DEPARTMENT OF THE ARMY
Headquarters, U.S. ARMY MEDICAL RESEARCH AND MATERIEL
COMMAND AND FORT DETRICK
504 SCOTT STREET
FORT DETRICK, MD 21702-9223

MCMR-ZA

16 May 2002

MEMORANDUM FOR Commander, USAMRIID, 1425 Porter Street, Fort Detrick, MD 21702

SUBJECT: AR 15-6 Investigation Into Anthrax Contamination at USAMRIID

1. I have reviewed and approved the findings in the subject AR 15-6 Report of Investigation except as noted in the legal review of the ROI.

2. I am returning the ROI to you for your review and analysis for an appropriate response plan. Please report back to me on or before 31 May with your proposal for responding to the findings in this investigation. You may incorporate the investigating officer's recommendations into your response plan, but you need not limit your response to those recommendations. Additionally, I would like you to include in your response plan any operational changes you have already initiated following this contamination episode.

3. Please devise your response plan with the overall objectives of ensuring the safety of the USAMRIID staff and its support contractors and staff; the safety of the installation and surrounding community; and the validity of the research and other scientific work (such as forensic analysis) your command produces.

4. I am designating the OSJA as the repository for the original ROI in this case.

LESTER MARTINEZ-LOPEZ
Major General, MC
Commanding

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REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

.ppointed by MG MARTINEZ-LOPEZ
(Appointing authority)

on 23 APR 02 *(Attach inclosure 1: Letter of appointment or summary of oral appointment data.)* *(See para 3-15, AR 15-6.)*
(Date)

SECTION II - SESSIONS

The *(investigation)* ~~*(board)*~~ commenced at FORT DETRICK, MD *(Place)* at 0800 *(Time)*

on 24 APR 02 *(Date)* *(If a formal board met for more than one session, check here* ☐ *. Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.)* The following persons *(members, respondents, counsel)* were present: *(After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)*

e following persons *(members, respondents, counsel)* were absent: *(Include brief explanation of each absence.)* *(See paras 5-2 and 5-8a, AR 15-6.)*

The *(investigating officer) (board)* finished gathering/hearing evidence at 1730 *(Time)* on 9 MAY 02 *(Date)*

and completed findings and recommendations at 1505 *(Time)* on 10 MAY 02 *(Date)*

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES	YES	NO 1/	NA 2/
1 Inclosures *(para 3-15, AR 15-6)* Are the following inclosed and numbered consecutively with Roman numerals: *(Attached in order listed)*			
a. The letter of appointment or a summary of oral appointment data?	X		
b. Copy of notice to respondent, if any? *(See item 9, below)*			X
c. Other correspondence with respondent or counsel, if any?			X
d. All other written communications to or from the appointing authority?	X		
e. Privacy Act Statements *(Certificate, if statement provided orally)?*			X
f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered *(e.g., absence of material witnesses)?*			X
g. Information as to sessions of a formal board not included on page 1 of this report?			X
h. Any other significant papers *(other than evidence)* relating to administrative aspects of the investigation or board?			X

FOOTNOTES: 1/ *Explain all negative answers on an attached sheet.*
2/ *Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.*

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		YES	NO 1/	NA 2/
2	Exhibits *(para 3-16, AR 15-6)*			
	a. Are all items offered *(whether or not received)* or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
	c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X		
	d. Are copies, descriptions, or depictions *(if substituted for real or documentary evidence)* properly authenticated and is the location of the original evidence indicated?			X
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board *(para 3-6b, AR 15-6)?*	X		
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	X		
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit *(para 3-16d, AR 15-6)?*			X
3	Was a quorum present when the board voted on findings and recommendations *(paras 4-1 and 5-2b, AR 15-6)?*			X
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS *(Chapter 5, AR 15-6)*				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment *(para 5-3b, AR 15-6)?*			
5	Was a quorum present at every session of the board *(para 5-2b, AR 15-6)?*			
6	Was each absence of any member properly excused *(para 5-2a, AR 15-6)?*			
7	Were members, witnesses, reporter, and interpreter sworn, if required *(para 3-1, AR 15-6)?*			
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence *(para 5-2d, AR 15-6)?*			
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED *(Section II, Chapter 5, AR 15-6)*				
9	Notice to respondents *(para 5-5, AR 15-6):*			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate —			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	d. Was the respondent provided a copy of all unclassified documents in the case file?			
	e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began *(or otherwise was absent during part of the proceedings):*			
	a. Was he properly notified *(para 5-5, AR 15-6)?*			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel *(para 5-4c, AR 15-6)?*			
11	Counsel *(para 5-6, AR 15-6):*			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	(If counsel is a lawyer, check here ☐ *)*			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy *(or, if oral, a summary)* of the request and the action taken on it included in the report *(para 5-6b, AR 15-6)?*			
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality *(para 5-7, AR 15-6):*			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to *(para 5-8a, AR 15-6):*			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument *(para 5-9, AR 15-6)?*			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses *(para 5-8b, AR 15-6)?*			
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it *(para 5-11, AR 15-6)?*			

FOOTNOTES: 1/ *Explain all negative answers on an attached sheet.*
2/ *Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.*

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DEPARTMENT OF THE ARMY
Headquarters, U.S. ARMY MEDICAL RESEARCH AND MATERIEL
COMMAND AND FORT DETRICK
504 SCOTT STREET
FORT DETRICK, MD 21702-9223

MCMR-ZA

16 May 2002

MEMORANDUM FOR Commander, USAMRIID, 1425 Porter Street, Fort Detrick, MD 21702

SUBJECT: AR 15-6 Investigation Into Anthrax Contamination at USAMRIID

1. I have reviewed and approved the findings in the subject AR 15-6 Report of Investigation except as noted in the legal review of the ROI.

2. I am returning the ROI to you for your review and analysis for an appropriate response plan. Please report back to me on or before 31 May with your proposal for responding to the findings in this investigation. You may incorporate the investigating officer's recommendations into your response plan, but you need not limit your response to those recommendations. Additionally, I would like you to include in your response plan any operational changes you have already initiated following this contamination episode.

3. Please devise your response plan with the overall objectives of ensuring the safety of the USAMRIID staff and its support contractors and staff; the safety of the installation and surrounding community; and the validity of the research and other scientific work (such as forensic analysis) your command produces.

4. I am designating the OSJA as the repository for the original ROI in this case.

LESTER MARTINEZ-LOPEZ
Major General, MC
Commanding

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SECTION VI - AUTHENTICATION *(para 3-17, AR 15-6)*

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. *(If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)*

David L Brown

(Recorder) *(Investigating Officer) (President)*

(Member) *(Member)*

(Member) *(Member)*

SECTION VII - MINORITY REPORT *(para 3-13, AR 15-6)*

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. *(In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)*

(Member) *(Member)*

SECTION VIII - ACTION BY APPOINTING AUTHORITY *(para 2-3, AR 15-6)*

indings and recommendations of the *(investigating officer)* ~~*(board)*~~ are *(approved)* ~~*(disapproved)*~~ *(approved with following exceptions/ substitutions)*. *(If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)*

Please see attached memo.

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SECTION IV - FINDINGS *(para 3-10, AR 15-6)*

The *(investigating officer) (board)*, having carefully considered the evidence, finds:

SEE AYYACHED

SECTION V - RECOMMENDATIONS *(para 3-11, AR 15-6)*

In view of the above findings, the *(investigating officer) (board)* recommends:

SEE AYYACHED

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DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
AND FORT DETRICK
521 FRAIM STREET
FORT DETRICK, MD 21702-9223

REPLY TO
ATTENTION OF:

MCMR-JA

15 May 2002

MEMORANDUM FOR Commander, USAMRMC&FD, 504 Scott Street, Fort Detrick, MD 21702

SUBJECT: Legal Review – AR 15-6 Investigation Into Anthrax Contamination at USAMRIID

1. Purpose: To review the subject AR 15-6 report of investigation for legal sufficiency.

2. Conclusion: I have reviewed the subject report of investigation and found it legally sufficient. The evidence supports the findings, except as noted in the discussion below, and the recommendations are consistent with the findings. The Report of Investigation did not contain an investigator's chronology as directed in the appointment memorandum, but this is not a regulatory requirement and does not affect the sufficiency of the ROI, nor does it render the report deficient for informing the commander or insufficient for supporting appropriate command and supervisory decision making. I recommend the appointing authority approve the findings except as noted.

3. Discussion:

a. The Commander, USAMRMC&FD is an appropriate appointing authority and the IO met the qualifications of AR 15-6.

b. The IO prepared detailed findings, organized in complete paragraphs in a generally chronological fashion where this was appropriate. He reduced these detailed, descriptive paragraphs into summarized findings, organized in an outline format. The combination of these two methods helps the reader understand the essence of the ROI and the findings and recommendations.

c. The extremely detailed nature of the findings, drawn from extensive evidence in the exhibits and sometimes appropriately relying on the IO's scientific or leader's analysis of the significance of the evidence may lead reasonable minds to differ over some of the IO's conclusions. This does not mean, however, that these findings are inappropriate or unsupported. These findings are supported, but are not necessarily the only logical conclusion available, given the evidence.

d. There is no evidence to support the finding that genotyping is unable to distinguish among Ames strains of *Bacillus anthracis*. The IO cites Exhibit 43 for this finding, but that information is not contained in the cited exhibit and, while the finding may be

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MCMR-JA
SUBJECT: Legal Review – AR 15-6 Investigation Into Anthrax Contamination at USAMRIID

factually accurate, I was unable to find any other exhibit that contained this information. I was unable to reach the IO to try and resolve this issue.

e. The evidence supports the remaining findings and the recommendations logically flow from the findings.

William D. Palmer
WILLIAM D. PALMER
LTC, JA
Staff Judge Advocate

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AR 15-6 Investigation: Anthrax Contamination of Bldg. 1425, USAMRIID

Findings

Details of these summary findings are provided on following sheets. This investigation focused on areas of the building in which contamination was discovered and on the organism that contaminated the building.

A. Contamination of USAMRIID Building 1425, with *Bacillus anthracis* (Sterne, Vollum 1B and Ames strains), was first officially suspected on 16 April 02. Anthrax contamination was confirmed on 18 April 02 and strains determined on 8 May 02.

B. Findings related to: a)Whether USAMRIID personnel have safely handled, stored or accounted for hazardous material within the Institute and b) Whether USAMRIID has an appropriate system of procedures to protect all personnel from exposure to hazardous material
   1. USAMRIID has a comprehensive system of procedures at the Institute level that, if fully implemented, would protect the great majority of personnel from exposure. Some procedures need to be updated. Eating and drinking are permitted in the offices within the containment suites. There is no requirement for routine surveillance for contamination either within or outside of containment laboratories.
   2. Safety procedures at the Division and individual laboratory level are inadequately documented.
   3. Adherence to Institute safety procedures by laboratory personnel is lax.
   4. Safety supervision is sometimes carried out by junior personnel with inadequate training or survey instruments, leading to weak enforcement of procedures.
   5. Outside review of Institute procedures may have been limited because potential exposures have not been adequately reported to the Army Safety Office and MRMC Safety Office.

C. Findings related to c) Whether USAMRIID personnel responded appropriately once notified of suspected contamination within the Institute
   1. USAMRIID personnel responded comprehensively and effectively to protect personnel when contamination was confirmed.
   2. Confirmation of contamination might have been made two days before it was accomplished. This delay is explained by uncertainties in the manner of contaminant discovery and the low number of colonies identified. No adverse consequences occurred from this delay.
   3. A larger area of the building should have been cordoned off when contamination was reasonably confirmed. No adverse consequences occurred from this deficiency.
   4. MRMC and OTSG were notified promptly when contamination was confirmed. A potential exposure report to the Army Safety Office was not made in a timely manner as required by AR385-40. Report was filed on 23 APR 02.

D. Findings related to (d) Identify the source of contamination within the Institute, specifically *Bacillus anthracis* contamination found in three separate locations in building 1425.
   1. While a single source of contamination cannot be unambiguously identified, it is likely that some or all of the contamination occurred as a consequence of inadequate decontamination of the outside of shipping containers brought out of suite B-3 in Building 1425.
   2. It is possible that opening of evidentiary material (a letter containing powdered anthrax) in suite B-3 created conditions leading to contamination of the outside of ziplocks used to transport material out of the B3 passbox and led to contamination of areas near the passbox.

Recommendations

1. USAMRIID should update the Institute biosafety manual.
2. Reporting procedures for biological mishaps should be modified to conform with AR385-40. At a minimum, any potential exposure that results in a decision to consult a physician for consideration of antimicrobial prophylaxis or other treatment should be reported.

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3. Office space and break rooms inside BSL-3 containment areas in buildings 1412 and 1425 should be treated as BSL-3 areas. Storage and consumption of food and drink should be prohibited in these areas.
4. Specific, written procedures that include detailed precautionary measures should be prepared for each laboratory procedure that uses viable agents. Procedures should be reviewed by the biosafety committee for compliance with applicable regulations and updated regularly. Particular attention should be paid to high-risk procedures, including centrifugation and shaker flask culture of etiologic agents. Provision for regular surveillance cultures within BSL-3 suites should be included.
5. New personnel should be required to read and sign applicable written laboratory procedures before they are permitted to work in BSL-3 or higher laboratories. The suite supervisor should verify laboratory-specific training and submit a memorandum to the Safety Office granting entry to the suite.
6. Current laboratory personnel should be retrained using the written procedures. Retraining should be accomplished for all laboratory personnel at least annually.
7. Senior personnel should be assigned as suite supervisors and conduct monthly inspections using a detailed list IAW AR385-69. Personnel evaluations should reflect safety performance.
8. Junior personnel in the Safety Office should receive additional hands-on training in equipment and procedures and participate in review of laboratory protocols to enhance their ability to perform inspections.
9. Walk-through inspections of all laboratory areas, including the BSL-3 suites, should be performed at least annually by knowledgeable safety inspectors from outside the Institute. The first inspection should occur within 3 months.
10. A comprehensive policy should be developed that a) implements and defines regularly scheduled environmental sampling outside containment areas, b) establishes procedures for sampling if contamination is suspected between scheduled surveys, and c) establishes procedures to protect personnel, identify the source of contamination and clean up if contamination is found.

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AR 15-6 Investigation: Anthrax Contamination of Bldg. 1425, USAMRIID

Detailed Findings

A. Contamination of USAMRIID Building 1425, with *Bacillus anthracis* (Sterne, Vollum 1B and Ames strains), was first officially suspected on 16 April 02. Anthrax contamination was confirmed on 18 April 02 and strains determined on 8 May 02.

Summary of contamination. Three locations were found to be contaminated with *B. anthracis* [Exhibit 1, 2]. The men's clean change room, B301, was contaminated with small numbers (3 or less colonies/sample) of Ames and Vollum 1B strains. The passbox molding around the passbox was contaminated with over 200 colonies of Ames strain before decontamination. Room 19, an office shared by (b)(6) (b)(6) was contaminated with small numbers (3 or less colonies/sample) of Ames, Vollum 1B and Sterne strains [Exhibit 3]. Strain identification on isolates obtained from 15-19 April was performed by Dr. (b)(6) at University of Northern Arizona [Exhibit 4, 5, 6, 7]. No other areas outside of laboratories were contaminated [Exhibit 6, 8, 9, 10, 11, 12]. The few contaminants in BSL-2 laboratories are attributable to use of attenuated strains in those areas [Exhibit 6].

Preceding biological mishap in suite B-3. On 8 April 2002, (b)(6) were working in a laboratory in suite B-3 when they noticed that medium had contaminated the outside of shaker flasks used to grow attenuated, erythromycin-resistant (erm+) *B anthracis* for preparation of spores. This incident was evaluated as described ([Exhibit 13, 14, 15, 16]). As a result of this incident, (b)(6) performed surveillance cultures of multiple rooms inside the B-3 suite [Exhibit 17, 18]. These cultures were positive for both erm+ and erm- *B. anthracis*. Subsequently, cultures of bacteria found outside the containment area were found to be erm-, indicating that the biological mishap incident of 8 April was not responsible for the contamination outside the suite. Of note, although the inside handle of the passbox was presumptively positive for *B. anthracis*, the isolate was not examined for erm nor was it saved [Exhibit 17].

Timeline of events. This investigation was triggered by findings of positive cultures for *B. anthracis* in 3 locations in Building 1425, USAMRIID, outside the biocontainment areas. (b)(6) a microbiologist in the Division of Bacteriology, testified [Exhibit 19] that these cultures were performed by him on his own initiative without the direction of any superiors. (b)(6) testified that (b)(6) a contract technician employed by Clinical Research Management, had repeatedly expressed concern to him that she may have been exposed to anthrax spores when handling powder from (b)(6) He was further concerned that (b)(6) desk area might be contaminated since it was messy and had dirt accumulation. Based on these concerns, he testified that he cultured (b)(6) desk area in December 2001 and found microbial growth suspicious for *B. anthracis*. He did not further confirm these suspicious colonies or save the cultures, but extensively decontaminated (b)(6) desk, computer, computer keypad and monitor. He mentioned these results to (b)(6) but did not notify any superiors of his findings. Ms. (b)(6) testified that (b)(6) had told her in December of his results [Exhibit 20]. (b)(6) also testified that Dr. Ivins had told her of these results a month or 2 ago. [Exhibit 17]. (b)(6) did not perform any other surveillance until 15 April 2002. On that date, after learning that (b)(6) had found *B. anthracis* contamination in surveillance cultures inside suite B-3 [Exhibit 18], including the inside handle of the passbox, he again cultured his office area (room 19), a rubber molding surrounding the non-containment side of the passbox for suite B-3, and the male clean change area of suite B-3. He found heavy growth of *B. anthracis* on the passbox molding and a few colonies in the other locations listed in [Exhibit 7]. When suspicious colonies appeared on 16 April, he performed additional cultures. Also on 16 April, he notified (b)(6) of the preliminary results of the cultures from 15 April. On 16 April, (b)(6) then requested that (b)(6) perform additional swipes in and around the B3 passbox and the cold side female change room area of B3 [Exhibit 17, 21] prior to contamination. These cultures subsequently showed only the presence of environmental bacteria. The following events then occurred, as described in additional detail by (b)(6) in her Memorandum for Record [Exhibit 22]:

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AR 15-6 Investigation: Anthrax Contamination of Bldg. 1425, USAMRIID

16 APR: (b)(6) was notified by (b)(6) of the preliminary findings. (b)(6) discussed and agreed on the need to confirm presumptive *B. anthracis*.

17 APR: (b)(6) was notified by (b)(6) that there were colonies with *B. anthracis*-like morphologies on capsule agar for all isolates.

18 APR: (b)(6) was notified by (b)(6) of these results. COL Henchal (Acting Commander), (b)(6) (Safety Office) met at 1400 and decided to have 12 suspicious colony isolates analyzed by David Norwood for PCR confirmation (presence of plasmids pXO1 and pXO2). Analysis was begun at 1500 and completed at 1830. The presence of plasmids was confirmed. At 1615, (b)(6) contacted both COL Eitzen and HQ, USAMRMC (b)(6) to inform them of a potential contamination problem at USAMRIID. Additional samples were taken by (b)(6) from the Bacteriology Division offices 16, 18, and 22 and common areas around B3 and B2 [Exhibit 23]. Decontamination was then performed using bleach in the previously positive areas. No *B. anthracis* was subsequently obtained from these cultures. (b)(6) stated that her sampling method was less vigorous than that used later by CHPPM and may have explained the negative results [Exhibit 17].

19 APR. MEDCOM and OTSG, the Mayor of Frederick, the Jeanne Bussard laundry facility, which handles linens from the clean change rooms, and the USAMRIID workforce were notified of the contamination. Assistance from CHPPM was requested. A town hall meeting was held, at which (b)(6) (b)(6) requested that individuals who had been in the hallway near B-3 or in the Bacteriology area report for medical evaluation in the Medical Division clinic [Exhibit 24]. In addition, anyone else who had concerns about exposure was invited to come to the clinic for evaluation. The corridors on both sides of B3 were closed and office 19, where the contamination had been found, was locked. A sampling plan was devised using a stratified random approach further described in [Exhibit 22]. Three-person teams were used to obtain and record location of samples and to plate on blood agar. CHPPM personnel assisted USAMRIID personnel to perform the sampling [Exhibit 25]. A total of 838 samples were collected from throughout Bldg 1425, including non-BSL-3 laboratories (except B-1), passboxes outside all laboratories, office areas, corridors, and animal and maintenance and support areas [Exhibit 8]. Suspicious (non-hemolytic bacilli) isolates were obtained from 86 sites. A total of 107 colonies were picked from the plates and subjected to determination of sensitivity to gamma phage and PCR for presence of genes for capsule and protective antigen (PA) [Exhibit 6]. None of these was positive for both genes. A sample from B504 was positive for a putative nonpathogenic *B. subtilis* strain used in the laboratory. Two samples from a sink in AR403 were positive for a *B. anthracis* vaccine (Sterne) strain (PA only) strain used in the area.

