UC BSL-3 Design Standards Deviation Request Form

*To initiate a deviation request, present this completed form to your campus High Containment Laboratory Oversight Group (HCLOG) for review.  Once approved by the campus HCLOG, the request can be submitted to* [*ehs@ucop.edu*](mailto:ehs@ucop.edu) *for final review by the systemwide High Containment Laboratory Oversight Committee (HCLOC). If you have any questions related to the BSL-3 Design Standards deviation request form or process, please contact* [*ehs@ucop.edu*](mailto:ehs@ucop.edu)*.*

*As part of the review process, the HCLOC Chair will select a subcommittee of five designated reviewers. One member shall be an HCLOG chair from a location other than the submitting campus, one member shall be the HCLD from the submitting campus, and the remaining three members will be chosen by the HCLOC Chair or Vice Chair. The subcommittee will strive to provide the submitting campus a decision within 10 working days of receiving all the necessary information.*

*Please note financial restrictions do not outweigh safety requirements. Requests for deviations cannot be based solely on financial constraint.*

**Campus:**

**High Containment Lab Director:**

**Campus BSL3 Building Location Details** (see request for relevant documentation below)**:**

**Principle Investigator(s):**

**Date:** Click or tap to enter a date.

**UC BSL3 Design Standard** – provide the standard section or sections you are seeking to deviate from

Section:

Number:

State the standard:

**Justification for Deviation**

Explain why you are unable to adhere to the standard:

Discuss any alternate plans for mitigation:

Discuss any possible risks associated with the deviation:

**Proposed research**

Overview of research projects to be conducted in the facility:

List proposed agents/toxins in use:

Select Agents:

Select Toxins:

Tier 1 Select Agents/Toxins:

List any other applicable Federal Agency Requirements:

List experimental procedures:

Describe standard laboratory procedures:

Describe any proposed high-risk procedures:

Discuss any future projects or plans for this facility:

**Personnel**

How many BSL3 users:

Support staff:

**Facility Layout** – provide a full description of the space

Describe the laboratory space:

Is there an ante room:

Will there be ABSL3 space:

**Relevant documentation** – attach the following:

* + - 1. Laboratory Floor Plans
      2. Building Floor Plans
      3. Facility Specifications
      4. Mechanical Plans
      5. Approved BUAs or Research Summaries

**Submitting Campus Signatures:**

HCLOG Chair

HCLD

HCLOG Review Date: Click or tap to enter a date.

**HCLOC Review Notes:**

Date Received: Click or tap to enter a date.

HCLOC review notes and decision:

Date Returned to submitting campus: Click or tap to enter a date.