| Inspection Checklist for Incident Response (7 CFR 331.14; 9 CFR 121.14; 42 CFR 73.14) | | | | | |
|---|--|--|--|--|--|
| pection Date: | | | | | |
| ity Name: | | | | | |
| sponsible Official: | | | | | |
| P Inspector(s): | | | | | |
| ncipal Investigator (P.I.): | | | | | |
| oratory Location - Street Address: | | | | | |
| lding: | | | | | |
| om number(s): | | | | | |
| ent(s)/Toxin(s): | | | | | |
| When information is entered in this form, the form is to be considered "Sensitive Select Agent Information" | | | | | |

| Reference | Statement | Response | | | Comments | | | | |
|-------------------|--|----------|-----------|----------|----------|--|--|--|--|
| rtorororioo | Otatomont | Yes | es No N/A | Comments | | | | | |
| Section 14(a) | An individual or entity required to register under this part must develop and implement a written incident response plan. | | | | | | | | |
| Section 14(a) | The incident response plan must be: [Specify in Comments] | | | | | | | | |
| | - coordinated with any entity-wide plans | | | | | | | | |
| | - kept in the workplace | | | | | | | | |
| | - available to employees for review | | | | | | | | |
| Section 14(b) | The incident response plan must fully describe the entity's response procedures for the: | | | | | | | | |
| | - theft, loss, or release of a select agent or toxin | | | | | | | | |
| | - inventory discrepancies | | | | | | | | |
| | - security breaches (including information systems) | | | | | | | | |
| | - severe weather and other natural disasters | | | | | | | | |
| | - workplace violence | | | | | | | | |
| | - bomb threats | | | | | | | | |
| | - suspicious packages | | | | | | | | |
| | - emergencies such as fire, gas leak, explosion, power outage, etc. | | | | | | | | |
| | The response procedures must account for hazards associated with the select agent and toxin and appropriate actions to contain such select agent or toxin. | | | | | | | | |
| Section 14 (c) | The incident response plan must also contain the following information: | | | | | | | | |
| Section 14 (c)(1) | The name and contact information (e.g., home and work) for the individual or entity (e.g., responsible official, alternate responsible official(s), biosafety officer, etc.) | | | | | | | | |
| Section 14 (c)(2) | The name and contact information for the building owner and/or manager [where applicable] | | | | | | | | |
| Section 14 (c)(3) | The name and contact information for tenant offices [where applicable] | | | | | | | | |

| Reference | Statement | Response | | Response | | Response | Comments |
|--------------------|---|----------|----|----------|------------|----------|----------|
| Reference | Statement | Yes | No | N/A | Confinents | | |
| Section 14 (c)(4) | The name and contact information for the physical security official for the building [where applicable] | | | | | | |
| Section 14 (c)(5) | Personnel roles and lines of authority and communication | | | | | | |
| Section 14 (c)(6) | Planning and coordination with local emergency responders | | | | | | |
| Section 14 (c)(7) | Procedures to be followed by employees performing rescue or medical duties | | | | | | |
| Section 14 (c)(8) | Emergency medical treatment and first aid | | | | | | |
| Section 14 (c)(9) | A list of personal protective and emergency equipment, and their locations | | | | | | |
| Section 14 (c)(10) | Site security and control | | | | | | |
| Section 14 (c)(11) | Procedures for emergency evacuation, including type of evacuation, exit route assignments, safe distances, and places of refuge | | | | | | |
| Section 14 (c)(12) | Decontamination procedures. | | | | | | |
| Section 14 (d) | The plan must be reviewed annually and revised as necessary. | | | | | | |
| Section 14 (d) | Drills or exercises must be conducted at least annually to test and evaluate the effectiveness of the plan. | | | | | | |
| Section 14 (d) | The plan must be reviewed and revised, as necessary, after any drill or exercise and after any incident. | | | | | | |

| Inspector summary and comments: | | | | | |
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| Recommendations: | | | | | |
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| Inspector completing checklist: | Date: | | | | |
| mopestor completing checknot. | | | | | |
| Other inspectors present: | Date: | | | | |
| Other hispectors present. | Date. | | | | |
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