3. The Committee has on file a copy of your Laboratory Biosafety Manual. Have any changes been made to the last submission? Yes\_\_\_\_\_ No\_\_\_\_\_. **If** yes, submit the modified manual to the committee.
  
4. Does the work involve use of a Class II or Class III Biological Safety Cabinet? Yes\_\_\_\_\_No\_\_\_\_\_.  
**If** yes:
  - a. What is the date of the last inspection\_\_\_\_\_ (ANNUAL INSPECTIONS REQUIRED)

**5. ANSWER THIS QUESTION IF THIS PROTOCOL HAS BIOSAFETY LEVEL 2**

**CLEARANCE:** The IBC is required to have on file a document certifying that each person working in a laboratory with BSL-2 or higher containment has received training in laboratory safety procedures from the Principal Investigator or his/her designee. Please print the names of the individuals currently working on this project:

1. \_\_\_\_\_
  
2. \_\_\_\_\_
  
3. \_\_\_\_\_
  
4. \_\_\_\_\_
  
5. \_\_\_\_\_

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6. Have you moved your laboratory operation to a new location? Yes\_\_\_\_No\_\_\_\_  
If yes, note the location below. If your protocol requires BSL 2 or higher containment, it will be necessary that the IBC confirm that the new lab meets the appropriate criteria.

**New Lab Location:** \_\_\_\_\_

7. Are regulated medical wastes being generated in this research? Yes\_\_\_\_No\_\_\_\_If yes, please describe the type and disposal method:

**8. Name (Printed) & Signature for all individuals working in the lab or involved with the IBC approved project.**

I confirm that I have received and read the Biosafety Manual for this project and have received training by the PI or his/her designee. Questions regarding training or IBC concerns can be directed to John Wasiel (x6896).

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**I attest that all above information has been reviewed and is correct.**

PI Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form **before the expiration date** to John Wasiel, Room 19 Bray Hall. If you have any questions, please contact John Wasiel at 315-470-6896.