**Florida State University Animal By-product Use Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete, sign, and return this form to Environmental Health & Safety (EH&S) for project that would require the collection of animal by-product. Submit the completed form to EH&S via FAX (850-644-8842), Campus Mail (Mail code 4481), or deliver it to 1200 Carothers Hall. If you have any questions, concerns, or require further clarification, visit EH&S at [www.safety.fsu.edu](http://www.safety.fsu.edu) or contact us at 850-644-6895. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Project information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Principal Investigator | | | | | | | | | | | | |  | Department | | | | | | | | |  | e-mail | | | | | |  | Phone number | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. Type of animal by-product: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the species which will supply the animal by-products, the number of animals needed for this project, and the by-product that is being collected from the animal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Species | | | | |  | Number | | | Animal by-product that is being collected | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | Carcasses | | | | | | | Blood | | | | Organs | | | | | Tissue | | Other: | | | | | |  |
|  | | | | |  |  | | | Carcasses | | | | | | | Blood | | | | Organs | | | | | Tissue | | Other: | | | | | |  |
|  | | | | |  |  | | | Carcasses | | | | | | | Blood | | | | Organs | | | | | Tissue | | Other: | | | | | |  |
|  | | | | |  |  | | | Carcasses | | | | | | | Blood | | | | Organs | | | | | Tissue | | Other: | | | | | |  |
| Yes | No | | Does the animal by-product require a federal, state or local permits or licenses? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, list permit number. | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Potential hazards associated with handling the animal by-product: | | | | | | | None | | | | Dermal | | | | | | | Injection | | | | Ingestion | | | | Inhalation | | | | | | Other | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. Collection location of the animal by-product: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select where the animal by-product is being collected from: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Research laboratory** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of PI: | |  | | | | | | | | | | | | | | | | | | ACUC protocol number: | | | | | | | |  | | | | | |
| Yes | No | | Has the animal by-product been exposed to hazardous or infectious agents?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, list hazardous or infectious agents. | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **USDA Slaughter/processing facility** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of facility: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | Is handling the animal by-product potentially hazardous?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, list potential hazard. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **In the Wild or Roadside** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List location: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | Is handling the animal by-product potentially hazardous?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, list potential hazard. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | Is the animal by-product from poisonous or venomous animal? **If yes, attach outdoor emergency procedures.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IV. Use and disposal of the animal by-product: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe the reason for collecting and how the animal by-product will be used.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List the method of deposal of the animal by-product during and at the conclusion of the project.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IV. Personal protective equipment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | **Will personal protective equipment be needed ABOVE the standard measures (e.g. wearing disposable gloves) for handling animal by-products? If yes indicate below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety glasses | | | | Dust mask | | | | | | High visibility vest\* **Required for in the Wild & Roadside collection** | | | | | | | | | | | | | | | | | | | | | | | |
| Apron | | | | Ear protection | | | | | | Special gloves (type): | | | | | | | | | | |  | | | | | | | | | | | | |
| Tongs | | | | Head protection | | | | | | Other. Describe: | | | | | | | | | | |  | | | | | | | | | | | | |
| **Additional engineering controls:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VII. Statement of responsibility** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As the Principal Investigator for this project, I have the responsibility to assure that the animal by-product collection is operated in a safe manner and that all staff and students are informed of potential risk(s), wear appropriate personal protective equipment, and are adequately trained. I will assure that all students and staff will receive orientation for safe handling of the animal by-product and emergency instructions.  I understand that I am responsible for assuring that the animal by-product collection is within all federal, state, and local environmental laws and regulations and adhering to Florida State University policies.  Additionally, I am responsible for and will report any significant problems and/or significant accidents and illnesses to EH&S, and will complete required forms in the event of an incident or injury.  I further understand that I must complete an updated form and obtain approval prior to instituting any changes in my animal by-product collection. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Principal Investigator Signature | | | | | | | | | | | | | | |  | | Principal Investigator (please print) | | | | | | | | | | | |  | | | Date | |

Ver. 05-2019