20 APR. Additional sampling of HVAC and HEPA systems at USAMRIID, the laundry center at Jeanne Bussard Center and DIS equipment was planned [Exhibit 26]. A total of 58 samples were obtained on 20 APR from the latter 2 sites [Exhibit 11]; no *B. anthracis* were found [Exhibit 6].

21 APR. CHPPM made 113 composite samples [Exhibit 10, 27] from laboratory suite B1. In addition, previously positive areas (the B2/B3 hallway including the passbox area opening into B303, the men's clean change room B301 and room 19) were extensively sampled. Maintenance area DIS 375 was also sampled. Of all these samples, a single colony from the top of a locker in the men's clean change room and a single colony from a bookcase in room 19 were positive for virulent *B. anthracis* [Exhibit 6]. Cordon was removed from the B3 hallways.

22 APR. Positive results from the cultures of 21 APR were noted. Contents of room 19 were placed in biohazard bags and moved to suite B-3. Men's cold side change room B301 lockers were decontaminated. CHPPM team departed [Exhibit 28].

23 - 25 APR. Cultures of the Budget Office (N=5) and extensive cultures (N=108) of B301 and room 19 were performed [Exhibit 9]. All were subsequently negative for *B. anthracis* [Exhibit 6].

As of 26 APR 02, 88 individuals had been evaluated in the clinic [Exhibit 29]. Nasal swabs were collected from 57. These were specifically collected from a) individuals who had worked in B-3 or been in the

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hallway near B-3 and b) employees of the laundry. In addition, swabs were obtained from anyone who requested it [Exhibit 24]. None of these swabs was positive for *B. anthracis*. Five individuals were treated with doxycycline for 3 days. An additional worker from the laundry facility was treated with doxycycline from a private physician [Exhibit 29].

B(1). USAMRIID has a comprehensive system of procedures at the Institute level ....
(b)(6), the Safety and Occupational Health Manager, is highly qualified and experienced. He also serves as Chief, Safety and Radiation Protection. The Special Immunization Program in the Division of Medicine provides immunizations if available and assesses personnel who have potential or actual exposures to etiologic agents. A comprehensive safety manual has been adopted. Although some portions have not been revised since1990, including USAMRIID Regulation 385-3, Microbiological Safety [Exhibit 30], USAMRIID Regulation 385-69, *Biocontainment Laboratory Operations (Biosafety Levels 3 and 4)* is dated 1 March 1995 [Exhibit 31]. Inspections are performed monthly by the Divisions and quarterly by the Safety Office. A thorough biosafety cabinet certification process is maintained, with certifications every 6 months. No biosafety cabinets within the BSL-3 suites have developed cabinet or HEPA filter leaks in 2001 or 2002 [Exhibit 32]. Although detailed records of HVAC function were not obtained by this investigator, airflow in suite B-3 was noted to be appropriate in direction. A review of HVAC function by (b)(6) back to 7 March 2002 showed no evidence of reversal of airflow in containment suites [Exhibit 33]. USAMRIID Regulation 385-69 permits eating, drinking and food storage in office areas located within the BSL-3 containment suites. In Building 1425, the ultraviolet light passboxes used to send documents and small items out are located within this office area. In building 1412, a break room is available within the containment areas. Even if there is appropriate airflow from the office to the suite hallways, these configurations pose significant risk to laboratory personnel, since it is likely that contamination can easily occur and, in fact, was documented in B303 [Exhibit 18].

B(2). Safety procedures at the Division and individual laboratory level are inadequately documented.
Completion of Minimal Essential Training is required for entry into the BSL-3 laboratories, but there is a paucity of written safety procedures at the laboratory or division level. Except for operations performed under Good Laboratory Practices, there are few written division level or laboratory SOPS that specifically address safety issues. There is no formal Institute review process [Exhibit 17, 33, 34, 35, 36] for specific laboratory procedures. Individuals are primarily trained one-on one until they are deemed to be adequately trained [Exhibit 35, 37], but training materials at the laboratory level may not address safety issues. A sample procedure for spore preparation, one of the most dangerous procedures, did not specifically address safety issues [Exhibit 38].

B(3) Adherence to Institute safety procedures by laboratory personnel is lax.
Direct questioning, results of surveillance cultures and an inspection of the BSL-3 sites indicated a number of deviations from Institute safety procedures. Passboxes are to be used for passage of single sheets of paper, small tools or other items, or for passage of notebooks, computer disks, etc that have never left the office area . [Exhibit 31]. As noted by several personnel [Exhibit 19, 38, 39], stacks of paper, rather than individual sheets, are often placed in the passbox. Sometimes, multiple sheets are placed on makeshift racks. An inspection of the building 1412 passbox during this investigation disclosed 3 stacks of paper, a computer disk, and the makeshift rack. When several sheets of paper were placed in the apparatus, they did not lie flat, but sagged in the middle from side to side or front to back [Exhibit 40]. This observation suggested that uv irradiation was unlikely to be effective in decontaminating multiple sheets and would be totally ineffective in decontaminating the stacks of paper. The passbox is also routinely used to pass live spore preparations out of the laboratory [Exhibit 14, 19, 39, 41]. This practice, while probably acceptable, violates the putatively uncontaminated office space in the B-3 suite.

Another major area of concern is centrifugation procedures. During spore preparation, for example, spores are centrifuged in fixed-angle rotors that are generally too heavy to remove from the centrifuge. The lid must be removed to get the rotor off the spindle. Although workers wear respirators when removing samples from the centrifuge and alert others in the laboratory to wear respirators [Exhibit 14, 19, 20, 42], this procedure is likely to cause significant aerosolization of spores within the laboratory and contribute to diffuse laboratory contamination. Although USAMRIID regulation 385-69 specifies that centrifuges should be evacuated prior to removal of rotors or the centrifuge should be placed in a floor hood, most

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centrifuges are not so equipped [Exhibit 40]. In addition, spores are sometimes centrifuged in swinging bucket rotors without caps [Exhibit 14].

In the course of the inspection of the BSL-3 suites on 3 May, using the Institute quarterly inspection checklist as a guide, a number of deficiencies were noted. In summary, there was substantial crowding due to storage of equipment. In addition, there was storage of office contents that had been moved from room 19 when contamination was found there. In addition, however, there were numerous instances of unlabeled or improperly labeled chemical bottles, inappropriate storage of chemicals, benchtop clutter, collections of dirt and debris on the floor, supplies and equipment left in cluttered biosafety cabinets, and improperly handled biohazard waste both within and outside BSCs. Refrigerators, freezers and cold room were not labeled with etiologic agent. Floor drain logs were not up to date. Vacuum line outlets were not protected with HEPA filters or traps. Emergency eyewash was available in the hallway but not in individual laboratories [Exhibit 40]. Some lab workers did not regard these conditions as unsafe, although they noted some concerns about crowding [Exhibit 17, 20, 42]. Others [Exhibit 19, 20, 35], including one from outside the Division [Exhibit 43], expressed concerns about safety practices.

It is likely that the deficient housekeeping practices and centrifugation procedures accounts for the areas of high-level contamination noted on the suite survey performed by (b)(6) (b)(6) differ on whether the intensity of contamination was greater than that observed when weekly surveillance was routinely performed. [Exhibit 17, 19, 43].

B(4). Safety supervision is sometimes carried out by junior personnel with inadequate training or survey instruments, leading to weak enforcement of procedures

Although multiple, apparently longstanding deficiencies were found on the inspection of 3 May, no deficiencies were noted, except crowding, on any of the monthly reports submitted by the Bacteriology Division [Exhibit 44] or on the quarterly inspections performed by the Safety Office [Exhibit 45]. Mr. (b)(6), the Safety and Occupational Health Specialist who conducts quarterly inspections, noted that on 3 May, the laboratories were more cluttered than usual. He had not performed an inspection of B-3 since August 01. He also noted that he had no direct experience in working in a microbiology laboratory and was not acquainted with the centrifuge rotors and stated that he had had limited training before beginning inspections [Exhibit 34]. (b)(6), the Bacteriology Division Safety Representative to the USAMRIID Safety Committee, has no supervisory responsibility for the suite, but is a "contact person." He was unaware that quarterly safety inspections had been performed and, in fact, stated that they had not been performed since 1998. He is not in the reporting chain for biological mishaps [Exhibit 36]. The monthly survey form used by (b)(6) is very limited compared to the standards of AR385-69 or the form used by the Safety Office. (b)(6), the B-3 suite supervisor prior to (b)(6), noted that there was no clear line of authority for the suite supervisor. As a junior officer, he felt powerless to influence behavior of the laboratory investigators [Exhibit 35]. Similar frustrations of inadequate authority or communication were voiced by (b)(6) in Building 1412 [Exhibit 39]. These data indicate that safety inspections are not likely to be effective unless performed by individuals with adequate training and seniority to evaluate deficiencies and require corrective measures. Moreover, there appears to be lack of communication between the Bacteriology Division Safety representative in Building 1425 and the Safety Office.

B(5). Outside review of Institute procedures is limited because potential exposures have not been adequately reported to the Army Safety Office and MRMC

USAMRIID exposure reporting is addressed in USAMRIID Regulation 385-40 [Exhibit 46].USAMRIID reports exposures of individuals who are believed by medical personnel to have moderate to high risk of disease, as noted by (b)(6) [Exhibit 33]. While the language of AR385-40 Chapter 12-1 c. (2) is syntactically garbled, it appears that the ultraconservative interpretation of the regulation used by USAMRIID has nearly vitiated the regulation's intent. As a result, some exposures have not been reported and others were not reported as quickly as required by the regulation. (b)(6)

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(b)(6) Similarly, the potential exposure incident that occurred on 8 April 2002 was not reported until 23 April. [Exhibit 13]. (b)(6) MRMC Safety Officer, had no reports of potential exposures filed from USAMRIID in 2001.The MRMC Safety Office did not physically inspect USAMRIID BSL-3 laboratories in 2001[Exhibit 50]. It is likely that increased reporting would have triggered increased scrutiny of laboratory safety and increased compliance.

C(1). USAMRIID personnel responded comprehensively and effectively to protect personnel when contamination was confirmed

As noted by the timeline above, (b)(6) (b)(6) acted decisively to inform the community and Command, solicit assistance from CHPPM, organize a thorough surveillance program, evaluate and reassure workers and continue to re-examine sites of positive cultures until deoontamination was complete. The CHPPM team, led by (b)(6) made an important contribution to the survey and evaluation process.

C(2). Confirmation of contamination might have been made two days before it was accomplished

As noted by (b)(6) [Exhibit 51], detection of suspicious colonies by an experienced investigator greatly increased the likelihood that subsequent tests would be confirmatory of anthrax contamination. Immediate analysis of all suspicious colonies by PCR would probably have confirmed the investigator's suspicions on 16 April. Given the unusual circumstances of the unauthorized sampling by (b)(6) and the low number of spores in the office area, initial caution in accepting the validity of the results may have been warranted to avoid premature panicking of the workforce and community. No adverse consequences occurred from this delay.

C(3). A larger area of the building should have been cordoned off when contamination was reasonably confirmed.

Definitive PCR-based confirmation of contamination was obtained on 18 April. Although the number of spores was noted to be low in the office and change room areas [Exhibit 51, 52], the source of contamination was not apparent. Cultures performed on 16 April by (b)(6) were only directed to the areas previously identified as positive by (b)(6) In the absence of an identifiable source, a more conservative approach would have required cordoning off at least all the laboratory areas until more definitive results were obtained. Decision-making would have been easier if a contingency plan had been in place. No adverse consequences occurred from this deficiency.

C(4). MRMC and OTSG were notified promptly when contamination was confirmed.

As noted in the timeline, MRMC and OTSG were notified of the potential contamination incident on 19April. Although AR385-40 requires notification of the Army Safety Office within 3 hours of confirmed and potential exposures, that office was not notified until 23 April. This deficiency is related to the interpretation of the regulations addressed in **B(5)**.

D(1) While a single source of contamination cannot be unambiguously identified . . . .

The finding that room 19 was the only office involved suggests that either (b)(6) (b)(6) may have contaminated the area, although contamination by other workers cannot be excluded. The presence of multiple contaminants in both room 19 and B301suggest that multiple episodes of contamination may have occurred. The relationship of any of these cultures to each other, however, cannot be determined from the data available. Genotyping is unable to distinguish among Ames strains [Exhibit 43]. Moreover, the stability of spores confounds any attempts to determine the date of contamination. It is most likely that some or all of the contamination occurred when strains were removed from suite B-3 for shipment or transfer within the Institute. A review of EA101 documents provided by (b)(6) [Exhibit 53] indicated that (b)(6) transferred Vollum 1B on at least 7 occasions May 1997. The two most recent transfers occurred on 1 June 00 and 17 August 00. Ames strains were shipped 3 times during that period, the latest two shipments occurring on 8 May and 8 June 01. Sterne is used as a control for mouse challenge experiments in B3, and for rabbits in 1412. Ames is commonly used for challenges [Exhibit 54]. (b)(6) testified that he sometimes uses shipping containers with O-rings in their lids. These containers are either stored in a cabinet in room B313 [Exhibit 54], although (b)(6) noted that they are stored above the

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refrigerator in that room [Exhibit 41], or obtained from room B505. (b)(6) places the spores in a tube inside the shipping container, then wipes the container with a paper towel soaked with bleach. Bleach is not made fresh daily, but an approximate 1:10 dilution is made in a squirt bottle and used until the bottle is empty [Exhibit 54]. No record is kept of the date the bleach is made up. This statement is corroborated by the results of inspection of the B-3 areas, in which unlabeled squirt bottles containing liquid were observed, although not specifically noted on the report [Exhibit 40]. (b)(6) stated that after passing the container through the passbox, he would sometimes leave it on his desk in an ice bucket or dry ice while awaiting shipping [Exhibit 54]. (b)(6) does not recall seeing these items in the office, however [Exhibit 41]. It is possible that the outside of the shipping container may have been contaminated, either by the agent shipped or by ambient bacteria present n excessive numbers due to aerosolization and inadequate housekeeping as described in **B(3)**. The bleach solution may have lost potency with prolonged storage at dilute concentrations and failed to adequately decontaminate the bottom of the shipping container. Bacteria could have been transferred from the outside of the container to the desktop when the container was placed there temporarily. Another plausible explanation is that contaminated documents from the laboratory may not have been adequately sterilized by uv irradiation, as described in **B(3)**, and may have contaminated the desk area. It is less likely that incoming strains would have led to the contamination. (b)(6) stated that he does not open outer packaging at his desk, but only in the BSL-3 laboratories.

(b)(6)

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1

DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
504 SCOTT STREET
FORT DETRICK, MARYLAND 21702-5012

REPLY TO
ATTENTION OF:

MCMR-JA (15-6)

23 APR 2002

MEMORANDUM FOR COL David L. Hoover, Walter Reed Army Institute of Research, 503 Robert Grant Avenue, Silver Spring, MD 20910-7500

SUBJECT: Appointment as Investigating Officer

1. I am appointing you as an investigating officer pursuant to Army Regulation 15-6. You will conduct an informal investigation of bio-hazardous contamination that came to the attention of authorities on or about 19 April 2002 at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID). This investigation is your primary duty and takes priority over all other duties until you complete and turn in your report of investigation.

2. Immediately upon receiving this appointment, contact your legal advisor, (b)(6) at 301-619-2563 for a legal briefing. (b)(6) will provide you with any additional materials needed to assist you as you plan and complete your investigation. Specifically, (b)(6) will advise and assist you concerning the development of an investigative plan; determining which witnesses may require Article 31, UCMJ rights advisories; coordinating your investigation with any on-going criminal investigation; procedures for questioning DA civilian employees; and preparing findings and recommendations.

3. Conduct a thorough investigation into all circumstances surrounding this contamination and reach detailed findings and recommendations that address the following issues:

a. Whether USAMRIID personnel have safely handled, stored, or accounted for hazardous material within the Institute;

b. Whether USAMRIID has an appropriate system of procedures to protect all personnel from exposure to hazardous material;

c. Whether USAMRIID personnel responded appropriately once notified of suspected contamination within the Institute;

d. Identify the source of contamination within the Institute, specifically *Bacillus anthracis* contamination found in three separate locations in building 1425.

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MCMR-JA
SUBJECT: Appointment as Investigating Officer

4. Your investigation will use the informal procedures specified in Army Regulation 15-6, Procedures for Investigating Officer and Boards of Officers. Obtain witness statements in writing and under oath, using DA Form 2823. Consult with (b)(6) concerning alternative means of obtaining evidence from any witnesses who are not reasonably available for an in-person interview. Maintain a detailed written chronology of your investigative efforts to include with your final report of investigation. Consult with your legal advisor in preparing your findings and recommendations and submit your final report on a DA Form 1574 to my office no later than 14 days from the date of this appointment. If you encounter a need to request a modification to this suspense or the scope of your investigation, submit your request to me through the Staff Judge Advocate.

LESTER MARTINEZ-LOPEZ
Major General, MC
Commanding

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TT

Hoover, David L COL WRAIR-Wash DC

From: Hoover, David L COL WRAIR-Wash DC
Sent: Sunday, May 5, 2002 2:16 PM
To: Davies, Jeffrey W COL USAMRMC
Subject: RE: investigation: wrong date

Sorry, 7 MAY was the original suspense. I meant 14 MAY, which is the 1 week extension. When will MG Martinez be back?
Dave
-----Original Message-----
From: Davies, Jeffrey W COL USAMRMC
To: Hoover, David L COL WRAIR-Wash DC
Sent: 5/4/02 9:56 AM
Subject: RE: investigation

Dave: 7 May will work, just so it is ready to go when MG Martinez returns from San Antonio.

