

APHIS/CDC Form 3, Report of Theft, Loss, or Release of Select Agents and Toxins

Data for the APHIS/CDC Form 3 were not collected in NSAR. The pdf of the form was scanned into the system. The below screen prints show what will be collected in eFSAP.

The screenshot shows a web browser window with the URL <https://webapp.ipsastest.com/web/Form3/Default/Index?enti>. The browser tabs include "Federal Select Agent Program ..." and "Form 3 | CDC IPSAS". The page title is "Form 3 | CDC IPSAS". The browser's address bar shows the URL, and the browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The browser's status bar shows the time 2:22 PM and the date 9/18/2017. The page content includes a "Save TLR" button in the top right corner. The main heading is "Section A - ENTITY INFORMATION". The form contains the following fields:

- 1. Name of Entity: ACG (252 of 255 characters left)
- 2. Entity Registration/NRE Number: (empty)
- 3. Physical Address: 1234 Maple (245 of 255 characters left)
- 4. City: Onekama (43 of 50 characters left)
- 5. State: Michigan (dropdown menu)
- 6. Zip Code: 48236- (empty)
- 7. Name of Responsible Official or Laboratory Supervisor: Rick Smith (245 of 255 characters left)
- 8. Name of Principal Investigator: (empty)
- 9. Telephone Number: (734)123-4564ext. (empty)
- 10. Fax Number: (123)456-4656ext. (empty)
- 11. E-mail address: rick@acg.com (38 of 50 characters left)

Section B - INCIDENT INFORMATION

The screenshot shows a web browser window with the URL <https://webapp.ipsastest.com/web/Form3/Default/Index?enti>. The browser tabs include "Federal Select Agent Program ..." and "Form 3 | CDC IPSAS". The page title is "Form 3 | CDC IPSAS". The browser's address bar shows the URL, and the browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The browser's status bar shows the time 2:41 PM and the date 9/18/2017. The page content includes a "Save TLR" button in the top right corner. The main heading is "Section B - INCIDENT INFORMATION". The form contains the following fields:

- 1. Date and Time of Incident: Date: mm/dd/yyyy, Time: Hour, Minute, am/pm (dropdown menus)
- 2. Date of Immediate Notification: mm/dd/yyyy
- 3. Type of Immediate Notification: Email, Fax, Telephone, eFSAP (checkboxes)
- 4. Location of Incident: (empty)
- 5. Name of Select Agent or Toxin: (empty)
- 6. Strain Designation: (empty)
- 7. Quantity: (empty)

Below the form, there is a table with the following columns: Name of Select Agent or Toxin, Strain Designation, and Quantity. The table is currently empty. There is a "+ Add Row" button in the top right corner of the table.

Name of Select Agent or Toxin Strain Designation Quantity

8. Type of Incident:

Must answer at least one of the below

- ☐ Theft
- ☐ Loss
- ☐ Release/ Potential Exposure

Note:

Please complete Appendix A, event timeline, to provide details on the theft/loss/release incident.

9. Severity of the incident:

--Select an option--

10. What Biosafety Level did the incident occur?

Must answer at least one of the below

- | | | |
|---------------------------------|------------------------------------|------------------------------------|
| ☐ BSL2 | ☐ NIHBL2 | ☐ NIHBL3-LS |
| ☐ BSL3 | ☐ NIHBL3 | ☐ NIHBL4-LS |
| ☐ BSL4 | ☐ NIHBL4 | ☐ ACL2 |
| ☐ ABSL2 | ☐ NIHBL2N | ☐ ACL3 |
| ☐ ABSL3 | ☐ NIHBL3N | ☐ ACL4 |
| ☐ BSL3Ag | ☐ NIHBL4N | ☐ PPQ Agent |
| ☐ ABSL4 | ☐ NIHBL2-LS | |

11. Is this incident associated with an APHIS/CDC Form 2:

12. Is this incident associated with an APHIS/CDC Form 4:

Transfer

11. Is this incident associated with an APHIS/CDC Form 2:

- ☐ Yes
- ☐ No

12. Is this incident associated with an APHIS/CDC Form 4:

- ☐ Yes
- ☐ No

Appendix A - EVENTS TIMELINE

Provide a detailed summary of events, including a timeline of what occurred.

