

# Florida State University Animal By-product Use Form

## 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

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				
_____	_____	<input type="checkbox"/> Carcasses	<input type="checkbox"/> Blood	<input type="checkbox"/> Organs	<input type="checkbox"/> Tissue	<input type="checkbox"/> Other: _____
_____	_____	<input type="checkbox"/> Carcasses	<input type="checkbox"/> Blood	<input type="checkbox"/> Organs	<input type="checkbox"/> Tissue	<input type="checkbox"/> Other: _____
_____	_____	<input type="checkbox"/> Carcasses	<input type="checkbox"/> Blood	<input type="checkbox"/> Organs	<input type="checkbox"/> Tissue	<input type="checkbox"/> Other: _____
_____	_____	<input type="checkbox"/> Carcasses	<input type="checkbox"/> Blood	<input type="checkbox"/> Organs	<input type="checkbox"/> Tissue	<input type="checkbox"/> 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. \_\_\_\_\_

### USDA Slaughter/processing facility

Name of facility: \_\_\_\_\_

Yes  No Is handling the animal by-product potentially hazardous?:

If yes, list potential hazard. \_\_\_\_\_

### 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.**

## IV. Use and disposal of the animal by-product:

Please describe the reason for collecting and how the animal by-product will be used.: \_\_\_\_\_

List the method of disposal of the animal by-product at the conclusion of the project.: \_\_\_\_\_

## 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:** \_\_\_\_\_

## 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.

Principal Investigator Signature \_\_\_\_\_

Principal Investigator (please print) \_\_\_\_\_

Date \_\_\_\_\_

Ver. 05-2019