-----Original Message-----
From: Hoover, David L COL WRAIR-Wash DC
Sent: Friday, May 03, 2002 9:45 AM
To: Davies, Jeffrey W COL USAMRMC
Cc: Davis, Diane S CPT USAG
Subject: investigation

COL Davies,
I would like to request a 1 week extension of my 15-6 investigation report suspense until 7 MAY 02. People at USAMRIID have been most cooperative. However, I have/ will interview 20+ witnesses and will need the additional time to get the witness statements completed and signed.
David Hoover

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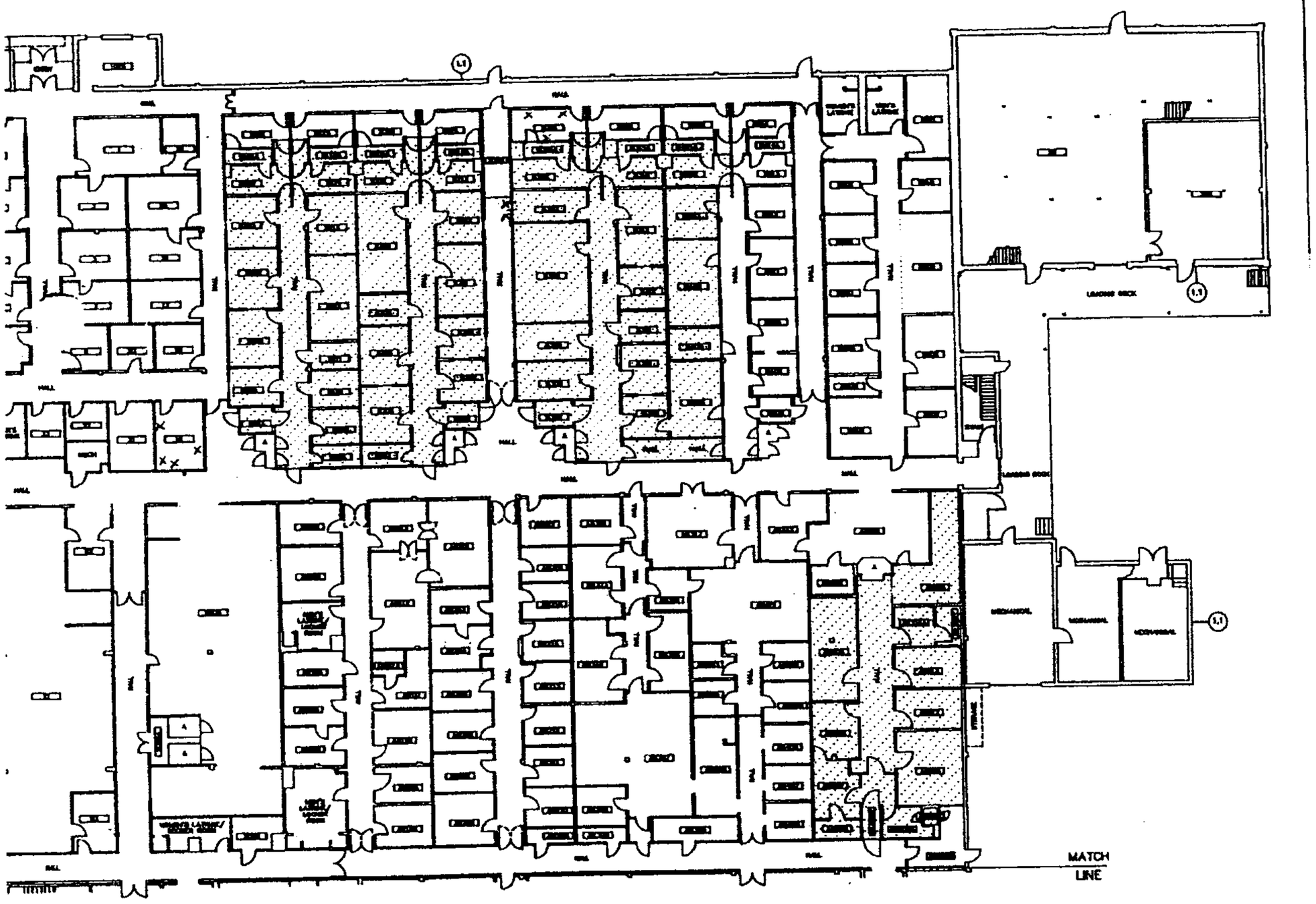
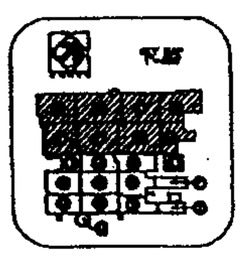
EXHIBIT Z



FIRST FLOOR PLAN
(PHASE I)



Department of the Army
Directorate of Installation Services
FORT DETRICK

Floor Plan
Facility No. 1425

Sheet	Floor	Status
1 OF 4	FIRST	1" = 20'

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rectorate

Installation Services

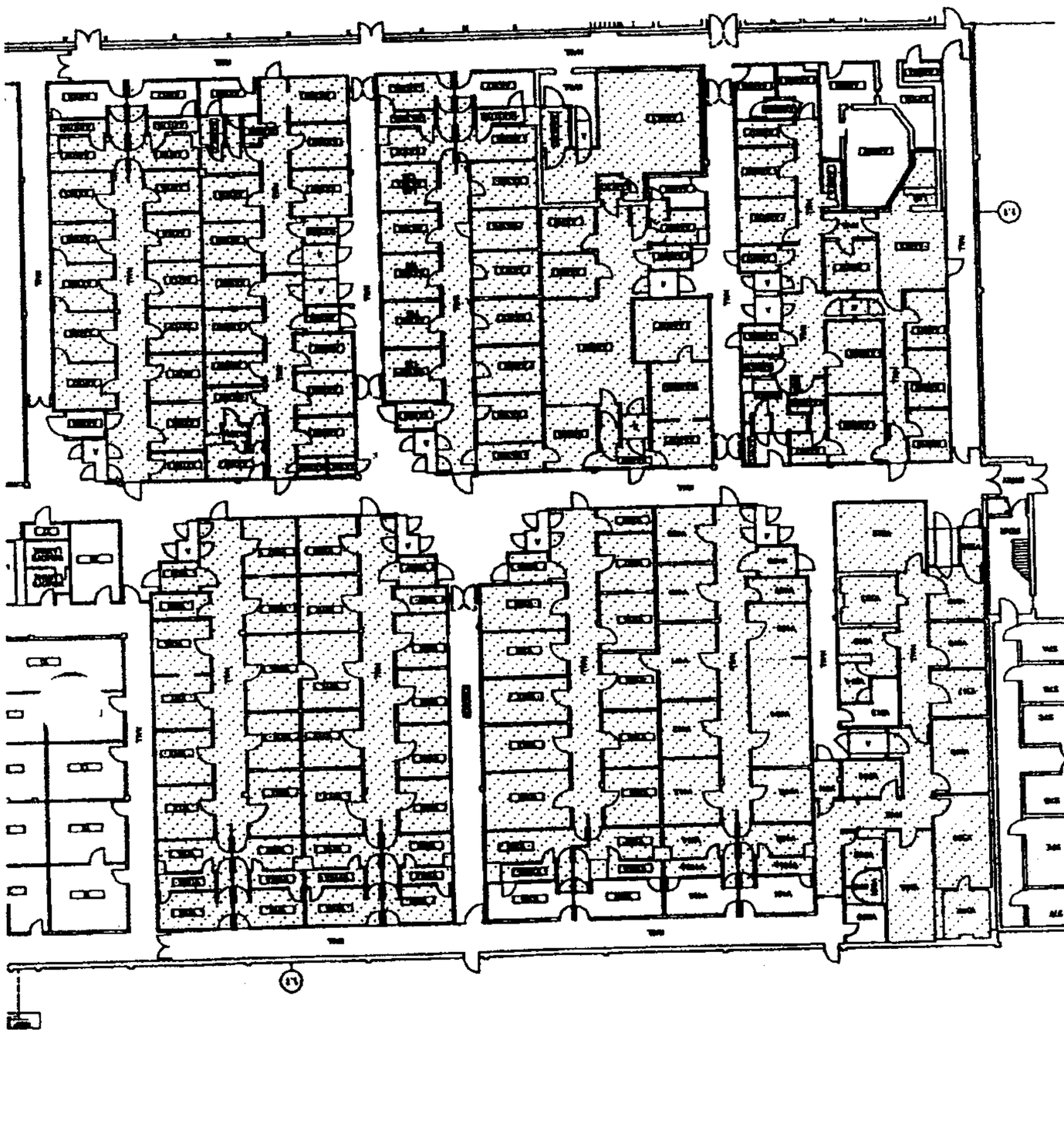

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EXHIBIT 3

Summary of genotype positive cultures, dates and locations

Location	Culture #	gamma phage	PCR	Final ID (genotype)
B301 Men's change room	(b)(6) #A20, col 1			Ames
	#A20, col 2			Ames
	#A20, col 3			Vollum 1B
	#A24			Vollum 1B
	#A23			Ames
	Bact #115	POS	POS	Ames
B019	(b)(6) #A10 (2 cols)			Ames
	#B21			Sterne
	#B21, col 1			Ames
	#B21, col 2			Sterne
	#B24, (2 cols)			Ames
	#B26 ?			Ames
	#B29			Vollum 1B
	#B30			Vollum 1B
	Bact #116	POS	POS	?Ames?
B-3 Passbox molding	(b)(6) #A15 (3 cols)			Ames
elect junction box near B-3 passbox	#B4 (3 cols)			Ames

*A= culture performed on 15 APR 02 (listed as 16 APR 02 in genotype document)

*B= culture performed on 16 APR 02 (listed as 17 APR 02 in genotype document)

There was a total of 27 colonies genotyped. This table accounts for the 23 genotyped that are clearly correspondent in both (b)(6) memo and the list of cultures sent to U of N. Arizona. All 4 additional colonies were Ames strain from room B019.

David L. Hoover

David L. Hoover
9 MAY 02

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EXHIBIT 4

4/23/02

Memorandum for Record:

At or about 1630h, 4/22/02 the even number samples, listed on the next 6 pages, were received from (b)(6), Bacteriology Div. by the undersigned through the B-3 passbox. The outer surface of the ziplocked bag containing the samples (Bacillus anthracis cultures) had been wiped thoroughly with bleach.

(b)(6)

Chief, Special Pathogens Branch
DSD, USAMRIID

(b)(6)

04-23-02 11:59 USAMRIID GLP LAB ID=3016195081 P.01

Received: 4/23/02 12:04PM; -> Bacteriology Division; Page 1

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SPSTL Sample Set Inventory Form

DS-54-02.F2

Date: 23 April 02

Originator: John Ezell

S/C = Subculture onto TSA slant (Remel TSA Lot#193994 EXP 9/19/02

	Customer #		Sample Description (Matrix)	Amount	Comments
Sample 1	FBIR012.001		S/C of FBIR012.002	1	sent to NAU 4/23/02
Sample 2	FBIR012.002		AGAR SLANT FROM BACT. DIV	1	17 April, Room 19, B.I. desk by pen holder, colony #2
Sample 3	FBIR012.003		S/C of FBIR012.004	1	sent to NAU 4/23/02
Sample 4	FBIR012.004		AGAR SLANT FROM BACT. DIV.	1	17 April, Room 19, File boxes on left shelf near
Sample 5	FBIR012.005		S/C of FBIR012.006	1	Sent TO NAU 4/23/02
Sample 6	FBIR012.006		AGAR SLANT FROM BACT. DIV.	1	16 April, rubber moulding OUTSIDE OF B3 PASSBOX, colony #3
Sample 7	FBIR012.007		S/C of FBIR012.008	1	SENT TO NAU 4/23/02
Sample 8	FBIR012.008		AGAR SLANT FROM BACT. DIV.	1	17 April, Room 19, file boxes under exhaust vent, B.I. desk
Sample 9	FBIR012.009		S/C of FBIR012.010	1	Sent TO NAU 4/23/02
Sample 10	FBIR012.010		AGAR SLANT FROM BACT. DIV.	1	16 April, Room 19, Top of computer CPU on KF desk, colony #1
~~Sample 11~~					

AGAR SLANT = CULTURE of colony pick described in comments

(b)(6)

SPSTL Sar) Set Inventory Form

JS-54-02.F2

	Customer #		Sample Description (Matrix)	Amount	Comments
Sample 11	FBIR012.011		S/C of FBIR012.012	1	SENT TO NAU 4/23/02
Sample 12	FBIR012.012		AGAR SLANT FROM BACT. DIV.	1	17 April, Room 19, desktop of B.I. corner of room, not main desk
Sample 13	FBIR012.013		S/C of FBIR012.014	1	SENT TO NAU 4/23/02
Sample 14	FBIR012.014		AGAR SLANT FROM BACT. DIV.	1	16 April, top of lockers in B3 men's changeroom, colony #1
Sample 15	FBIR012.015		S/C of FBIR012.016	1	SENT TO NAU 4/23/02
Sample 16	FBIR012.016		AGAR SLANT FROM BACT DIV.	1	16 April, Top of lockers in B3 men's
Sample 17	FBIR012.017		S/C of FBIR012.018	1	SENT TO NAU 4/23/02
Sample 18	FBIR012.018		AGAR SLAN FROM BACT DIV.	1	17 April, Room 19, fileboxes over B.I. phone, colony #1
Sample 19	FBIR012.019		S/C of FBIR012.020	1	SENT TO NAU 4/23/02
Sample 20	FBIR012.020		AGAR SLANT FROM BACT DIV.	1	16 April, Room 19, Top of computer CPU on KF desk, colony #2
~~Sample 11~~					

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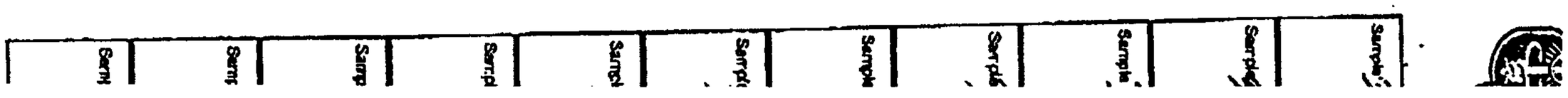
04-23-02 12:00 USAMRIID GLP LAB ID=3016195081 P.02



SPSTL S)ıle Set Inventory Form

DS-54-02.F2

(b)(6)

	Customer #		Sample Description (Matrix)	Amount	Comments
Sample 21	FBIR012.021		Subculture slant of FBIR012.022	1	SENT TO NAH 4/23/02
Sample 22	FBIR012.022		SLANT CULTURE FROM BACT DIV.	1	16 April, TOP of lockers in B3 mens changeroom cold colony #2
Sample 23	FBIR012.023		AGAR SLANT SUBCULTURED FROM FBIR012.024	1	SENT TO NAH 4/23/02
Sample 24	FBIR012.024		SLANT CULTURE FROM BACT. DIV.	1	17 April, Room 19, file boxes on top left shelf near exhaust vent colony #1
Sample 25	FBIR012.025		AGAR SLANT SUBCULTURED FROM FBIR012.026	1	SENT TO NAH 4/23/02
Sample 26	FBIR012.026		SLANT CULTURE FROM BACT. DIV.	1	17 Apr., electrical junction boxes next to B3 pass box colony #2
Sample 27	FBIR012.027		FBIR012.028 SUBCULTURE	1	SENT TO NAH 4/23/02
Sample 28	FBIR012.028		SLANT CULTURE FROM BACT DIV.	1	16 April, shelf over sink in men's B3 change room. ~~4/23/02~~
Sample 29	FBIR012.029		AGAR SUBCULTURE FROM FBIR012.030	1	SENT TO NAH 4/23/02
Sample 30	FBIR012.030		SLANT CULTURE FROM BACT DIV.	1	17 April, room 19, top of bookcase in BI corner of room.
Sample 11					

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Extended page 1.2

(b)(6)

SPSTL Sample Set Inventory Form

SPSTL Sample Set Inventory Form

DS-54-02.F2

	Customer #		Sample Description (Matrix)	Amount	Comments
Sample 31	FBIR012.031		S/C of FBIR012.032	1	SENT TO NAU 4/23/02
Sample 32	FBIR012.032		SLANT CULTURE FROM BACT. DIV.	1	17 April, electrical junction boxes next to B3 pass box, colony #1
Sample 33	FBIR012.033		S/C of FBIR012.034	1	SENT TO NAU 4/23/02
Sample 34	FBIR012.034		SLANT CULTURE FROM BACT. DIV.	1	16 April, rubber moulding outside B3 passbox, colony #1
Sample 35	FBIR012.035		S/C of FBIR012.036	1	SENT TO NAU 4/23/02
Sample 36	FBIR012.036		SLANT CULTURE FROM BACT DIV.	1	16 April, top of table in men's B3 changeroom
Sample 37	FBIR012.037		S/C of FBIR012.038	1	SENT NAU 4/23/02
Sample 38	FBIR012.038		SLANT CULTURE FROM BACT DIV	1	17 April, Room 19, top left shelf of BI desk, near exhaust vent.
Sample 39	FBIR012.039		S/C of FBIR012.040	1	SENT TO NAU 4/23/02
Sample 40	FBIR012.040		SLANT CULTURE FROM BACT. DIV.	1	17 April, Room 19, file boxes over B.I. phone top shelf, colony #2
Sample 41					

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SPSTL Sample Set I) ntory Form

DS-54-02.F2

(b)(6)

	Customer #		Sample Description (Matrix)	Amount	Comments
Sample 41	FBIR012.041		S/C of FBIR012.042	1	SENT TO NAU 4/23/02
Sample 42	FBIR012.042		SLANT CULTURE FROM BACT. DIV.	1	17 April, Rm 19, B.I. desk. back right of computer monitor.
Sample 43	FBIR012.043		S/C of FBIR012.044	1	SENT TO NAU 4/23/02
Sample 44	FBIR012.044		SLANT CULTURE FROM BACT DIV.	1	17 April, Room 19, B.I. desk, pen holder, colony #1
Sample 45	FBIR012.045		S/C of FBIR012.046	1	SENT TO NAU 4/23/02
Sample 46	FBIR012.046		SLANT CULTURE FROM BACT DIV.	1	17 April, Room 19, file boxes on top left shelf, colony #2
Sample 47	FBIR012.047		S/C of FBIR012.048	1	SENT TO NAU 4/23/02
Sample 48	FBIR012.048		SLANT CULTURE FROM BACT. DIV.	1	17 April, electrical junction boxes near B3 passbox, colony #3
Sample 49	FBIR012.049		S/C of FBIR012.050	1	SENT TO NAU 4/23/02
Sample 50	FBIR012.050		SLANT CULTURE FROM BACT. DIV.	1	16 April, rubber moulding outside B3 passbox, colony #2
Sample 11					

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P.04
ID=3816195081
Page 2
Released by U.S. Army Medical Command FOIA/PA Office
Received: 4/23/02 12:08PM; -> BACT
04-23-02 12:03 USAMRIID GLP LAB

SPSTL Sample Set Inventory Form

DS-54-02.F2

(b)(6)

	Customer #		Sample Description (Matrix)	Amount	Comments
Sample 1	FBIR012.051		SLANT CULTURE FROM BACT DIV.		BACT REF # 115 SENT TO NAM 4/23/02
Sample 2	FBIR012.052		SLANT CULTURE FROM BACT DIV.		BACT REF # 115
Sample 3	FBIR012.053		SLANT CULTURE FROM BACT DIV.		BACT REF # 116 SENT TO NAM 4/23/02
Sample 4	FBIR012.054		SLANT CULTURE FROM BACT DIV.		BACT REF # 116
Sample 5					
Sample 6			NOTHING FOLLOWS		
Sample 7			OK 04/23/02		
Sample 8					
Sample 9					
Sample 10					
Sample 11					

53	Office- Viro	Room 8 plate 8-4 top of bookshelf	Neg	Neg	1	NEGATIVE	
54	Office- Viro	Room 8 plate 8-4 top of bookshelf #2	Neg	Neg	2	NEGATIVE	
55	Office- Viro	Room 6 plate 6-3 floor under Dr. Parker's desk	Neg	Neg	1	NEGATIVE	Swarmer present
56	Tissue culture	Tissue culture plate TC-20 sticky mat	Neg	Neg	1	NEGATIVE	
57	AR4W	Powell's plate glass door frig handle	Neg	Neg	2	NEGATIVE	
58	AA1	AA1 hall plate #92 AA1 passbox floor	Inconclusive	Neg	1	NEGATIVE	
59	AA1	AA1 Hall plate #93 air vent	Neg	Neg	1	NEGATIVE	
60	Cage wash	cage wash, plate CW94, phone	Neg	Neg	1	NEGATIVE	
61		Room 2B plate 2B-1, phone	Neg	Neg	1	NEGATIVE	
62		rm 14 Hall plate #3 fire extinguisher	Neg	Neg	1	NEGATIVE	
63	Security	Security plate #1 inside door knob	Neg	Neg	1	NEGATIVE	
64	Security	Security plate #7 floor under desk	Neg	Neg	1	NEGATIVE	
65	Security	Security plate #4 red phone	Neg	Neg	1	NEGATIVE	
66	V3	V309, plate 129, floor outside of airlock	Neg	Neg	5	NEGATIVE	
67	V3	V309, plate 129, floor outside of airlock #2	Neg	Neg	as above	NEGATIVE	
68	V5	V513, plate 135, air vent	Neg	Neg	2	NEGATIVE	
69		Room 726 air vent	Neg	Neg	2	NEGATIVE	
70		Room 726 air vent #2	Neg	Neg	As above	NEGATIVE	
71	AA5	AA5 hall plastic piece on wall	Neg	Neg	1	NEGATIVE	
72	Office- VIRO	Room 4 plate #3 corner by Lee's file cab	Neg	Neg	1	NEGATIVE	
73	Office- VIRO	Room 4 plate #4 keyboard Hogan	Neg	Neg	1	NEGATIVE	Swarmer present
74	Office- VIRO	Room 4 plate #6 top of separator between Lee and Heve	Neg	Neg	1	NEGATIVE	
75		NS-2 Hallway plate #21 hallway floor and door knobs	Neg	Neg	1	NEGATIVE	
76	Office-BACT	Room 7 plate #9 Bozue keyboard	Neg	Neg	1	NEGATIVE	
77	Hall Glassware	Glassware corridor plate #1 wooden ledge outside S2	Neg	Neg	2	NEGATIVE	
78	Hall Glassware	Glassware corridor plate #1 wooden ledge outside S2 #2	Neg	Neg	as above	NEGATIVE	
79	AR4	AR403 plate #3 keyboard Mac F2044	Neg	Neg	1	NEGATIVE	
80	AR4	AR409 plate #3 inside sink	**POS**	pag+ only	2	NEGATIVE	Atten B.a. vaccine strain registered for use in are:
81	AR4	AR409 plate #3 inside sink #2	**POS**	pag+ only	as above	NEGATIVE	Atten B.a. vaccine strain registered for use in are:
82	Office BACT	Room 5 (Little), plate #5, air return	Neg	Neg	1	NEGATIVE	
83		Room 818 plate 53 door handle and floor	Neg	Neg	1	NEGATIVE	
84		NS-1 Hallway plate #35 floor near 704B	Neg	Neg	1	NEGATIVE	
85		NS-1 Hallway plate #34 floor near 782	Neg	Neg	1	NEGATIVE	
86		Main EW plate #7 floor in main EW, near soda machine	Neg	Neg	1	NEGATIVE	
87		Room 542 plate #20 door plate	Neg	Neg	1	NEGATIVE	
88	Clin Lab	Clin Lab #1 plate #27 floor and door knob Room 405	Neg	Neg	1	NEGATIVE	
89	Rm. 2b	2b Hallway Plate #2 top of badge reader	Neg	Neg	1	NEGATIVE	
90	V2	V201 #1 behind towel bin	Neg	Neg	1	NEGATIVE	
91	"	V201 #2 top of lockers	Neg	Neg	1	NEGATIVE	
92	"	V201 #4 keypad	Neg	Neg	1	NEGATIVE	
93	"	V215 #2 corner by shower	Neg	Neg	2	NEGATIVE	
94	"	V215 #2 corner by shower #2	Neg	Neg	as above	NEGATIVE	
95	V3	V316 plate #1 card reader	Neg	Neg	1	NEGATIVE	
96	"	V316 plate #2 work space next to auto processor	Neg	Neg	1	NEGATIVE	
97	"	V316 plate #3 camera platform	Neg	Neg	1	NEGATIVE	
98	Office BACT	Rm 19 #7 visitor's chair arms	Neg	Neg	1	NEGATIVE	
99	Office BACT	Rm 19 #6 keyboard	Neg	Neg	1	NEGATIVE	
100	AA5	AA5 Hall AA5A outside door floor #78	Neg	Neg	1	NEGATIVE	
101	AA5	AA5 Hall #79 vent	Neg	Neg	2	NEGATIVE	Mixed culture
102	"	AA5 Hall #79 vent #2	Neg	Neg	as above	NEGATIVE	
103	AA5	#61 floor in front of AA504	Neg	Neg	2	NEGATIVE	
104	"	#61 floor in front of AA504 #2	Neg	Neg	as above	NEGATIVE	
105	AA4/AA5	#67 AA4 Hall AA510 floor	Neg	Neg	1	NEGATIVE	
106	AA3	#69 AA3 Hall AA306 airlock floor, outside	Neg	Neg	2	NEGATIVE	