Save Draft

Immediate Notification

Initiate Submit

Section C - REPORT OF THEFT

1. Type of Theft:

- ☒ Forced Entry
☐ Insider/Insider-assisted access
☐ Unauthorized access

2. Has Local Law Enforcement been Notified:

- ☐ Yes
☒ No

3. Local Law Enforcement Agency:

4. Local Law Enforcement Agent Name:

First, MI, Last

5. Local Law Enforcement Contact Information (phone/email):

6. Has the FBI been Notified:

- ☐ Yes
☒ No

6. Has the FBI been Notified:

- ☐ Yes
☒ No

7. FBI Agent Name:

First M. Last

8. FBI Agent Contact Information (phone/email):

9. Was the stolen BSAT material recovered:

- ☐ Yes
☒ No

10. Was there a potential exposure:

- ☐ Yes
☒ No
☐ Unsure

Appendix A - EVENTS TIMELINE

Section D - REPORT OF LOSS

1. Type of Loss:

- ☐ Inventory/Recordkeeping error
☒ Sample lost/discarded at entity
☐ Sample lost in transit
☐ Other

2. Has Local Law Enforcement been Notified:

- ☒ Yes
☐ No

3. Local Law Enforcement Agency:

After yu, Inc.
241 of 255 characters left

4. Local Law Enforcement Agent Name:

Eyeon Yu
247 of 255 characters left

5. Local Law Enforcement Contact Information (phone/email):

123-234-3456
243 of 255 characters left

6. Was the FBI Notified:

6. Was the FBI Notified:

- ☒ Yes
☐ No

7. FBI Agent Name:

Al Cuffedup
244 of 255 characters left

8. FBI Agent Contact Information (phone/email):

234-898-1871
243 of 255 characters left

9. Was the lost BSAT material found?

- ☐ Yes
☒ No

10. How long was the BSAT material missing?

Date Recovered:

mm/dd/yyyy

Duration of loss(hrs/days)

11. Give the date of the last inventory/audit performed, which meets the FSAP regulatory requirement:

01/24/2017

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File Edit View Favorites Tools Help

7. FBI Agent Name:

AI Cuffedup
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8. FBI Agent Contact Information (phone/email):

234-898-1871
243 of 255 characters left

9. Was the lost BSAT material found?

☐ Yes
☒ No

10. How long was the BSAT material missing?

Date Recovered: mm/dd/yyyy **Duration of loss(hrs/days)**

11. Give the date of the last inventory/audit performed, which meets the FSAP regulatory requirement:

01/24/2017

12. Was there a potential exposure:

☐ Yes
☒ No
☐ Unsure

Appendix A - EVENTS TIMELINE



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Section E - REPORT OF RELEASE

1. Type of Potential Exposure/Release(choose all that apply):

☐ Animal bite/scratch
☐ PPE failure
☐ Spill
☐ Needle stick/Sharps
☐ Decontamination failure
☐ Inactivation failure

☐ Equipment/mechanical failure
☐ Package damaged in transit (fill out Appendix B)
☐ Unintended Animal Infection
☐ Unintended Plant Pathogen Release
☒ Work performed on an open bench
☐ Other

2. Was there a release outside containment barriers? (choose all that apply)

☒ Release outside primary containment (e.g., biosafety cabinet, leaking storage vial within storage unit)
☐ Release beyond secondary containment (e.g., laboratory)
☐ Release outside all containment barriers of the facility (e.g., resulting in possible agricultural/environmental/public health threat)

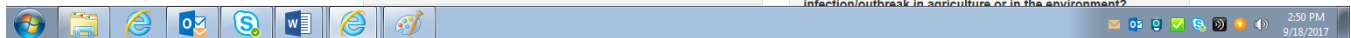
3. What PPE was worn at the time of the incident? (choose all that apply)

☒ Hand Protection (e.g., gloves)
☐ Head Protectors/Covers
☐ Body Protection

☐ Foot Protection (e.g., booties, shoe covers)
☐ Eye/Face Protection (e.g., goggles, face shield)
☒ Respiratory Protection:
Type: N-95
☐ Other

4. Did the release result in potential exposure(s)?

5. Did the release result in a laboratory acquired infection or an infection/outbreak in agriculture or in the environment?



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4. Did the release result in potential exposure(s)?

☒ Yes

If yes, how many individuals/animals/plants were exposed?

1

☐ No

5. Did the release result in a laboratory acquired infection or an infection/outbreak in agriculture or in the environment?

☐ Yes

☒ No

☐ Not currently known

6. Has medical surveillance been initiated?

☒ Yes

☐ No

7. Has prophylaxis or treatment been provided?

☒ Yes

☐ No

8. Has an internal investigation been initiated to lessen the likelihood of recurrences of incident involving the select agents and toxins at this entity?

☒ Yes (If yes, please provide additional details.)

☐ No

Details:

Additional training was conducted with the staff.

Windows taskbar: 2:50 PM 9/18/2017

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9. Other than a potential for occupational illness, what other hazards have been identified as a result of this incident?

Broken glass on floor

3979 of 4000 characters left

10. Provide a brief summary of how the laboratory and work surfaces were decontaminated after the incident.

10 percent bleach

3983 of 4000 characters left

11. Provide a brief summary of the medical surveillance conducted (do not provide names or confidential information).

Went to occupational health and was prescribed antibiotics

1942 of 2000 characters left

Appendix A - EVENTS TIMELINE

Windows taskbar: 2:51 PM 9/18/2017