INCIDENT NOTIFICATION AND REPORTING
APHIS/CDC FORM 3
(THEFT/LOSS/RELEASE)

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE: 10/31/2020

INSTRUCTIONS

Answer all items completely and type or print in ink. Detailed instructions are available at http://www.selectagents.gov/form3.html. This report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service
Agriculture Select Agent Services
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: (301) 734-3652
Email: AgSAS@aphis.usda.gov

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46
Atlanta, GA 30329
FAX: (404) 471-8375
Email: form3@cdc.gov

Accession Number:

(For Program Use ONLY)

Submit completed form only once by either email, fax, or mail

SECTION A - ENTITY INFORMATION

1. Name of Entity:	2. Entity Registration/ NRE Number (if applicable):		
3. Physical Address (NOT a post office box):	4. City:	5. State: (Select)	6. Zip Code:
7. Name of Responsible Official or Laboratory Supervisor:	8. Name of Principal Investigator:		
9. Telephone Number:	10. Fax Number:	11. Email address:	

SECTION B - INCIDENT INFORMATION

1. Date and Time of Incident: MM/DD/YY	2. Date of Immediate Notification: MM/DD/YY	3. Type of Immediate Notification : ☐ Email ☐ Fax ☐ Telephone ☐ eFSAP	4. Location of Incident (bldg., room, equipment, etc.):

5. Name of Select Agent or Toxin:	6. Strain designation of Select Agent or Toxin:	7. Quantity (Unit (vial, plates, etc.)

☐ Additional Select Agents or Toxins listed in attached document

8. Type of Incident:

- ☐ Theft (After completing Section B. Go to Section C)
- ☐ Loss (After completing Section B. Go to Section D)
- ☐ Release/ Potential Exposure

(After completing Section B. Go to Section E)

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

9. Severity of the incident:

- ☐ None
- ☐ Negligible
- ☐ Low
- ☐ Moderate
- ☐ High

10. What Biosafety Level did the incident occur?

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

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

- ☐ Yes (Fill out Appendix B, if incident occurred during transfer.)
- ☐ No

APHIS/CDC Form 2 transfer #: _____

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

- ☐ Yes
- ☐ No

APHIS/CDC Form 4 clinical ID#: _____

SECTION C - REPORT OF THEFT

1. Type of Theft:

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

2. Has Local Law Enforcement been Notified:

(If yes, complete sections C3-C5)

- ☐ Yes
- ☐ No

3. Local Law Enforcement Agency:

4. Local Law Enforcement Agent Name:

First _____ MI ___ Last _____

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

Phone _____ E-mail _____

6. Has the FBI been Notified:
(If yes, fill out #s C7-8):

- ☐ Yes
- ☐ No

7. FBI Agent Name: (First M. Last)

First _____ MI ___

Last _____

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

Phone _____

E-mail _____

9. Was the stolen BSAT material recovered:

- ☐ Yes
- ☐ No

10. Was there a potential exposure: (If yes, go to section E- Q: 5-11)

- ☐ Yes
- ☐ No
- ☐ Unsure

Certification: I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of the select agent regulations may result in civil or criminal penalties, including imprisonment. 7 CFR Part 331, 9 CFR Part 121, 42 CFR Part 73.

Signature of Respondent: _____ Title: _____

Typed or printed name of Respondent: _____ Date: _____

SECTION D - REPORT OF LOSS

1. Type of Loss:
   - ☐ Inventory/Recordkeeping error
   - ☐ Sample lost/discarded at entity
   - ☐ Sample lost in transit (Go to Appendix B to enter add'l info)
   - ☐ Other: _____

2. Has Local Law Enforcement been Notified: (If yes, fill out #s D3-D5)
   - ☐ Yes
   - ☐ No

3. Local Law Enforcement Agency:

4. Local Law Enforcement Agent Name:
   _____ First ___ MI _____ Last

5. Local Law Enforcement Contact Information (phone/email):
   Phone E-mail

6. Was the FBI Notified:
   (If yes, fill out #s D7-D8)
   - ☐ Yes
   - ☐ No

7. FBI Agent Name:
   _____ First ___ MI
   _____ Last

8. FBI Agent Contact Information (phone/email):
   Phone
   E-mail

9. Was the lost BSAT material found?
   - ☐ Yes
   - ☐ No

10. How long was the BSAT material missing?
    Duration of loss (hrs/days): _____
    Date recovered: _____

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

12. Was there a potential exposure:
    (If yes, complete Section E- Q: 5-11)
    - ☐ Yes
    - ☐ No

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Signature of Respondent: _____ Title: _____

Typed or printed name of Respondent: _____ Date: _____

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
- ☐ Other/None: _____
- ☐ Foot Protection (e.g., boots, shoe covers)
- ☐ Eye/Face Protection (e.g., goggles, face shield)
- ☐ Respiratory Protection Type: _____

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

- ☐ Yes

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

- ☐ 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

_____

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

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

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

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Signature of Respondent: _____ Title: _____

Typed or printed name of Respondent: _____ Date: _____

APPENDIX A
EVENTS TIMELINE

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

APPENDIX B

IF THE INCIDENT OCCURRED DURING TRANSFER, COMPLETE SECTIONS A AND B OF FORM 3 AND PROVIDE THE FOLLOWING INFORMATION (INCLUDE A COPY OF THE RELEVANT APHIS/CDC FORM 2)

1. Transfer authorization number from APHIS/CDC Form 2:	2. Date Shipped

3. Name of Carrier	4. Airway bill number, bill of lading number, tracking number

5. Package Description
(size, shape, description of packageing including number and type of inner packages; attach additional sheets as necessary)

6. Package with select agents and toxins received by requestor: ☐ No ☐ Yes If yes, date of receipt: _____	7. Package with select agents and toxins appears to have been opened or damaged during shipment: ☐ No ☐ Yes If yes, include explanation in box 5 above.
8. Sender was contacted regarding incident: ☐ No ☐ Yes	9. Carrier/courier was contacted regarding incident: ☐ No ☐ Yes

Certification: I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of the select agent regulations may result in civil or criminal penalties, including imprisonment. 7 CFR Part 331, 9 CFR Part 121, 42 CFR Part 73.

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30329; ATTN: PRA (0920-0576).

Signature of Respondent: _____ Title: _____

Typed or printed name of Respondent: _____ Date: _____