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107	AA3	#69 AA3 Hall AA308 airlock floor, outside #2	Neg	Neg	as above	NEGATIVE
108	from CHPPM Offsite Survey (Set#1	JBC Loading Dock edge truck side	Neg	Neg	1	NEGATIVE
109	from CHPPM Offsite Survey	JBC Loading Dock edge stairs	Neg	Neg	1	NEGATIVE
110	from CHPPM Offsite Survey	JBC Laundry room washing machine #6	Neg	Neg	1	NEGATIVE
111	from CHPPM Offsite Survey	JBC Laundry room washing machine #1	Neg	Neg	1	NEGATIVE
112	from CHPPM Offsite Survey	JBC Laundry Room Air (Conditioner)	Neg	Neg	1	NEGATIVE
113	from CHPPM Survey Set #2	C-105, B301, floor exit to corridor	Neg	Neg	1	NEGATIVE
114	from CHPPM Survey Set #2	C-82, door handle into B3	Neg	Neg	1	NEGATIVE
115	from CHPPM Survey Set #2	C-99, clean-side ch. rm, B301, locker top	**Pos**	**Pos**	1	**POSITIVE**
116	from CHPPM Survey Set #2	C-78, rm. 19, bookcase, rt, inside door	**Pos**	**Pos**	1	**POSITIVE**
117	from CHPPM Survey Set #2	C-79, rm. 19, "tall" file cabinet, wood-grain handles	Neg	Neg	1	NEGATIVE
118	from CHPPM Survey Set #2	C-72, rm. 19, computer monitor E7922	Neg	Neg	1	NEGATIVE
119	from CHPPM Survey Set #2	C-74, rm. 19, computer desk E7922	Neg	Neg	1	NEGATIVE
120	from CHPPM Survey Set #2	C-75, rm.19, BI desk shelving	Neg	Neg	1	NEGATIVE
121	from CHPPM Survey Set #2	C-71, rm. 19, computer keyboard, F09596	Neg	Neg	1	NEGATIVE
122	from rm.19 and B3 mccr resurvey	B3 mens' clean-side change room	Neg	Neg	1	NEGATIVE
123	from rm.19 and B3 mccr resurvey	Rm. 19, carpet swipe	Neg	Neg	1	NEGATIVE

PCR is considered positive for potentially virulent B. anthracis if BOTH the *cap* AND *pag* markers are present.

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EXHIBIT 5

Lab #	Date Rc'd	Genus/species/strain	
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April, rubber moulding outside B3 passbox, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April, rubber moulding outside B3 passbox, colony #2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16Apr, rubber moulding outside of B3 passbox, colony#3
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, electrical junction boxes nest to B3 pass box, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, electrical junction box next to B3 passbox, colony #2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, electrical junction boxes near B3 passbox, colony #3
	4/23/02	*Bacillus anthracis-Ames*	sub of original slant; 16 Apr, top of lockers in B3 men's changeroom, colony#1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April, top of lockers in B3 men's changeroom coldside; colony#2
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant; 16 Apr, top of lockers in B3 men's changeroom coldside, colony #3
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant;16 April, shelf over sink in men's B3 changeroom coldside
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April. Top of table in men's B3 changeroom coldside
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16Apr, Rm19, top of compouter CPU on KF desk, colony#1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 Apr, Rm19, top of computer CPU on KF desk, colony#2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, BI desk, pen holder, colony#1
	4/23/02	*Bacillus anthracis -Sterne strain*	original slant; 17Apr, Rm19, BI desk by penholder, colony#2
	4/23/02	*Bacillus anthracis-Sterne*	original slant; 17 April, Room 19, BI desk, back right of computer monitor
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, file boxes on top left shelf near exhaust vent, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, file boxes on top left shelf, colony #2
	4/23/02	*No Product*	original slant; 17Apr, Rm19,file boxes under exhaust vent, BI desk
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 Apr, Rm19, fileboxes over BI phone, topshelf, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, file boxes over BI phone, topshelf, colony #2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17Apr, Rm19, File boxes on left shelf near
	4/23/02	*Bacillus anthracis-Ames*	original slant;17 April, Room 19, top left shelf of BI desk, near exhaust vent
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant; 17Apr, Rm19,desktop of BI, corner of room, not main desk.
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant; 17 April, room 19, top of bookcase in BI's corner of room
	4/23/02	*Bacillus anthracis-Ames*	original slant; Bacti reference #115: B301 mens change room; locker top
	4/23/02	*Bacillus anthracis-?Ames?*	original slant; Bacti reference #116; Rm 19 bookcase, rt. Inside door

Reid via email (b)(6)

6 MAY 02

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ANALYSIS OF PRESUMPTIVES

rec'd B. anthracis 3 MAY 07

Sample	Location	Source	Phage	PCR	# NHB-like colonies	Final result	Notes
1	Hallway BACT/B1	Hall-Office Bact bottom base of wall between rms 19 and	Neg	Neg	1		
2	AA5	AA505 keyboard (swab #55)	Neg	Neg	>100 <150	NEGATIVE	putative *B. subtilis* sterility control strain
3	"	AA505 keyboard (swab #55) #2	Neg	Neg	see above	NEGATIVE	
4	"	AA505 keyboard (swab #55) #3	Neg	Neg	see above	NEGATIVE	
5	"	AA505 keyboard (swab #55) #4	Neg	Neg	see above	NEGATIVE	
6	"	AA505 keyboard (swab #55) #5	Neg	Neg	see above	NEGATIVE	
7	"	AA317 air intake (swab #41)	Neg	Neg	1	NEGATIVE	
8	Hallway BACT/B1	Hall-Office Bact sill near door to glswre and (b)(6) offi	Neg	Neg	1	NEGATIVE	
9		Floor 750	Neg	Neg	1	NEGATIVE	
10	AA3	AA301 Outside door knob	Neg	Neg	1	NEGATIVE	
11	Hallway Office BACT	Hall Office Bact above MD picture (UV photo)	Neg	Neg	7	NEGATIVE	
12	""	Hall Office Bact above MD picture (UV photo)	Neg	Neg	see above	NEGATIVE	
13	AA1/AA2 Hall	AA1/AA2 Hall floor (Swab #17) by mens' change rm	Neg	Neg	5	NEGATIVE	
14	AA117	AA117-Floor outside of shower door	Neg	Neg	1	NEGATIVE	
15	AA2 Hall	AA2 Hall #19 floor	Neg	Neg	1	NEGATIVE	
16	S3 Hall	S3 Hall #16, wood by 726 door	Neg	Neg	3	NEGATIVE	
17	S3 Hall	S3 Hall #16, wood by 726 door, #2	Neg	Neg	4	NEGATIVE	
18	AA505	Airvent AA505 #57	Neg	Neg	see above	NEGATIVE	
19	AA505	Airvent AA505 #57	Neg	Neg	5	NEGATIVE	
20	S3 area	Wood by S3 door swab #14	Neg	Neg	5	NEGATIVE	
21	AA5	AA505 keyboard (swab #56)	Neg	Neg	2	NEGATIVE	
22	"	AA505 keyboard (swab #56)	Neg	Neg	see above	NEGATIVE	
23	B5	Swab #2 B504	Neg	pag+ only	1	NEGATIVE	putative *B. subtilis* rPA strain used in lab
24	"	Rm 532 file holder plate 28	Neg	Neg	1	NEGATIVE	
25	"	Rm 550 top key pad #24	Neg	Neg	1	NEGATIVE	
26		Rm 534 top of door frame #23	Neg	Neg	1	NEGATIVE	
27	Office-Viro	11-5 plate cold air return above computer	Neg	Neg	1	NEGATIVE	
28	Office Viro	12-5 plate corner of (b)(6) desk	Neg	Neg	2	NEGATIVE	
29	Office- Viro	6-2 Plate top of bookcase (Hugs and Kisses jar)	Neg	Neg	2	NEGATIVE	
30	Office Viro	"	Neg	Neg	as above	NEGATIVE	
31	Viro	Post doc alley 4 plate V-2 animal room window	Neg	Neg	1	NEGATIVE	
32	V4	V415-3, top of shelf	Neg	Neg	1	NEGATIVE	
33	V4	V415-1, card reader	Neg	Neg	1	NEGATIVE	
34	V5	V500-1 card reader	Neg	Neg	1	NEGATIVE	
35	V5	V500-3 under bench/corner	Neg	Neg	1	NEGATIVE	
36	V3	V301-2 top of coat hooks	Neg	Neg	1	NEGATIVE	
37	V4	V401-3 behind towel bin	Neg	Neg	1	NEGATIVE	
38	Med Div.	Plate #40 Fire alarm by emergency exit	Neg	Neg	1	NEGATIVE	
39	"	mail slot anthrax vaccine	Neg	Neg	2	NEGATIVE	
40	"	mail slot anthrax vaccine #2	Neg	Neg	see above	NEGATIVE	
41	"	room 524 top of door frame	Neg	Neg	1	NEGATIVE	Swarmer present
42	"	room 521 top of corkboard	Neg	Neg	1	NEGATIVE	
43	"	Rm 518 file holder (outside of room)	Neg	Neg	2	NEGATIVE	
44	"	Room 518 file holder outside of room #2	Neg	Neg	as above	NEGATIVE	
45		Room 26 swab #4 cold air return	Neg	Neg	2	NEGATIVE	
46		Room 26 swab #4 cold air return #2	Neg	Neg	as above	NEGATIVE	
47		Room 26 swab 6 top of book case above monitor	Neg	Neg	2	NEGATIVE	
48		Room 26 Hallway swab 3 corner opposite men's bathroo	Neg	Neg	1	NEGATIVE	
49	Office-Viro	Room 14 swab 2 computer keyboard #1, (b)(6)	Neg	Neg	2	NEGATIVE	
50	Office-Viro	Room 14 plate 14-5 cold air return in corner	Neg	Neg	2	NEGATIVE	
51	Office-Viro	Room 13, plate 3, cold air return	Neg	Neg	4	NEGATIVE	
52	Office- Viro	Room 8 plate 8-3 floor behind door	Neg	Neg	1	NEGATIVE	Swarmer present

EXHIBIT C

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EXHIBIT 7 Recd from LTC Anthrax 25 Apr 02

MEMORANDUM FOR RECORD 19 April 02

Subject: Area surveys for *B. anthracis* conducted in the Bacteriology Division from 15 to 18 April 02.

1. On 8 April 02, as the result of a potential exposure to *Bacillus anthracis* in the Bacteriology Division BL-3 containment suite (B3), (b)(6) (b)(6) Bacteriology Division, were instructed by the undersigned to report the incident through the Safety Office, following standard procedures. The exposure incident involved (b)(6) observation that a small amount of liquid from a *B. anthracis* culture had apparently gotten on the outside of a shaker flask while in a rotary shaker. At the time, the liquid was dry, and no breaks or cracks were noted in the flask. (b)(6) moved the flask under a biological safety cabinet and decontaminated the outside surface with 1:20 dilution of bleach. After exiting the suite, a medical evaluation was conducted on both individuals, and they were placed on ciprofloxacin. Nasal swabs were also performed. (b)(6) samples were presumptive positive for *B. anthracis* (5 colonies) on 9 April, and confirmed by PCR, 10 April.

2. A bacteriological survey of the biocontainment suite was initiated on 11 April by Dr. (b)(6). While surface contamination by *B. anthracis* was noted in several areas of the suite, other areas were negative (Attachment 1).

3. On 15 and 16 April 02, as an independent initiative, a principal investigator from Bacteriology Division conducted a bacteriological swipe survey of selected clean areas in the proximity of the BL-3 containment suite,B3, and in office, rm. 019, of the Bacteriology Division administrative area. A list of the surveyed areas and results are attached (Attachment 2)

4. On 16 April, the undersigned was notified by the PI of presumptive positive results for *B. anthracis*. The PI then performed an additional bacteriological test on the suspicious colonies.

5. Additional clean-side swipes were taken by (b)(6) on 16 April from the following areas:

Woman's B3 change room
Floor outside B3 pass-box
Area on or around pass-box
Mortar dust on rubber molding
(to the left of pass-box)
Interior of pass-box

All plates possessed growth of mixed environmental microbial flora.

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All plates were NEGATIVE for *B. anthracis*-like colonies.

6. On 16 April 02, the Chief of Staff, (b)(6), was notified of the presumptive positive results by the undersigned.

7. On 17 April, the investigator reported to the undersigned the finding of *B. anthracis*-like morphologies on capsule agar for all isolates.

8. (b)(6), COL Henchal, (b)(6) (Safety Office) were briefed by the undersigned on the above presumptive findings on 18 April. At this time a decision was made to give 12 suspicious colony isolates to (b)(6) (DSD) for PCR confirmation (presence of plasmids pXO1 and pXO2). Isolates were from the following swipes (b)(6):

Rubber molding outside of B3 pass-box – 2 colonies
Electric junction box outside B3 pass-box – 2 colonies
Shelf of window outside B3 pass-box – 1 colony
Rm. 019 (KF computer top) – 2 colonies
Mens' B3 clean-side change rm. Locker top – 2 colonies
Plastic document trays, room 019 – 3 colonies

7. Summary of survey findings:

Sixteen of 61 swipes were presumptive positive for *B. anthracis*-like colonies.

A total of 12 suspicious colonies were tested by PCR from 6 of the presumptive positive swipes, and 11 were confirmed positive.

Colony counts from all but one swipe indicated a very low level of contamination (1 to 3 spores).

A single swipe from just outside the B3 pass-box yielded greater than 200 spores.

8. On 18 April, the undersigned met with COL Henchal, (b)(6) to discuss recommendations/guidance from the Safety Office.

9. Actions taken:

A spot surface decon was conducted around the B3 pass-box on 16 April, after the second set of survey samples were taken.

A physical examination of the area around the B3 pass-box was conducted by (b)(6) on 18 April.

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On 18 April, over 30 additional swipes were taken to obtain a preliminary assessment on the extent of contamination away from the pass-box. All samples were negative for *B. anthracis*-like colonies.

As precaution, a second surface decon was performed on the corridor where the pass-box is located on 18 April.

Locker surfaces of the B3 clean-side men's change room and desk surface's in rm. 019 were decon'd.

10. Conclusions:

A preliminary physical examination of the B3 pass-box area revealed no obvious breech in containment, and engineering controls appeared to have been maintained.

The source of contamination is currently unknown, and is under investigation. At this time, no relationship has been established with surface contamination within the biocontainment suite and that detected on the outside

(b)(6)

C, Bacteriology Division
USAMRIID

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ATTACHMENT 1 Survey INSIDE Suite B3

Location	Presumptive POS (# colonies)
Hallway Areas – Summary**	
Autoclave controls	2
Coldroom door hangle	40
-70C freezer handle	~5
floor under –70C freezer	2
floor by 313/office	neg
phone in hallway	neg
door in women's change room (hot side)	neg
door in men's change room (hot side)	1
handle to airlock	neg
Transition areas**	
Inside airlock	neg
Cart in airlock	neg
Office:	
Inside passbox	neg
Passbox handle	31
Phone in office	2
Computer keyboard	3
Hot side change rooms:	
Floor, women's	neg
Floor, men's	neg
Sink, women's	neg
Sink, men's	neg
Bench, men	neg
Toilet, women	neg
Shower door, women	neg
Shower door, men	neg
Areas of "significant" contamination in lab areas (>20 cfu):**	
306:	
where leaking culture was processed:	
bench where autopipet placed	>300
interior of shaker	~50
autopipet	>300
floor by hood	24

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304:	
centrifuge rotor	>300 (confluent)
inside shaker	~20
bench by hood	~80
centifuge bucket	~50
309:	
no contamination	
coldroom:	
floor	12
rear bench	~60
313:	
bench by shaker	~200
inside shaker	~200
ice machine	>300
ice	neg
floor under hood	>300
floor by shaker	>300

---

neg = negative for *B. anthracis*-like colonies

**<u>NOTE</u>: All areas with contamination were cleaned with 20% bleach and were negative upon resurvey by swab culture

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ATTACHMENT 2

Bacteriological survey conducted by (b)(6)
on 15 APR 02 and 16 APR 02

15 APR 02

1. Telephone - KF - room 019 - negative
2. Left computer speaker - KF - room 019 - negative
3. Right computer speaker - KF - room 019 - negative
4. Computer keyboard - KF - room 019 - negative
5. Computer wristpad - KF - room 019 - negative
6. Computer monitor - KF - room 019 - negative
7. Left side of desk - KF - room 019 - negative
8. Right side of desk - KF - room 019 - negative
9. Scotch tape dispenser - KF - room 019 - negative
10. Computer CPU, desk of KF - room 019 –**Confirmed POS (2)**
11. Bookcase near desk of KF - room 019 - negative
12. Outside of B3 passbox - negative
13. Top of freezer outside of B3 passbox - negative
14. Black fox on floor outside of B3 passbox - negative
15. Rubber molding outside of B3 passbox – **Confirmed POS (2)**
16. Tops of freezers in hallway between B2-B3 hallway - first plate - negative
17. Tops of freezers in hallway between B2-B3 hallway - second plate - negative
18. Shower shoe bottoms in B3 clean change room - BI - negative
19. Shower shoe bottoms in B3 clean change room - AB - negative
20. Men's B3 clean change rm, top of lockers – **Confirmed POS (1)**
21. Open B3 locker (#7) top shelf in men's B3 change room- negative
22. Open B3 locker (#5) bottom shelf in men's B3 change room - negative
23. Table in B3 men's change room – **Presumptive**
24. Shelf over sink in men's B3 change room – **Presumptive**
25. Inside door handle in men's B3 change room - negative

"negative" indicates no *B. anthracis*-like colonies apparent on blood agar.

Above tentatively positive colonies were plated onto capsule agar. They appeared to be mucoid.

16 APR 02

1. Left rubber molding outside B3 passbox - negative
2. Right rubber molding outside B3 passbox - negative
3. Outside B3 office window sill – Presumptive; negative by PCR
4. Electrical junction box outside B3 passbox – **Confirmed POS (2)**
5. Room 019 - airvents (into room) in middle of room - negative
6. Room 019 - airvents - (out of room) in corner of room over BI desk - negative

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7. Room 019 - Bookcase near KF desk - negative
8. Room 019 - Top of printer between desks of KF and BI - negative
9. Room 019 - Wrist pad of printer of BI computer - negative
10. Room 019 - Mouse pad of BI computer - negative
11. Room 019 - Top of shelf under air vent over BI desk, corner of room - negative
12. Room 019 – plastic inbox under corner airvent – **Confirmed POS (1)**
13. Room 019 - gray chair of BI - negative
14. Room 019 - blue chair of BI - negative
15. Room 019 - computer keyboard of BI - negative
16. Room 019 - wooden bookcase nearest desk of BI - negative
17. Room 019 - CPU and left speaker of BI computer - negative
18. Room 019 - Right speaker of BI computer - negative
19. Room 019 - Base of computer monitor on desk of BI - negative
20. Room 019 - Top of monitor of computer of BI - negative
21. Room 019 - Desk of BI, in back of monitor – **Presumptive**
22. Room 019 - Desk of BI, close to penholder – **Presumptive**
23. Room 019 - Desk of BI, penholder – Presumptive; negative upon isolation
24. Room 019 - Desk of BI – upper shelf inboxes on top shelf to the left of corner airvent – **Confirmed POS (3)**
25. Room 019 - Desk of BI - metal folder holders on top shelf to the right of corner air vent – **Presumptive**
26. Room 019 - Top shelf of desk, left of corner air vent – **Presumptive**
27. Room 019 - Top shelf of desk to the right of corner air vent - negative
28. Room 019 - Top of white file cabinet - negative
29. Room 019 - Top of desk 2 feet to the left of BI desk – **Presumptive**
30. Room 019 - Top of wooden bookcase on desk, 2 feet to the left of BI desk – **Presumptive**
31. Room 019 - wooden bookcase shelves on desk, 2 feet to the left of BI desk - negative

No putative positive colonies from 17 April were plated onto capsule agar.

All plates, unless otherwise specified, possessed moderate to heavy mixed environmental microbial flora.

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USAMRIID Bld. #1425 Environmental Survey - 19 APR 02

Area	Swab #	Description	Cult.	# picks	NHB Ref. num.
B401 male changeroom	1	push panel on door	ENV		
"	2	ledge above card reader	ENV		
"	3	top of lockers - above #7	ENV		
"	4	inside shower door push panel	NG		
"	5	floor outside shower	ENV		
"	6	inside sink	ENV		
B414 female changeroom	1	push panel on door	NG		
"	2	floor in front of changeroom door	ENV		
"	3	inside shower door push panel	ENV		
"	4	above locker #6	ENV		
"	5	sink (inside)	ENV		
"	6	floor in front of sink	ENV		
Bacteriology Corridor hallway	1	Refrigerator handle	NG		
"	2	vent outside B301 - center, return	NG		
"	3	coffee pot handle	NG		
"	4	Small refrigerator (Absocold) door handle and adjacent arm	NG		
"	5	microwave oven keypad	NG		
"	6	hall exit door (near Bact office) inside push panel	NG		
B414 female changeroom	7	return vent	NG		
B404 male changeroom	7	return vent	NG		
Bacteriology Corridor hallway	7	kickboard (trim) by right side of emergency exit	ENV		
"	8	wall molding to left of emergency exit door	ENV		
B4 Hallway	1	push panel - right - on door to changeroom corridor	ENV		
"	2	flammable cabinet handle & adjacent area D3482	NG		
"	3	ledge looking into animal room	NG		
"	4	satellite accumulation cabinet - metal hasp - 214B	NG		
"	5	PL-3CC electrical panel hasp	NG		
"	6	left push panel on door to AR corridor	NG		
B513 women's room	1	cold water handle on sink	NG		
"	2	sink bottom	NG		
"	3	toilet seat	NG		
"	4	toilet flush handle	NG		
"	5	inside door handle	NG		
"	6	outside door push panel	NG		
B512 men's room	1	cold water handle on sink	NG		
"	2	inside sink	NG		
"	3	urinal - inside back	NG		
"	4	toilet seat	NG		
"	5	toilet flushing handle	NG		
"	6	inside door handle	ENV		

EXHIBIT 8

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B511	1	computer keyboard	NG
"	2	benchtop in front of stir plate	ENV
"	3	air duct - under leftside bench	ENV
"	4	inside door handle	ENV
"	5	inside sink	ENV
"	6	refrigerator door handle	NG

4/19/02 (b)(6)

(b)(6)

B5 Hallway		handle - E6058	NG
"		door handle	NG
"	3	top of thermostat - middle one	ENV
"	4	Freezer door handle - E6493	NG
"	5	Refrigerator handle - Ivins/Fellows	NG
"	6	Freezer handle - E1102	NG
B501	1	push panel outside door	NG
"	2	computer keyboard - F2501	ENV
"	3	vent - by fume hood	ENV
"	4	PTC-100 touchpads - F1433	ENV
"	5	hot water handle on sink	NG
"	6	microfuge toggle buttons - C9817	NG
B510	1	inside door handle	ENV
"	2	vent - right side - semi-behind cabinet	ENV
"	3	inside sink	ENV
"	4	LKB spec E2205 touchpads	ENV
"	5	benchtop (left) by stir plate	ENV
"	6	refrigerator door handle	ENV
B502	1	outside door handle	NG
"	2	ledge on back of door	NG
"	3	floor - middle of room	NG
"	4	metal shelf - back wall by goggles	NG
"	5	metal shelf - leftside, number 2	NG
"	6	metal shelf (leftside), vertical edge	NG
B5 coldroom	1	outside door handle	ENV
"	2	inside door handle	NG
"	3	middle shelf on left	ENV
"	4	left bench; midway back	ENV
"	5	microfuge D5911; timer	ENV
"	6	inside sink	ENV
B503	1	outside push plate	ENV
"	2	light switch	ENV
"	3	computer keyboard by E6636	ENV

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"	4	computer keyboard to Eagle Eye System	ENV			
"	5	E6278 Gene Amp Thermocycler	ENV			
"	6	under counter refrigerator - E4628 - Avanti	ENV			
B509	1	Computer keyboard - E2901	NG			
"	2	Computer keyboard - E9027	NG			
"	3	Microscope D5334 - inverted - stage	ENV			
"	4	Microscope C6590 - Olympus - eyepiece	NG			
"	5	handle of table top shaker - C1936	ENV			
"	6	Revco handle - D5445 - left handle	NG			
B504	1	outside push panel on door	NG			
"	2	benchtop - right near stir plate	**NHB**	1	23	
"	3	inside sink	NG			
"	4	hot water handle on sink	NG			
"	5	power supply C1238 - metal control knob	ENV			
"	6	inside door handle	NG			
4/19/02	(b)(6)					
4/19/02						
B315	1	Linen shelf #2 from top	ENV			
"	2	Bench, coldside, women's	NG			
"	3	metal push plate, airlock entrance	NG			
"	4	outside door handle	ENV			
"	5	shower exit handle	ENV			
"	6	trash can	ENV			
"	7	B3 women's changeroom floor	ENV			
B301	1	shower door exit handle	ENV			
"	2	floor, shower exit	ENV			
"	3	metal plate, airlock entrance	NG			
"	4	outside door handle	ENV			
"	5	linen shelf, number 2 from top	ENV			
"	6	sink (basin)	ENV			
B6 (cage)	1	phone, (b)(6)	NG			
"	2	Keyboard, (b)(6)	NG			
"	3	Keyboard, (b)(6)	ENV			
"	4	Phone, (b)(6)	NG			
"	5	Keyboard, (b)(6)	ENV			
"	6	Phone, (b)(6)	NG			
"	7	Keyboard, (b)(6)	NG			
"	8	Floor, (b)(6)	ENV			
B214	1	shower door exit handle	NG			
"	2	metal plate, airlock entrance	NG			
"	3	sink (basin)	NG			
"	4	exit door handle	NG			
"	5	floor	ENV			
"	6	top of locker number 2	ENV			

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B201	1	shower door exit handle	NG
"	2	Floor, outside shower	ENV
"	3	locker #4, top	ENV
"	4	sink (basin)	NG
"	5	airlock entrance, metal plate	ENV
"	6	exit door handle	NG
B115	1	airlock entrance, metal plate	NG
"	2	shower exit handle	NG
"	3	floor, shower exit	ENV
"	4	locker number 4, top	ENV
"	5	sink (basin)	NG
"	6	exit door handle	NG
"	7	locker number 1, handle	NG
B101	1	airlock entrance, metal plate	NG
"	2	shower exit handle	NG
"	3	floor, shower exit	ENV
"	4	locker number 4, top	ENV
"	5	locker number 4, handle	NG
"	6	hot water faucet handle	NG
"	7	locker number 1, front	NG
Room 15	1	Phone, (b)(6)	ENV
	2	Keyboard, (b)(6)	ENV
	3	Phone, (b)(6)	ENV
	4	Keyboard, (b)(6)	ENV
4/19/02 (b)(6)			
Room 15	5	Air return	NG
"	6	FAX machine keys	ENV
Room 16 LTC Andrews	1	Conference Table, right front	ENV
	2	File cabinet behind door, left front	ENV
	3	Book case, center shelf, far right	ENV
	4	Book shelf above desk, far right, back rim	ENV
	5	Vishnu statue	ENV
	6	door knob, outer	ENV
Room 17	1	Air return	NG
"	2	Keyboard, (b)(6)	ENV
"	3	Phone, (b)(6)	ENV
"	4	Phone, (b)(6)	ENV
"	5	Phone, (b)(6)	ENV
" (b)	6	Keyboard. (b)(6)	ENV
"	7	Keyboard, (b)(6)	ENV
"	8	Phone, (b)(6	ENV
Room 18	1	Door knob, entrance	NG
"	2	Phone	ENV
"	3	Keyboard, (b)(6)	NG

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"	4	Keyboard, (b)(6)	ENV		
"	5	Air return	ENV		
"	6	coffee pot, top	NG		
Room 20	1	Door knob, entrance	NG		
"	2	Air return	NG		
"	3	Phone	ENV		
"	4	Wrist exercizer	ENV		
"	5	Keyboard	ENV		
"	6	lightswitch	ENV		
Room 9	1	entrance door handle	ENV		
"	2	light switch	ENV		
"	3	Air return	ENV		
"	4	Keyboard, (b)(6)	ENV		
"	5	Phone, (b)(6)	ENV		
"	6	Keyboard, (b)(6)	ENV		
"	7	Phone, (b)(6)	ENV		
Room 7	1	Air return	NG		
"	2	Keyboard, (b)(6)	NG		
"	3	Phone, (b)(6)	ENV		
"	4	entrance door handle	NG		
"	5	light switch	NG		
"	6	Keyboard, (b)(6)	NG		
"	7	Phone, (b)(6)	ENV		
"	8	Phone, (b)(6)	NG		
"	9	Keyboard, (b)(6)	**NHB**	1	76
"	10	Phone, (b)(6)	NG		
"	11	Keyboard, (b)(6)	ENV		
Room 5	1	Keyboard, (b)(6)	ENV		
"	2	Phone, (b)(6)	ENV		
"	3	Phone, (b)(6)	ENV		
"	4	Keyboard, (b)(6)	ENV		
"	5	Air return	**NHB**	1	82
"	6	Phone, (b)(6)	ENV		
"	7	Keyboard, (b)(6)	NG		
"	8	entrance door knob	NG		
"	9	lightswitch	ENV		
Room 3	1	Phone	ENV		
"	2	Keyboard	ENV		
4/19/02 Pat Worsham					
Room 3	3	pager/phone	ENV		
"	4	Phone	ENV		
"	5	FAX machine	ENV		
"	6	Floor, workstation	ENV		
Room 1	1	Phone, (b)(6)	ENV		

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"	2	Keyboard, Dell	ENV		
"	3	Keyboard, Microsoft	ENV		
"	4	Phone, Pollard	ENV		
"	5	Keyboard, HP	ENV		
"	6	Keyboard typewriter	ENV		
"	7	Phone, ST	ENV		
"	8	Keyboard, ST portable	ENV		
"	9	Phone, ST	ENV		
"	10	Keyboard, ST	ENV		
"	11	air return	ENV		
Break Room	1	light switch	ENV		
"	2	microwave	ENV		
"	3	Pepsi machine, first selection key	ENV		
"	4	airconditioner air return	ENV		
Xerox machine	1	start button	ENV		
Xerox phone	1	handle and numbers	ENV		
Noble Eagle	1	keyboard	ENV		
Exit door	1	handle	NG		
Room 22	1	entrance door handle	NG		
"	2	light switch	NG		
"	3	Keyboard	ENV		
"	4	Phone	ENV		
"	5	air return	NG		
"	6	microwave keypad	NG		
Room 21	1	Keyboard, (b)(6)	ENV		
"	2	Phone, (b)(6)	NG		
"	3	Keyboard, (b)(6)	ENV		
"	4	Phone, (b)(6)	ENV		
"	5	entrance door knob	NG		
"	6	light switch	NG		
"	7	Keyboard, (b)(6)	ENV		
"	8	Phone, (b)(6)	NG		
"	9	Keyboard, (b)(6)	NG		
"	10	Phone, (b)(6)	NG		
"	11	air return	NG		
Room 19	1	mouse, (b)(6)	ENV		
"	2	Phone handset, (b)(6)	ENV		
"	3	Keyboard, (b)(6)	ENV		
"	4	Phone, (b)(6)	ENV		
"	5	Phone handset, (b)(6)	NG		
"	6	Keyboard, (b)(6)	**NHB**	1	99
"	7	chair, visitors, arms	**NHB**	1	98
"	8	air return	ENV		
"	9	entrance door knob	NG		

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Hallway	1	flea picture	ENV		
"	2	base of wall between room 19 and room 21	**NHB**	1	1
4/19/02 (b)(6)					
B508	1	inside door handle	NG		
"	2	vent - to left, under bench	ENV		
"	3	inside sink	ENV		
"	4	benchtop, straight in from door	ENV		
"	5	refrigerator door handle - C1507	NG		
"	6	Spectrafuge timer button - F1426	ENV		
B505	1	computer keyboard to UVP system	ENV		
"	2	inside sink	NG		
"	3	outside door handle	NG		
"	4	floor in front of UV box	NG		
"	5	white platform by UV box	ENV		
B5 Hallway - 1	1	Phone by lyophilizer (X4960) and bathroom	ENV		
B5 Hallway - 2	1	Phone by hood (X4961)	ENV		
B506	1	inside pouring hood	NG		
"	2	shaker handle - D8363	ENV		
"	3	ledge behind shaker	ENV		
"	4	door handle on Sorvall E2126 (right)	NG		
"	5	door handle on Sorvall F2683 (left)	NG		
B507	1	inside hood bottom	NG		
"	2	37 degree incubator handle - E4874	NG		
"	3	inside sink	NG		
"	4	benchtop by plates	NG		
"	5	PCR number pad - E5854	NG		
"	6	Sartorius balance pad - E3398	NG		
AR404	1	door knob plus push buttons	NG		
"	2	Speed Vac, top surface - F0165	NG		
"	3	Water bath, in front of cover - F1456	NG		
"	4	benchtop by camera	NG		
"	5	refrigerator door handle	NG		
"	6	drawer handle, "dialysis" label	ENV		
AR409	1	outside door push plate	ENV		
"	2	telephone	NG		
"	3	inside sink	**NHB**	2	80, 81
"	4	incubator door handle - C6112	NG		
"	5	inside hood	NG		
"	6	vent	ENV		
AR410	1	outside door push panel	NG		
"	2	incubator handle - F1528	NG		
"	3	vent - by hood	ENV		
"	4	inside hood	NG		
"	5	Nikon 50292 microscope, firm control knob	NG		

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By AR410	1	Phone by AR410	NG		
AR403	1	outside door push panel	ENV		
"	2	computer keyboard. Dell - F2626	ENV		
"	3	computer keyboard, Mac - F2044	**NHB**	1	79
"	4	top of printer	ENV		
"	5	file cabinet top drawer (against wall by itself)	ENV		
"	6	bookshelf top	ENV		

4/19/02 (b)(6)

AR4W	1	(b)(6) keyboard - F2248	NG		
"	2	(b)(6) refrigerator door handle - D0422	**NHB**	1	57
"	3	Refrigerator handle - C1511	NG		
"	4	Centrifuge door handle - Avanti - E8710	ENV		
"	5	inside door handle	NG		
"	6	benchtop by (b)(6) area	NG		
AR316	1	computer keyboard - F2516	NG		
"	2	Telephone - X4792 - numbers and handle	NG		
"	3	tabletop Inova shaker handle - E2779	NG		
"	4	microwave number pad - E2249	NG		
"	5	Lab-Line tabletop shaker control switch - E0358	NG		
"	6	Precision water bath, front ledge - E2518	ENV		
AR317	1	Compaq keyboard - F0953	ENV		
"	2	HP keyboard - F1575	NG		
"	3	Phone - X4556 - handle/receiver	NG		
"	4	inside sink	ENV		
"	5	inside door knob	NG		
"	6	benchtop by Eppendorf microfuge	NG		
AR3W	1	inside door handle	ENV		
"	2	toggle switch to cold room	NG		
"	3	inner door panel	NG		
"	4	Sorvall centrifuge door handle - D4827	NG		
"	5	Forma freezer handle - A0401	NG		
"	6	Kelvinator door handle - C8515	NG		
AR323	1	Dell laptop - F2471	NG		
"	2	Compaq laptop - Acro 41336	NG		
"	3	Inside door handle	NG		
"	4	inside sink	NG		
"	5	PCR thermocycler on/off switch - D7573	NG		
"	6	benchtop, inside right	NG		
Hall - AR345/354	1	door handle to area	ENV		
"	2	outside door plate to 354	ENV		

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"	3	Phone - X4793 - receiver	ENV
"	4	light switch outside 345	ENV
"	5	outside door push panel - 345	ENV
"	6	Freezer, Forma - 7006	NG
AR301	1	outside door handle	ENV
"	2	floor - inside right	ENV
"	3	metal rack - left	NG
"	4	metal rack - right	NG
"	5	shaker/rocker - top - C5893	NG
"	6	floor - inside - mid-right	ENV

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4/19/02 (b)(6)

S2	1	computer keyboard	ENV		
"	2	phone	ENV		
"	3	outside door handle	NG		
Glassware corridor	1	wooden ledge outside S2	**NHB**	2	77, 78
"	2	light switch DPCL10 by automatic doors	ENV		
S4	1	outside door handle	NG		
S4A	1	outside door handle	NG		
"	2	ledge outside big roll-up door - right	ENV		
"	3	rollup door by glassware	ENV		
S5	1	outside push panel on door	ENV		
"	2	toilet seat	ENV		
"	3	inside sink (left)	ENV		
S6	1	door knob	ENV		
"	2	wooden ledge below fire extinguisher	ENV		
AR1 Hallway	1	door push panel (left) to AR1 hallway	ENV		
Back AR Hall (Tissue Culture)	1	rabbit rack - second shelf	ENV		
"	2	door push panel to AR2 (right)	ENV		
"	3	C-6 door to portable area (VMD)	NG		
"	4	Push button access to AR2	ENV		
"	5	AR309 door knob	ENV		
"	6	door handle (back door) to tissue culture	ENV		
"	7	sticky mat	ENV		
"	8	Dell keyboard - E9389	ENV		
"	9	Dell keyboard - E9354	ENV		
"	10	Phone (Lucent) - 4907	ENV		
"	11	tan phone - AT&T (no number)	ENV		
"	12	phone 2659	ENV		
"	13	inside sink	ENV		
"	14	computer keyboard - E9905	ENV		
"	15	Phone 2659	NG		
"	16	floor inside first lab on right AR406	ENV		
"	17	AR407 inside sink	NG		
"	18	AR408 incubator	NG		
"	19	phone 2659 - hallway	NG		
"	20	sticky mat inside "main" door	**NHB**	1	56
"	21	wall ledge to right of AR310	ENV		
"	22	AR4E doorknob	NG		
"	23	incubator door handle - in hall	NG		
"	24	passbox to barrier	NG		
"	25	AR509 - B door handle	ENV		

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4/19/02 Fellows, Welkos, Webster

Glassware	1	phone 4698 - front	ENV
"	2	counter - right	NG
"	3	washer control pad - E4948	NG
"	4	process glass area - (back counter)	NG
"	5	autoclave control panel	NG
"	6	phone 4973 (in back)	NG

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4/19/02 Pat Worsham

Hallway	3	Dertzbaugh picture - top	**NHB**	2	11, 12
"	4	window ledge by (b)(6) office	**NHB**	1	8
"	5	middle window ledge between 16 and 17	ENV		
"	6	B1 passbox	ENV		
Room 1b	1	floor under electrical outlet	ENV		
"	2	floor by cabinet	ENV		
B&AR hallway	1	door entrance	ENV		
"	2	door exit	ENV		
"	3	middle exhaust vent on ceiling	ENV		
B104	1	Airlock, door handle	NG		
B&AR hallway	4	AR-1 entrance, metal plate, right	ENV		
"	5	bumper rail, right of entrance	ENV		
"	6	kick panel, AR1 entrance, right side	ENV		
"	7	door open button for AR2	ENV		
AR2 hallway	1	top front of large glove box	ENV		
"	2	sink	ENV		
"	3	door exit button, east side	ENV		
"	4	phone	ENV		
"	5	light switch	NG		
"	6	coat rack, right corner	NG		
B&AR hallway	8	phone handset	NG		
"	9	bumper rail near phone	ENV		
"	10	AR217 door handle	ENV		
"	11	AR3W entrance door handle	ENV		
"	12	AR4W entrance door handle	NG		
"	13	AR413 Entrance door handle	ENV		
"	14	large autoclave control panel	NG		
"	15	AR502 door handle	NG		
"	16	B5 entrance door handle	NG		
"	17	exit door handle to back dock	NG		
B408	1	outside door handle (airlock, outside door)	ENV		
"	2	inside door handle (airlock, inside door)	ENV		
"	3	exhaust vent	ENV		
B409	1	electrical outlet	ENV		
	2	door knob, B4 side	NG		
B406	1	hood sash top	ENV		
"	2	metal bench, middle of room	ENV		
"	3	utility ledge	ENV		
"	4	exhaust vent	ENV		
B4 Hall	1	top of fridge outside B406	ENV		
"	2	cold room door handle	NG		
"	3	minus 70 panel	NG		
"	4	bumper guard left of B411	NG		

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"	5	phone handset	NG
"	6	women's changeroom, red panel	NG
B409	1	door panel entrance	NG
"	2	water on floor by sealed drain	ENV
"	3	top of fermentor	ENV

4/19/02 (b)(6)

B409	4	exhaust vent	ENV
B410	1	phone	ENV
"	2	keyboard	NG
"	3	exhaust vent	ENV
B405	1	sink, right side	NG
"	2	floor left end	ENV
"	3	bench, left side	ENV
B404	1	exhaust vent	ENV
"	2	door handle, inside	ENV
"	3	bench, left of window	ENV
B403	1	sink	ENV
"	2	door handle, inside	ENV
"	3	exhaust vent	ENV
"	2	door handle, inside	ENV
"	3	exhaust vent	ENV
B411	1	door handle, inside	ENV
"	2	exhaust vent	ENV
"	3	centrifuge, top	NG
B402	1	sink	NG
"	2	toilet	ENV
"	3	light switch	NG
B413	1	shower door handle	ENV
"	2	toilet flush handle	ENV
"	3	light switch	NG
B412	1	door handle, inside	NG
"	2	window, door, bottom ledge	ENV
"	3	floor drain	ENV
B2/B3 hall	1	ledge above F02 alarm	NG
"	2	freezer lid, right side grip (E6784)	ENV
"	3	freezer lid, right side grip (E6782)	ENV
"	4	floor, in front of F04 alarm	NG
"	5	freezer, door grip (D9326)	ENV
"	6	UV switch	NG
"	7	passbox, top latch	NG
"	8	bumper guard end and behind	NG
"	9	bumper guard behind minus 70 (D0176)	NG

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NG

10 window ledge to B2

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RL-EW hallway	44	all door knobs of hallway offices (not door up to DSI	ENV		
"	45	door knob and floor (?) of door up to DSD (stairwell (	ENV		
RL upstairs	46	door knobs (both sides) into RL205 office area	ENV		
"	47	keyboard and telephone in office RL-203	ENV		
"	48	door knob and light switch in office RL203	ENV		
"	49	telephone and keyboard back office of RL201	ENV		
"	50	telephone and keyboard front office of RL201	ENV		
RL stairwell	51	Bannister in stairwell of stairs to DSD	ENV		
4/19/02 (b)(6)					
Elevator (people)	52	selection buttons inside personnel evevator	ENV		
Room 818	53	door handle and floor in front of Room 818 (scanning	**NHB**	1	83
"	54	keyboard and light switch in Room 818 (scanning EI	ENV		
Room 879	55	floor near and door knob of room 879 (b)(6) lab)	ENV		

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4/18/02 (b)(6)

Room 627	1	right outer door	NG		
Room 626	2	outer door knob	NG		
629	3	outer door knob	ENV		
625	4	outer door knob	ENV		
625	5	hallway door adjacent to 624/630	ENV		
625	6	light switch to 624	ENV		
631	7	outer door knob	ENV		
622	8	outer door knob	ENV		
622	9	credenza surface outside 632	ENV		
635	10	outer door knob	ENV		
635	11	phone by 617A/618	ENV		
635	12	lint catcher of dryer by 617A/618	NG		
616	13	outer door knob	NG		
616	14	keyboard of Kelby	ENV		
616	15	keyboard of Angela	ENV		
614	16	entry/outer door handle	ENV		
614	17	microwave by entry/outer door handle	ENV		
547	18	outer door knob	NG		
614	19	top of badge reader	ENV		
542	20	door plates	**NHB**	1	87
541	21	top of badge reader	ENV		
537	22	top of passbox	ENV		
534	23	top of door frame	**NHB**	1	26
550	24	top of key punch pad	**NHB**	1	25
514	25	top of Xray light box	ENV		
514	26	tabletop in waiting room	ENV		
510	27	top of suggestion box	ENV		
532	28	inside door file holder	**NHB**	1	24
516	29	top of fire extinguisher cabinet outside 516	ENV		
530	30	outer door knob	ENV		
517	31	light switch	ENV		
518	32	fileholder on outside of 518	**NHB**	2	43, 44
528	33	surface of chair	ENV		
519	34	inside file holder	ENV		
521	35	top of corkboard left of 521	**NHB**	1	42
526	36	top of table outside 526	ENV		
523	37	doorhandle	NG		
524	38	top of doorframe	**NHB**	1	41
524	39	mail slot of anthrax vaccine clinical studies	**NHB**	2	39, 40
524	40	fire alarm by emergency exit	**NHB**	1	38
524	41	soil of potted plant	ENV		

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4/19/02	(b)(6)					
Main EW	1	door handle - double automatic doors by Pepsi mact	ENV			
"	2	Pepsi selection buttons (of machine by double doors	ENV			
"	3	Fruit Works soda machine selection buttons by dout	ENV			
"	4	Candy machine in main EW hallway	ENV			
"	5	Pepsi machine by candy machine in main EW hallwa	ENV			
"	6	floor in main EW near soda machines - across from	ENV			
"	7	floor in main EW near soda machines by door key a	**NHB**	1	86	
"	8	Floor main EW hallway between soda area and NS#	ENV			
"	9	Floor main EW hallway near intersection of NS Hallway west of (?)				
"	10	door knobs 703 & 702 in Main EW hallway	ENV			
"	11	floor in main EW hallway near NS#1 East (?)	ENV			
"	12	floor in main EW hallway near room 609 door	ENV			
"	13	floor in main EW hallway near elevator	ENV			
"	14	door knobs to rooms 609, 706, 550C & elevataor sel	ENV			
"	15	doors, automatic, main EW hallway near NS#2 (both	ENV			
"	16	floor, main EW hallway between NS#2 &ward 200 ha	ENV			
"	17	water fountain in main EW hallway	ENV			
NS-2	18	doors, both sides (?) NS-2 and main EW automatic (	ENV			
"	19	floor of NS-2 hallway near room 311	ENV			
"	20	door knobs of rooms 311 and 311A in NS-2 hallway	ENV			
"	21	hallway floor and door knobs near and of room 312	**NHB**	1	75	
"	22	hallway floor near and handles of sliding glass door,	ENV			
"	23	hallway floor near 303 in NS-2 hallway	ENV			
"	24	door knobs andpush panel of doors 491A, 303, 302 (	ENV			
ClinLab2	25	floor sample from clinlab hallway #2	ENV			
ClinLab2	26	door knobs in hallway of clinlab hallway #2 (all doors	ENV			
ClinLab1	27	floor near and door knob of room 405 in clinlab hallw	**NHB**	1	88	
ClinLab1	28	doorway push plates of carded door in clin lab hallwa	ENV			
"	29	floor in clinlab hallway#1 near door to 410 (carded d	ENV			
"	30	door knobs of all doors in Clinlab hallway #1	ENV			
"	31	floor near and door of clinlab hallway #1junction with	ENV			
NS-1 hallway	32	door 783, door to south dock and 776	ENV			
"	33	floor of NS-1 hallway near room 783	ENV			
"	34	floor near and door of 782	**NHB**	1	85	
"	35	floor near and door knob of 704B (NS-#1 hallway)	**NHB**	1	84	
"	36	floor near and door of 704 F	ENV			
"	37	floor and door of clinpath (?)lock door	ENV			
"	38	door knobs room 709, 707, 602	ENV			
"	39	double doors push bars (both sides) into relocatable	ENV			
"	40	water fountain near doors to relocatables	ENV			
"	41	floor in hallway near room 602	ENV			
RL-NS	42	relocatable hallway north south - floor near and door	ENV			
RL-EW	43	hallway door of relocatable hallway EW (when joins	ENV			

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Room 23	1	Computer keyboard	ENV		
Room 23	2	light switch	ENV		
Room 23	3	Top of desk (computer hutch)	ENV		
Room 23	4	Top of laser printer	ENV		
Room 23	5	Middle book shelf top two shelfs	ENV		
Room 23	6	door knob inside of office	NG		
Men's Rm	1	Wall Switch	NG		
Men's Rm	2	Inside door handle	ENV		
Men's Rm	3	top of metal vanity first sink	ENV		
Men's Rm	4	chair	ENV		
Men's Rm	5	urinal handle right side	ENV		
Men's Rm	6	cold air return	NG		
Women's Rm	1	light switch	NG		
Women's Rm	2	door handle	ENV		
Women's Rm	3	cold air return	ENV		
Women's Rm	4	sink/water knobs	ENV		
Women's Rm	5	handicap bathroom door handle	ENV		
Women's Rm	6	toilet handle	ENV		
Rm 10	1	outside door handle	ENV		
Rm 10	2	light switch	NG		
Rm 10	3	table by projector screen	ENV		
Rm 10	4	cold air return	ENV		
Rm 10	5	Computer keyboard	ENV		
Rm 10	6	AT&T Phone	ENV		
Rm 26	1	light switch	ENV		
Rm 26	2	Computer keyboard	ENV		
Rm 26	3	inside door knob	ENV		
Rm 26	4	cold air return	**NHB**	2	45, 46
Rm 26	5	top of file (small pox pictures)	ENV		
Rm 26	6	top of bookcase above monitor	**NHB**	1	47
Rm 26 Hallway	1	Virology mailboxes	ENV		
Rm 26 Hallway	2	floor of H2O fountain	ENV		
Rm 26 Hallway	3	corner opposite mens bathroom	**NHB**	1	48
Rm 26 Hallway	4	cold air return next to mailboxes	ENV		
Rm 14	1	light switch	ENV		
Rm 14	2	computer keyboard #1 Endy	**NHB**	1	49
Rm 14	3	computer keyboard #2 Turell	ENV		
Rm 14	4	Top of desk under cold air return	ENV		
Rm 14	5	cold air return in corner	**NHB**	1	50
Rm 14	6	outside door handle	ENV		
Rm 13	1	lightswitch	ENV		
Rm 13	2	computer keyboard	ENV		
Rm 13	3	cold air return	**NHB**	1	51

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Rm 13	4	top of cabinet back left corner	ENV		
Rm 13	5	floor by file cabinets	ENV		
Rm 13	6	computer keyboard opposite main computer	ENV		
Rm 12	1	lightswitch	ENV		
Rm 12	2	outside door handle	ENV		
Rm 12	3	shelf above (b)(6) computer	ENV		
Rm 12	4	cold air return	NG		
Rm 12	5	corner of (b)(6) desk (floor by trash can)	**NHB**	1	28
Rm 12	6	shelf of coffee station	ENV		
Rm 11	1	lightswitch	ENV		
Rm 11	2	top of wardrobe	ENV		
Rm 11	3	keyboard (between keys)	ENV		
Rm 11	4	corner behind door	ENV		
Rm 11	5	cold air return above computer	**NHB**	1	27
Rm 11	6	sill of white board	ENV		
Rm 14 Hallway	1	V-1 passbox	ENV		
Rm 14 Hallway	2	corner by Rm 14	ENV		
Rm 14 Hallway	3	fire extinguisher	**NHB**	1	62
Rm 14 Hallway	4	bulletin board outside Rm 11	ENV		
Back security desk	1	inside door knob	**NHB**	1	63
Back security desk	2	cold air return	ENV		
Back security desk	3	top of mini fridge	ENV		
Back security desk	4	red phone	**NHB**	1	65
Back security desk	5	control console	ENV		
Back security desk	6	back corner of desk by bomb threat list	ENV		
Back security desk	7	floor under desk	**NHB**	1	64
Back security desk	8	top of bypass switch	ENV		
Rm 2b	1	phone	**NHB**	1	61
Rm 2b	2	wall heater/middle vents	ENV		
Rm 2b	3	corner (west) behind round table	ENV		
Rm 2b	4	door knob outside	ENV		
Rm 2b Hallway	1	top of bulletin board	ENV		
Rm 2b Hallway	2	top of badge reader V-suites	**NHB**	1	89
Rm 2b Hallway	3	lightswitch	ENV		
Rm V115	1	top of towel dispenser	ENV		
Rm V115	2	shower door window	ENV		
Rm V115	3	top of lockers	ENV		
RM V101	1	mirror vanity	ENV		
RM V101	2	corner top of locker	ENV		
RM V101	3	lightswitch next to shower	NG		
RM V101	4	top of keypad	ENV		
Rm V215	1	top of light over sink	ENV		
Rm V215	2	corner by shower away from fridge	**NHB**	2	93, 94
Rm V215	3	top of pressure gauge	ENV		

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Rm V215	4	back corner of entrance/exit door	ENV		
Rm V201	1	behind towel bin	**NHB**	1	90
Rm V201	2	top of the lockers	**NHB**	1	91
Rm V201	3	sink/water knobs	ENV		
Rm V201	4	keypad	**NHB**	1	92
Rm V316	1	cardreader	**NHB**	1	95
Rm V316	2	workspace next to automatic processor	**NHB**	1	96
Rm V316	3	camera platform	**NHB**	1	97
V301	1	keypad	ENV		
V301	2	top of coat hooks	**NHB**	1	36
V301	3	corner by the shower door	ENV		
V415	1	cardreader	**NHB**	1	33
V415	2	light above sink	ENV		
V415	3	top of the shelf	**NHB**	1	32
V401	1	cardreader	NG		
V401	2	top of lockers	ENV		
V401	3	behind towel bin	**NHB**	1	37
V500	1	cardreader	**NHB**	1	34
V500	2	top of lockers	ENV		
V500	3	under bench/corner	**NHB**	1	35
V5 Passbox	1	V5 Passbox	ENV		
V suite Hallway	2	cold air return outside V415	ENV		
V suite Hallway	3	fire alarm top	ENV		
V suite Hallway	4	card reader outside V215	ENV		
V suite Hallway	5	card reader entrance exit suites	ENV		
Post Doc Alley	1	passbox V-2	ENV		
Post Doc Alley	2	passbox V-3 window	ENV		
Post Doc Alley	3	floor under (b)(6) desk	ENV		
Post Doc Alley	4	V2 animal room window	**NHB**	1	31
Rm 4	1	cold air return	ENV		
Rm 4	2	shelf behind door	ENV		
Rm 4	3	corner by (b)(6) file cabinet	**NHB**	1	72
Rm 4	4	keyboard (b)(6)	**NHB**	1	73
Rm 4	5	top of hutch immediately in front of door	ENV		
Rm 4	6	top of separator b/w	**NHB**	1	74
Rm 6	1	cold air return	ENV		
Rm 6	2	top of bookcase hugs and kisses jar	**NHB**	2	29, 30
Rm 6	3	floor under (b)(6) desk	**NHB**	1	55
Rm 6	4	shelf of (b)(6)	ENV		
Rm 8	1	desk in South corner	ENV		
Rm 8	2	cold air return	ENV		
Rm 8	3	floor behind door to hallway	**NHB**	1	52
Rm 8	4	top of book shelf by door to hallway	**NHB**	2	53, 54
Rm 8 Hallway	1	top of circuit panel	ENV		

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Rm 8 Hallway	2	top of safety bulletin board	ENV		
Rm 8 Hallway	3	light switch by Rm 10	ENV		
Rm 8 Hallway	4	top of circuit panel by Rm 7	ENV		
4/19/2002 (b)(6)					
S-3	1	Keyboard	ENV		
S-3	2	Keyboard	ENV		
S-3	3	Keyboard	ENV		
S-3	4	light switch	NG		
S-3	5	outside door knob	NG		
S-3	6	phone	ENV		
726	7	outside door	ENV		
726	8	office keyboard	ENV		
726	9	rapid table top	ENV		
726	10	front bench	ENV		
726	11	front floor	ENV		
726	12	back door	ENV		
S-3/726 Hall	13	hall floor by S-3 door	ENV		
S-3/726 Hall	14	wood by S-3 door	**NHB**	1	20
S-3/726 Hall	15	hall floor by 726 door	ENV		
S-3/726 Hall	16	wood by 726 door	**NHB**	2	16, 17
AA1/AA2 Hall	17	hall floor by AA1 men's side change room	**NHB**	1	13
AA1/AA2 Hall	18	plastic protective covering	ENV		
AA1/AA2 Hall	19	hall floor by AA2	**NHB**	1	15
AA1/AA2 Hall	20	plastic protective covering past AA2	ENV		
AA101	21	sink handles	ENV		
AA101	22	outside door knob	ENV		
AA101	23	inside door knob	ENV		
AA101	24	floor outside of shower doors	ENV		
AA201	25	sink handles	ENV		
AA201	26	inside door knob	NG		
AA201	27	outside door knob	ENV		
AA201	28	floor outside of shower doors	ENV		
AA117	29	sink handles	ENV		
AA117	30	outside door knob	NG		
AA117	31	inside door knob	ENV		
AA117	32	floor outside of shower doors	**NHB**	1	14
AA301	33	sink handles	ENV		
AA301	34	outside door knob	NG		
AA301	35	inside door knob	**NHB**	1	10
AA301	36	floor outside of shower doors	ENV		
AA317	37	sink handles	ENV		
AA317	38	outside door knob	ENV		

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AA317	39	inside door knob	ENV		
AA317	40	floor outside of shower doors	ENV		
AA317	41	Air intake	**NHB**	1	7
AA301	42	Air intake	ENV		
755	43	Outside door	NG		
755	44	phone	ENV		
755	45	air vent	NG		
755	46	computer keyboard	ENV		
750	47	light switch	ENV		
750	48	table top	ENV		
750	49	floor	**NHB**	1	9
AA3/AA4 Hall	50	floor in front of AA317	ENV		
AA3/AA4 Hall	51	Plastic by AA317	ENV		
AA3/AA4 Hall	52	floor AA413	ENV		
AA3/AA4 Hall	53	plastic by AA413	ENV		
AA505	54	outside door	ENV		
AA505	55	Keyboard	**NHB**	5	2-6
AA505	56	Keyboard	**NHB**	2	21, 22
AA505	57	air vent	**NHB**	2	18, 19
AA4 end hall	58	plastic guard	ENV		
AA4 end hall	59	floor in front of AA501	ENV		
AA4 end hall	60	freezer handle by AA501	ENV		
AA4 end hall	61	floor in front of AA504	**NHB**	2	103, 104
AA4 end hall	62	vent near AA501	ENV		
AA4 Hall	63	passbox & wall AA4	ENV		
AA4 Hall	64	passbox & wall AA5	ENV		
AA4 Hall	65	floor in front of passbox AA4 outside	ENV		
AA4 Hall	66	floor in front of passbox AA5 outside	ENV		
AA4 Hall	67	AA510 floor	**NHB**	1	105
AA4 Hall	68	AA404 floor	ENV		
AA3 Hall	69	AA308 Airlock floor outside	**NHB**	2	106, 107
AA3 Hall	70	AA2B Airlock floor outside	ENV		
AA3 Hall	71	AA2A outside floor	ENV		
AA3 Hall	72	AA3 passbox	ENV		
AA3 Hall	73	AA3 passbox floor	ENV		
AA3 Hall	74	AA2A passbox	ENV		
AA3 Hall	75	AA2A passbox floor	ENV		
AA3 Hall	76	Vent	ENV		
AA5 Hall	77	plastic piece on wall	**NHB**	1	71
AA5 Hall	78	AA5A outside door floor	**NHB**	1	100
AA5 Hall	79	Vent	**NHB**	2	101, 102
AA5 Hall	80	floor in front of AA5B	ENV		
AA5 Hall	81	plastic wall piece	ENV		
AA551	82	AA551 Inside knob	ENV		

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AA551	83	Outside knob	ENV		
AA4 Hall	84	AA4 floor in front of disinf	ENV		
AA4 Hall	85	Phone by AA3	ENV		
AA4 Hall	86	floor in front of AA3 airlock	ENV		
251	87	sink	ENV		
251	88	inside door knob	ENV		
251	89	outside door knob	ENV		
AA1 Hall	90	floor in front of AA108	ENV		
AA1 Hall	91	AA1 passbox	ENV		
AA1 Hall	92	AA1 passbox floor	**NHB**	1	58
AA1 Hall	93	air vent	**NHB**	1	59
Cagewash	94	phone	**NHB**	1	60
Cagewash	95	chair	ENV		
Cagewash	96	phone	ENV		
Cagewash	97	door	ENV		
AR101	98	Outside knob	ENV		
AR101	99	Keyboard	ENV		
AR102	100	cepheid	ENV		
AR102	101	sequence keyboard	ENV		
AR103	102	outside door	ENV		
AR103	103	sink	ENV		
AR104	104	handle	ENV		
AR105	105	Keyboard	ENV		
AR105	106	outside handle	ENV		
AR105	107	phone	ENV		
AR105	108	fridge door	NG		
AR105	109	vent	NG		
AR107	110	outside door	ENV		
AR107	111	sink	ENV		
AR Doors	112	inside door knob	ENV		
AR108	113	phone	ENV		
AR108	114	inside door knob	ENV		
AR109	115	radiation outside door	ENV		
AR110	116	table	ENV		
AR110	117	outside door	ENV		
AR111	118	outside door	ENV		
AR112	119	outside door	NG		
AR112	120	air vent	ENV		
AR112	121	phone	ENV		
AR113	122	outside door	ENV		
AR Hall	123	inside door knob	ENV		
Rm 8	124	outside door	ENV		
Rm 8	125	Keyboard	ENV		
Rm 8	126	light switch	ENV		

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Rm 8	127	suite V-1 floor outside	ENV		
V208	128	floor outside of airlock	ENV		
V309	129	floor outside of airlock	**NHB**	2	66, 67
V408	130	floor outside of airlock	ENV		
V408	131	V5A passbox across from V408	ENV		
V408	132	floor in front of V5-A passbox	ENV		
V408	133	V511 outside floor	ENV		
V408	134	V513 outside door	ENV		
V513	135	air vent	**NHB**	1	68
726	136	air vent	**NHB**	2	69, 70
				107	

TOTAL= 838 samples

LEGEND:
NG= No growth
ENV= Environmentals
NHB= Non-hemolytic, bacillus-like colony

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Supplemental Surveys (includes resurvey of B3 ch. rm. and rm. 019)

Date	Location	Source	Cult.	# picks	NHB Ref. Num.
23 Aprl 02	rm. #124, Budget Office	rm divider, rear of rm, in middle	ENV		
(b)(6)	"	MC's area, divider, rt corner wooden top	ENV		
	"	fan on top of file cab, opposite MC's desk	ENV		
	"	door knob, exit	ENV		
	"	light fixture above MC's desk	ENV		
24-Apr-02	B3 Mens' cold-side	top, key code box	ENV		
(b)(6)	change room	top, paper towel dispenser	ENV		
		3rd shelf (from bottom), linens rack	ENV		
		corner, behind trash can	**NHB**	1	122
		bottom of locker #1	NG		
		" #3	NG		
		" #5	NG		
		" #7	ENV		
		" #9	ENV		
		" #2	ENV		
		" #4	NG		
		" #6	NG		
		" #8	NG		
		" #10	ENV		
		top, built-in locker, rt.	NG		
		top, built-in locker, lft.	ENV		
		top, mobile lockers	ENV		
		floor under stainless steel table	ENV		
		top, magnehelic meter	ENV		
		above u.v. light (shower door exit)	ENV		
24-Apr	Rm. 019 carpet	near front, metal file cabinet	ENV		
(b)(6)		BI desk, lft side	NG		
		under middle (back corner) of BI desk	NG		
		under BI desk, rt side	ENV		
		plastic foot mat, near BI desk	NG		
		rt side, under BI desk	ENV		
		plastic foot mat, corner near bookcase	ENV		
		front, middle of bookcase	**NHB**	1	123
		rt of tall bookcase	ENV		
		front, BI "low" file cabinet	ENV		
		front, PF "tall" file cabinet	ENV		
		under KF desk	ENV		
		front, KF desk	ENV		

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		lft side, PF "tall" file cabinet	ENV
		in front of rt file drawers on KF desk	ENV
		under lft side, PF desk	ENV
		under rt side, PF desk	ENV
		middle of plastic mat, PF	ENV
		2 ft to lft of KF "tall" bookcase	ENV
		1 ft inside office, middle of floor	ENV
25-Apr	Rm. 019	bookshelf , rt, by door	NG
(b)(6)		left edge of PF desk	NG
		top of scanner	ENV
		bookcase by PF desk	ENV
		guest chair	NG
		computer monitor, KF	ENV
		top of CPU, KF	ENV
		back lft of desk, KF	NG
		top shelf on book, near BI desk	ENV
		3rd book shelf, BI desk	ENV
		CPU, BI	ENV
		back lft edge of desk, BI	NG
		file box, top, under vent, BI desk	ENV
		top, metal file boxes, rt top BI desk	ENV
		top, far lft file boxes, BI desk	ENV
		back triangular corner of desk, BI	ENV
		rt back area, BI desk	ENV
		top of aux desk, rt side	ENV
		top of wooden bookcase	NG
		top of metal file cabinet	ENV

TOTAL= 65 samples

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CHPPM Survey (Set #2), 21 April 2002

Source	CHPPM #	Room	Location	Cult.	# picks	NHB Ref. Num.
CHPPM	C1	B104	SC4685 WV hood handles and edge	NG		
CHPPM	C2	B104	SC4685WV interior working surfaces	ENV		
CHPPM	C3	B104	SC4685WV under working surfaces	ENV		
CHPPM	C4	B104	SC4685WV switches	NG		
CHPPM	C5	B104	Centrifuges E7686 controls and cover	ENV		
CHPPM	C6	B104	Work surfaces left composite	ENV		
CHPPM	C7	B104	work surfaces right of hood	ENV		
CHPPM	C8	B104	radio	ENV		
CHPPM	C9	B104	pipet devices and scake surfaces	ENV		
CHPPM	C10	B104	Cabinet door handles	ENV		
CHPPM	C11	B104	area around sink	NG		
CHPPM	C12	B104	refrigerator handle	ENV		
CHPPM	C13	B104	floor in front of hood	ENV		
CHPPM	C14	B105	Lab hood 250749	ENV		
CHPPM	C15	B105	Incubator	NG		
CHPPM	C16	B105	Cabinet handle	ENV		
CHPPM	C17	B105	Inside lab hood	ENV		
CHPPM	C18	B105	Inside biohood Sg18548V	NG		
CHPPM	C19	B105	Sink handles and other areas	ENV		
CHPPM	C20	B105	Exterior sash handles Sg18548V	ENV		
CHPPM	C21	B105	Table top next to chem lab hood	ENV		
CHPPM	C22	B105	Floor front of Biosafety hood	ENV		
CHPPM	C23	B112	Cabinet handle	NG		
CHPPM	C24	B112	Biosafety cabinet outside handle 69035	ENV		
CHPPM	C25	B112	Laptop keyboard	ENV		
CHPPM	C26	B112	Biosafety cabinet working surface	ENV		
CHPPM	C27	B112	Sink handles	ENV		
CHPPM	C28	B112	Floor entrance	ENV		
CHPPM	C29	B112	Working surface next to sink	ENV		
CHPPM	C30	B112	Incubators 1/2	ENV		
CHPPM	C31	B112	Cart with Spectrofuges	ENV		
CHPPM	C32	B113	Floor front at Biohood	ENV		
CHPPM	C33	B113	Sink area	ENV		
CHPPM	C34	B113	Blank	NG		
CHPPM	C35	B113	Blank	NG		
CHPPM	C36	B113	Blank	NG		
CHPPM	C37	B113	Blank	NG		
CHPPM	C38	B113	Cabinet handles	ENV		
CHPPM	C39	B113	Blank	NG		
CHPPM	C40	B113	Working surface	NG		
CHPPM	C41	B113	radio	ENV		
CHPPM	C42	B113	telephone	NG		
CHPPM	C43	B113	centrifuge and work surface to right of hood	NG		
CHPPM	C44	B113	Biosafety cabinet interior 60245	NG		

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EXHIBIT 10

CHPPM	C45	B113	chair back red and blue	ENV		
CHPPM	C46	B113	Biosafety cabinet exterior handles	NG		
CHPPM	C47	B1	Door handles	ENV		
CHPPM	C48	B1	Light and controls	NG		
CHPPM	C49	B1	Floor in front of exit	ENV		
CHPPM	C50	B1	Chair molding	ENV		
CHPPM	C51	B1	autoclave control	ENV		
CHPPM	C52	B1	floor front of autoclave	ENV		
CHPPM	C53	B410	working surface	ENV		
CHPPM	C54	B410	computer keyboard	ENV		
CHPPM	C55	B410	biosafety cabinet and hood handles	NG		
CHPPM	C56	B410	incubator	ENV		
CHPPM	C57	B410	biosafety cabinet interior under works (dirty)	ENV		
CHPPM	C58	B410	biosafety cabinet working surface interior	ENV		
CHPPM	C59	B410	sink and surrounding area	ENV		
CHPPM	C60	B410	chair back	ENV		
CHPPM	C61	Blank	Blank	NG		
CHPPM	C62	AR101	cabinet handles (equipment) books	ENV		
CHPPM	C63	AR101	radio	ENV		
CHPPM	C64	AR101	refrigerator	ENV		
CHPPM	C65	AR101	Floor under biosafety cabinet 64445	ENV		
CHPPM	C66	AR101	Biosafety cabinet exterior	NG		
CHPPM	C67	AR101	BSC 64445 interior	NG		
CHPPM	C68	AR101	Cabinet glassware over radio	NG		
CHPPM	C69	B019	(b)(6) desk surface	ENV		
CHPPM	C70	B019	Computer CPU E7921	ENV		
CHPPM	C71	B019	Computer keyboard F09596	**NHB**	1	121
CHPPM	C72	B019	Computer screen E7922	**NHB**	1	118
CHPPM	C73	B019	(b)(6) chair(gray)	ENV		
CHPPM	C74	B019	Computer desk E7922	**NHB**	1	119
CHPPM	C75	B019	(b)(6) desk cupboards	**NHB**	1	120
CHPPM	C76	B019	false ceiling bracket	ENV		
CHPPM	C77	B019	computer screen F0599	ENV		
CHPPM	C78	B019	Bookcase with food on it	**NHB**	1	116
CHPPM	C79	B019	Tall cabinet (wood grain) handles	**NHB**	1	117
CHPPM	C80	Hall B2/B3	Cart outside suite B3	ENV		
CHPPM	C81	Hall B2/B3	Door handle to corridor between suites	ENV		
CHPPM	C82	Hall B2/B3	Door handle to B3	**NHB**	1	114
CHPPM	C83	Hall B2/B3	Refrig on B3 side E6462	ENV		
CHPPM	C84	Hall B2/B3	Refrig middle corr B3 side C9034	ENV		
CHPPM	C85	Hall B2/B3	Chair rail by pass through	ENV		
CHPPM	C86	Hall B2/B3	Chair rail across pass box B-3	ENV		
CHPPM	C87	Hall B2/B3	Floor under passbox to B3	ENV		
CHPPM	C88	Hall B2/B3	Floor under passbox to B3	ENV		
CHPPM	C89	Hall B2/B3	Floor under passbox to B3	ENV		
CHPPM	C90	Hall B2/B3	Refrig by passboxe D0176	ENV		
CHPPM	C91	Hall B2/B3	Passbox to B2 handle on door edge	ENV		
CHPPM	C92	Hall B2/B3	Wood under window to B3 next to pass box	NG		

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CHPPM	C93	Hall B2/B3	Refrig handle and door E6622	ENV		
CHPPM	C94	Hall B2/B3	Window ledge to B3 passbox	ENV		
CHPPM	C95	Hall B2/B3	Passbox to B3 handle edges	ENV		
CHPPM	C96	Hall B2/B3	Blank	NG		
CHPPM	C97	Hall B2/B3	Blank	ENV		
CHPPM	C98	Hall B2/B3	Blank	NG		
CHPPM	C99	B301	Top lockers slanted	**NHB**	1	115
CHPPM	C100	B301	Handles and lcoks on long set lockers	ENV		
CHPPM	C101	B301	Top of short set lockers (flat top)	ENV		
CHPPM	C102	B301	Stainless steel table top	ENV		
CHPPM	C103	B301	Shelving for clean clothing	ENV		
CHPPM	C104	B301	Floor near shower exit	ENV		
CHPPM	C105	B301	Floor exit to corridor	**NHB**	1	113
CHPPM	C106	B301	dirty towel bin rim	ENV		
CHPPM	C107	B301	sink handles and bowl	ENV		
CHPPM	C108	B301	shelf above sink	ENV		
CHPPM	C109	B301	Bench	ENV		
CHPPM	C110	DIS 375 sanitary	LSS 375 Lunch/Break room	ENV		
CHPPM	C111	DIS 375 sanitary	LSS 375 Sys 4 pump #3	ENV		
CHPPM	C112	DIS 375 sanitary	LSS 375 Sys 1 pump sewage pump	ENV		
CHPPM	C113	DIS 375 sanitary	Locker room locker handles etc.	ENV		

TOTAL= 113 samples

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CHPPM Off-site Survey (Set #1), 20 April 2002

Source	Sample Description	Cult.	# picks	NHB Ref. Num.
CHPPM	JBC Laundry room washing machine #4	ENV		
CHPPM	JBC Laundry room Dryer #7	ENV		
CHPPM	JBC Laundry room air handling knob	ENV		
CHPPM	JBC Laundry room Dirty Carts #1	ENV		
CHPPM	JBC Laundry room Washing machine #3	ENV		
CHPPM	JBC Laundry room Dirty cart #4	ENV		
CHPPM	JBC Laundry room top of small washer	ENV		
CHPPM	JBC Laundry room Cart #5	ENV		
CHPPM	JBC Laundry room Dryer #6	ENV		
CHPPM	JBC Laundry room floor at entrance	ENV		
CHPPM	JBC laundry room little table	ENV		
CHPPM	JBC Laundry room dirty cart #3	ENV		
CHPPM	JBC Laundry room table #1	ENV		
CHPPM	JBC Laundry room back door	ENV		
CHPPM	JBC Laundry room sink/washup area	ENV		
CHPPM	JBC Truck MD 554-359 #1	ENV		
CHPPM	JBC Laundry room dirty cart #2	ENV		
CHPPM	JBC Laundry room cart #6	ENV		
CHPPM	JBC Truck MD 55F-599 #3	ENV		
CHPPM	JBC truck MD 55F-599 #4	ENV		
CHPPM	JBC truck MD 55F-599 #2	ENV		
CHPPM	JBC Laundry room table #2	ENV		
CHPPM	JBC Laundry room table #4	ENV		
CHPPM	JBC Laundry room table #3	ENV		
CHPPM	JBC Laundry room desks	ENV		
CHPPM	JBC laundry room washing machine #1	**NHB**	1	111
CHPPM	JBC washing machine #6	**NHB**	1	110
CHPPM	JBC laundry room washing machine #5	ENV		
CHPPM	JBC laundry room washing machine #2	ENV		
CHPPM	JBC laundry room air (conditioner)	**NHB**	1	112
CHPPM	JBC loading dock truck side	**NHB**	1	108
CHPPM	JBC loading dock stairs	**NHB**	1	109
CHPPM	Sample 220402, blank (control)	NG		
CHPPM	Sample 190402, blank (control)	NG		
CHPPM	Sample 200402, blank (control)	ENV		
CHPPM	Sample 210402, blank (control)	ENV		
CHPPM	DIS 263 pipeshop Worktable #1	ENV		
CHPPM	DIS 263 welding shop table	ENV		
CHPPM	DIS 263 cart 2 (blue)	ENV		
CHPPM	DIS 263 truck G4122983 Bed	ENV		
CHPPM	DIS 263 centrifuge outside	ENV		
CHPPM	DIS 393 Chute MSD03	ENV		
CHPPM	DIS 263 Pipeshop Worktable #2	ENV		
CHPPM	DIS 393 Truck bed floor G71-14155	ENV		
CHPPM	DIS 263 Men's locker room 1	ENV		

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EXHIBIT 11

CHPPM	DIS 263 HVAC Indoor centrifuge	ENV
CHPPM	DIS 263 Cart #1 (orange)	ENV
CHPPM	DIS 393 Chute MSD 02	ENV
CHPPM	DIS 263 Center work table 1	ENV
CHPPM	DIS 263 G41 22983 truck interior	ENV
CHPPM	DIS 263 Truck CM7772 inside cab	ENV
CHPPM	DIS 263 Dirty clothing P/U point ("1" was crossed out on the sampl	ENV
CHPPM	DIS 393 Cart composite #1	ENV
CHPPM	DIS 393 cart composite #2	ENV
CHPPM	DIS 263 breakroom HVAC	ENV
CHPPM	DIS 263 Men's locker room #2	ENV
CHPPM	DIS 263 Truck CM7772 Outside bed	ENV
CHPPM	DIS 263 Pipe shop Break room	ENV

TOTAL = 58 samples

LEGEND:
NG= No growth
ENV= Environmentals
NHB= Non-hemolytic, bacillus-like colony

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
FREDERICK, MARYLAND	20020503	1700	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	LTC

8. ORGANIZATION OR ADDRESS
USAMRIID, 1425 Porter Street, Fort Detrick, MD 21702-5011

9.
I, (b)(6), Chief, Bacteriology Division, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I am Chief, Division of Bacteriology at USAMRIID. A potential exposure to B. anthracis occurred in suite B3 on 8 April 2002 as described in the attached Memorandum for Record of 19 April 2002 (MFR 0419). Samples obtained by (b)(6) inside room B3 after that flask leaking incident were presumptively B. anthracis on the basis of morphology on blood agar plate, but were not confirmed. Some isolates were saved. As further described in that MFR, surveillance cultures of several locations outside the suite were pe(b)(6) Dr. Bruce Ivins with no prior knowledge by me. I was first notified on 16 April 2002 of preliminary results of this indep ducted survey. My responses to that incident are accurately reflected in MFR0419. I am the point of contact for managing data from surveillance culture specimens and verifying culture results. Results of surveys related to these events performed up through 23 April 2002 are accurately summarized and detail provided as interim data in MFR 0419 and as final results in attached documents :

Spreadsheet "USAMRIID Bldg #1425 environmental survey-19 APR 2001"
Spreadsheet "Supplemental Surveys (includes re-survey of B3 change room and room 019)"
Spreadsheet "Analysis of presumptives"
Spreadsheet "CHPPM Survey (Set #2, 21 April 2002)
CHPPM Off-site Survey (Set #1, 20 April 2002)

In response to direct questions, the following answers are provided:

Q: Have there been any potential exposures to BSL-3 mission agents reported to you by your subordinates?
A: About half a dozen potential exposures in the last year, however the Institute Safety Office should have the most accurate count of these reports.

Q: What is the procedure if an accident occurs with live agent in the BSL-3 suite?
A: Assuming no injury occurred, worker exits the area after appropriate decontamination procedures (if the situation dictates), contains the area, notifies supervisor, follows proper suite exiting/personal decon procedures. Supervisor notifies Safety Office, and ensures individual is assessed by medical personnel at Ward 200. Individual initiates form 1326.

Q: Who is responsible for reporting potential anthrax exposures?
A: (b)(6) is the supervisor for the anthrax STEP efforts. I am responsible for the anthrax vaccine product development team efforts. Senior principal investigators may make report for subordinate investigators. Description of supervisor/subordinate relationships as of 8 April 2002 is provided in the attached document entitled "USAMRIID Civilian Rating Scheme for Bacteriology Division" and "Contractors and Supervisors" dated 2 May 2002. In addition, (b)(6) worked in the Division in the fall but are now in DSD.

Q: Do you know of any potential exposures that have not been reported?
A: No. …and if I became aware of them, I would have made sure they were reported.

Q. Is there routine bacteriologic monitoring of the BSL-3 lab?
A. Periodic internal monitoring was begun since the incident of 8 April 2002. A regular internal monitoring plan will be established when new suite operations restart. Before that time, monitoring was not regularly scheduled.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
12	GR	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 3 May '02

9. STATEMENT *(Continued)*

Q. Were any previous environmental samples taken outside the BSL-3 lab?

A. On 18 April 2002, I was provided an executive summary from (b)(6) that indicated that he had collected data from (b)(6) desk in December 2001. This activity had not previously been reported to me.

Q. Where do you think the contamination may have come from?

A: I'm concerned that if (b)(6) manipulated the (b)(6) inside a lab in the B3 suite, the contamination may have been introduced to the areas around the passbox, the clean change room, and room 019, if the (b)(6) outer packaging was contaminated, and the package was moved through the passbox from the outside.

INITIALS OF PERSON MAKING STATEMENT GRD

PAGE 2 OF 3 PAGES

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 3 MAY 02

9. STATEMENT *(Continued)*

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAG THE ENTIRE STATEMENT MADE BY ME. THE STATEMEN E BOTTOM OF EACH PAGE CONTAINING THE STAT FIT OR REWARD, WITHOUT THREAT OF PUNISHME UCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3 day of MAY, 2002 at USAMRIID

David L. Hoover

(Signature of Person Administering Oath)

DAVID L. HOOVER

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT GLD

PAGE 3 OF 3 PAGES

USAPA V1.00

PAGE 3, DA FORM 2823, DEC 1998

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	20020506	15:30	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On Saturday April 7, I was in B3 when I did I'm in the Flasks; AB then the, I did not notice anything unusual w/ the Flasks.

Q. What is your job at RIID?
A. Principal investigator working with (b)(6) here over 2 years.

Q. What labs do you work in and what do you do?
A. I am supposed to be in B4, but work in B3 since B4 is down. I share the room with (b)(6). I am making mutants in anthrax genes to see if deletion reduces virulence.

Q. Can you tell me about the incident on April 8?
A. I was working with a PA mutant and a flagellar mutant. Inoculated 8 (4 for the PA mutant and 4 for the flagella mutant) 2L screw cap flasks which were loosely capped (the caps are loosened about a quarter turn after tightening them) and crisscrossed taped. Paper towel is placed over the cap and taped down to hold. It was cultured in a shaker incubator in (b)(6) lab on the 5th. This is not the shaker I usually use. The shaker has aluminum foil over the transparent cover to protect the bacteria from light. You can't see in the shaker with the aluminum foil on until you open the shaker cover. On the 8th, I took 8 flasks out of the shaker and moved them on a cart to (b)(6) lab in 2 trips (4 at a time). I put the flasks into the hood and noticed that the paper towel was discolored on inside. I also noted a drop that had run down the side on a couple of the flasks. I notified everyone in the suite that leak had occurred, bleached off some flasks. (b)(6) suggested I may need to visit the ward. I notified (b)(6) within minutes and went to the ward for evaluation. Later that day I got nasal swabs, got more AVA, was started on Cipro. (b)(6) was working with me. He is fairly new in the lab.
The mutants used in the accident were erm resistant. I also screened specimens given to me by (b)(6) from in-lab surveillance after the incident. The erm-resistant strains followed my tracks Some of the culture positive areas in (b)(6) lab ended up being erm + and other areas were erm -. The cold room door handle was culture + and erm+. Some of the strains were erm-resistant and some were erm-sensitive. I didn't check the material on the inside passbox handle because we did not use it that day. I did check a sample from the break room where the passbox is located and it was erm-.

Q. How are spores prepared?
A. They are usually put into 500 ml centrifuge tubes and washed with water, then separated on Hypaque, washed 3 more times with water. This is done with GS-3 rotor (fixed angle rotor with screw lid). I put rotor in hood to take out tubes after the first spin. Sometimes the rotor is put in the hood, sometimes not. The Hypaque step is done in 200 ml conical tubes, centrifuged in a HS-4 swinging bucket rotor. There are no caps on the buckets.

Q. How are stocks stored?
A. Stocks are stored frozen, spore preparations are stored in the refrigerator. We have done an inventory on all spore preps and frozen stock vials and estimate the volume of all samples. I keep track of the usage of my spore preps and how much I remove for an experiment. For the frozen stock vials, I only use it to streak a plate and I do not keep a log of every time I go into it. Since 9/11 and the inventory, we have to keep track of all of our frozen stocks and record if we toss something.

Q. Is there any routine culture surveillance?
A. Since I have been here, there was no surveillance in the lab prior to the 8 April episode. Cleanups went on when labs were put down for decontamination. There is no regular schedule for cleaning. Individual labs take care of their own housekeeping. Veterinary Medicine takes care of hallway. The labs are crowded because of extra freezers and equipment in the area, but are not excessively messy.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
14	(b)(6)	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT ____ TAKEN AT ____ DATED ____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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STATEMENT OF (b)(6) TAKEN AT USMRIID DATED May 6, 2002

9. STATEMENT *(Continued)*

Q. Did you have any contact with the Daschle letter?
A. I was in the (b)(6) lab in B-3 suite when the letter came in. I observed some of the handling, but did not handle it myself. Mostly (b)(6) Ivins handled it. (b)(6) was also present.

Q. How do you remove material from the BSL-3 area?
A. For noninfectious material, I verify sterility and put it in a secondary container, wrap that in aluminum foil and send it out through the passbox. I don't usually send live spore preps out through the passbox.

Q. How about documents?
A. I sometimes send out 3 or 4 sheets that are placed on wires in the passbox and UV irradiated. There is no written SOP for removal of documents.

Q. Have you ever moved live anthrax from the BSL-3 area to areas of lower containment?
A. I needed to purify exosporium from the spores- a rhamnose mutant and the wild-type strain. To purify the exosporium, I needed to sonicate them. I did not want to use live spores due to aerosolization / safety concerns. Therefore, I first irradiated the spores and then continued with the purification procedure. The spores (2 samples) were contained within cryo-vials and parafilmed the tops. The vials are put into a 50 ml conical tube and bagged with ice. This is then placed into another bag. All of the tubes, vials, and bags are bleached off. A co-worker from our lab (b)(6) was waiting to receive the samples from the passbox once I placed them in there. He then handed them off to our radiation safety person who runs the gamma irradiator.

Q. Are there written SOPs for lab procedures?
A. There are no formal SOPs, but lab procedures are followed.

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?
A. I don't feel unsafe. I trust most of the people in there.
---------Nothing Follows----------

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 6 day of MAY, 2002 at USAMRIID

David L. Hoover
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

David L. Hoover
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT GHB

PAGE 2 OF 2 PAGES

PAGE 3, DA FORM 2823, DEC 1998

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EXHIBIT 13

received from the Army 9 MAY 02

DEPARTMENT OF THE ARMY
U. S. ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
1425 PORTER STREET
FORT DETRICK, MARYLAND 21702-5011

REPLY ATTENTION OF

23 Apr 2002

MCMR-UIZ (385)

MEMORANDUM THRU U.S. Army Medical Research and Materiel Command, ATTN MCMR-RCQ (b)(6), 504 Scott Street, FT Detrick, MD 21702

U.S. Army Medical Command, ATTN: Safety Office (b)(6), 2500 Worth Rd, FT Sam Houston, TX 78234

FOR Headquarters, Department of the Army, Army Safety Office, ATTN: DACS-SF (b)(6) (b)(6) Washington, DC 20301

SUBJECT: Biological Defense Mishap

1. In accordance with Army Regulation 385-40, *Accident Reporting and Records*, 1 November 1994, Chapter 12-2, the following information concerning a biological defense mishap at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) is submitted:

a. Description of what happened: On 8 April 02, as the result of a potential exposure to *Bacillus anthracis* in the Bacteriology Division BL-3 containment suite (B3), (b)(6) (b)(6), Bacteriology Division, were instructed by the Bacteriology Division to report the incident through the Safety Office, following standard procedures. The exposure incident involved (b)(6) observation that a small amount of liquid from a *B. anthracis* culture had apparently gotten on the outside of a shaker flask while in a rotary shaker. At the time, the liquid was dry, and no breaks or cracks were noted in the flask. (b)(6) moved the flask under a biological safety cabinet and decontaminated the outside surface with 1:20 dilution of bleach. After exiting the suite, a medical evaluation was conducted on both individuals, and they were placed on ciprofloxacin. Nasal swabs were also performed. (b)(6) samples were presumptive positive for *B. anthracis* (3 colonies) on 9 April, and confirmed by PCR, 10 April. Both (b)(6) and (b)(6) are vaccinated against anthrax.

b. Emergency notification level: Normal reporting procedures were used to notify safety and the medical division. The commander, USAMRIID, received notification of the occupational exposure per normal procedure. The CG, USAMRMC, received notification of the exposure based on proximal association with another, separate, biological agent event.

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MCMR-UIZ
SUBJECT: Biological Defense Mishap Report

c. Personnel casualties/injuries: Neither (b)(6) nor (b)(6) evidence any signs of illness attributed to *B. anthracis*. Both will be medically evaluated upon completion of the course of antibiotics.

d. Whether off-post medical services and/or facilities were required: None

e. Assistance required: None

f. Other pertinent information: None. Personnel followed the normal protocol for potential exposure to a biological agent.

g. Commander's assessment of the situation: No extraordinary follow-up required.

2. Point of contact for additional information is the USAMRIID (b)(6) or by electronic mail at (b)(6)

EDWARD M. EITZEN, Jr.
COL, MC
Commanding

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FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

EXHIBIT 15

SECTION I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial *(Person injured)*	2. Grade	3. SSN	4. Age
(b)(6)	(b)(6)	(b)(6)	(b)(6)

5. Occupation/Duty When Injured	6. Injury Hour	6. Injury Date	7. Return to Duty Hour	7. Return to Duty Date	8. Location Where Injury Occurred
Microbiologist	0900	4-8-02	1 pm	4-8-02	Bldg # (b)(6) Room #

9. How Incident Occurred *(tell exactly what employee was doing and what caused the injury/incident.)*
Spore prep · few drops leaked out of flask - Anthrax

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b)(6)	(b)(6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure
In the room, when the agitating incubator was opened and the drip & anthrax soaked paper covering the screw top lids of the anthrax containing flasks was dislodged. worked in room for 3 hrs
Date Treated: 8 April 2002

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light Duty ☐ Private Doctor

☐ Other *(Specify)* after consultation with (b)(6) Anthrax baseline & cipro prophylaxis and throat culture for Anthrax

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
none	(b)(6)	(b)(6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL:
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONAL FACTORS:
1. Physical Conditions-Vision, Age, Wt., Fatigue
2. Emotional-Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude-Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes: Environmental #3 → malfunction(?) w/ shaker

Supervisor's Statement of Corrective Action Taken/Anticipated: Will wear respirator when removing flasks from shaker. Turning of shaker by turning up from normal to maximum speed resulted in liquid rising to top of flask. Shakers to be further tested.

Supervisor's Signature: [signature]

SECTION IV. Patient's Statement

SECTION V. Safety Office Conclusion/Comment and Disposition

Signature

Continued on back of form ____ YES ____ NO

FD Form 1326-R
1 Mar 89

Replaces HSC Form 232-R, 1 May 81.

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FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

EXHIBIT 16

SECTION I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person injured)	2. Grade	3. SSN	4. Age
(b)(6) (-) ext (b)(6)	(b)(6)	(b)(6)	33

5. Occupation/Duty When Injured	6. Injury Hour / Date	7. Return to Duty Hour / Date	8. Location Where Injury Occurred
Microbiologcat	0945 4/8/12	1100 pm 4-8-12	Bldg # B3 Room # 1425

9. How Incident Occurred (tell exactly what employee was doing and what caused the injury/incident.)
Anthrax spore prep - few drops leaked out of flask during prep

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b)(6)	(b)(6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure
When taking 2 l flasks with 250 ml of anthrax cultures in media out of agitator/incubator after 72 hr of agitation, noticed hardened rigid drips of media streaking outside of flask, normally flexible. Date Treated: (b)(6)

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light Duty ☐ Private Doctor
☐ Other (Specify) After consultation w/ Dr. Pittman, Anthrax baseline & cipro prophylaxis and throat cultures for Anthrax

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
none	(b)(6)	(b)(6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL:
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONAL FACTORS:
1. Physical Conditions-Vision, Age, Wt., Fatigue
2. Emotional-Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude-Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes:
Environmental → #3 some sort of malfunction w/ shaker

Supervisor's Statement of Corrective Action Taken/Anticipated:
researchers will now wear respirators when removing flasks from shaker
Testing of shaker by turning up from normal to maximum speed reading for liquid sloshing to top of flask.
Supervisor's Signature: [signature]

Shakers to be further tested.

SECTION IV. Patient's Statement

SECTION V. Safety Office Conclusion/Comment and Disposition

Signature

Continued on back of form ____ YES ____ NO

FD Form 1326-R
1 Mar 89

Replaces HSC Form 232-R, 1 May 81.

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN).*

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
(b)(6)	6 May 02	1447	
5. LAST NAME, FIRST NAME, MIDDLE NAME	**6. SSN**		**7. GRADE/STATUS**
Worsham, Patricia L.	(b)(6)		(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6) _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I am a Microbiologist in the Division of Bacteriology working at USAMRIID since 1989. I work primarily with plague, but have worked with anthrax in the past. I occasionally grow up strains of B. anthracis from the freezer for use by others. I also collect anthrax strains from animal experiments within B3 and prepare permanent freezer stocks. There are presently 5 working laboratories in the B3 suite. One is used exclusively for glanders. Other organisms, including plague and anthrax, may be used in multiple rooms. On about 8 April 2002, I found that (b)(6) were working in Room (b)(6 (my laboratory) with a 2L flask containing anthrax spores that seemed to have dried media on the outside of the flask. The flask had been incubated in room 304 and carried to room (b)(6 They reported the finding as a potential exposure. I wanted to make sure that there was no contamination in the room so I performed a survey. Sites of samples surveyed and results of survey are accurately described in a summary "B3surveywitheryth " attached to this statement. Some of the isolates were further characterized for erythromycin resistance and a partial list of these is part of the above-mentioned file. Some of these isolates have been saved on plates in the laboratory, but some have been discarded. In general, most of the areas that were positive were "contact areas" where contaminated gloves may have touched. There were about 30 colonies of B. anthracis on the handle of the passbox. Some shoes, including some not used since September, were also positive.

Until a number of years ago, weekly surveillance was performed. I believe that this practice stopped when anthrax research diminished and was not restarted on a regular basis. The level of contamination found in the present survey is approximately the same as present on many occasions when routine surveillance was performed.

I was directed by (b)(6) to perform surveillance cultures outside the BSL-3 suite when cultures performed by (b)(6) on 15 and 16 April were positive. Results of these cultures are described in the file entitled "Survey 4-16-02". Additional samples were taken on 4-18-02 by (b)(6) and myself at the direction of (b)(6) These were taken prior to decontamination of the B2/B3 hallway on the evening of 4-18-02. These are detailed in the file "18 April Survey".

I have the following answers in response to direct questions:
Q. Do you have any ideas as to where the contamination outside the BSL-3 area might have come from?
A. Based on pattern of contamination near the passbox, contamination may have occurred from outside the lab. Material frequently comes back from Bldg. 1412 after aerosol challenge, or samples for pathological examination. Some samples may come from Diagnostics Systems Division or from other investigators. I believe that some samples have also been passed in from Dugway, Bioport, and other outside agencies.

Q. Do you know of any other surveillance outside the suite before the surveillance in April by (b)(6)
A. (b)(6) mentioned to me about a month ago that he had sampled his office in November or December 2001 and found some colonies that looked like B. anthracis, but he had not confirmed them as anthrax. I discounted the importance of his results since he had not considered the issue important to enough to confirm the results. When I found contamination inside B-3 after the episode of 8 April, (b)(6) suggested that surveillance outside the suite would be a good idea. I recommended to him that he not do this without consulting (b)(6) I am not aware of any other surveillance done outside the containment areas.

Q. Have you had any involvement with the DSD samples?
A. Not the samples processed within USAMRIID. I was involved with the processing of samples in Florida with a DSD team.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 6 May 02

9. STATEMENT *(Continued)*

Q. Who is responsible for the suite?
A. (b)(6) was responsible until approximately April 7. I am now responsible. Principal investigators and technicians police each other to correct problems.

Q. How is contaminated material (pipet tips, pipets, agent in tubes handled in the BSC and how is material from the BSC decontaminated?)
A. Pipet trays are placed in the BSC. When ready to dispose of them, they are covered, taped. Small autoclave bags are also present in the BSC. These are also tied off and sprayed with bleach before autoclaving. Glove changes are recommended when removing hands from the BSC.

Q. What are the procedures to follow if you have a potential exposure to B. anthracis?
A. Immediate reporting has always been encouraged by the Division. I don't feel that higher administrative levels in any way discourage reporting.

Q. Have you ever had any potential exposures to B. anthracis?
A. I have gone to the ward for "potential exposures" a few times; however, the term "exposure" may be misleading here. Some incidents were cuts/abrasions acquired in the containment area and were not related to work with any particular organism per se. The latest incident was in July 2000. In each case that I have made a report to the ward, I felt that it was purely precautionary in nature and was done to follow protocol. I have never felt that my health was truly jeopardized by any of these incidents.

Q. Have you had any concerns about the lab operations that might cause risk to lab personnel?
A. I am comfortable with the level of safety practiced by coworkers.

Q. Is housekeeping adequate within the suite?
A. There is some clutter due to reducing to 1 lab for last 2 years due to closure first of B3 then B4.

Q. How vigorous is your environmental sampling procedure?
A. It is much less vigorous than described to me by the technique used by the CHPPM workers. I try to cover an area of about 8" in diameter firmly with each swab, but don't press down so hard that it breaks. (This is the way they described their sampling to me)
---------Nothing Follows----------

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

David L. Hoover
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

PAGE 3, DA FORM 2823, DEC 1998

USAPA V1.00

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EXHIBIT 18

"B3Surveywitheryth."

DW

ATTACHMENT 1 Survey INSIDE Suite B3

Location	Presumptive POS (# colonies)
Hallway Areas – Summary**	
Autoclave controls	2
Coldroom door handle	40
-70C freezer handle	~5
floor under –70C freezer	2
floor by 313/office	neg
phone in hallway	neg
door in women's change room (hot side)	neg
door in men's change room (hot side)	1
handle to airlock	neg
Transition areas**	
Inside airlock	neg
Cart in airlock	neg
Office:	
Inside passbox	neg
Passbox handle	31
Phone in office	2
Computer keyboard	3
Hot side change rooms:	
Floor, women's	neg
Floor, men's	neg
Sink, women's	neg
Sink, men's	neg
Bench, men	neg
Toilet, women	neg
Shower door, women	neg
Shower door, men	neg
Areas of "significant" contamination in lab areas (>20 cfu):**	
306 (where leaking culture was processed):	
bench where autopipet placed	>300
interior of shaker	~50
autopipet	>300
floor by hood	24

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304:	
centrifuge rotor	>300 (confluent)
inside shaker	~20
bench by hood	~80
centifuge bucket	~50
309:	
no contamination	
coldroom:	
floor	12
rear bench	~60
313:	
bench by shaker	~200
inside shaker	~200
ice machine	>300
ice	neg
floor under hood	>300
floor by shaker	>300

---

neg = negative for *B. anthracis*-like colonies

**<u>NOTE</u>: All areas with contamination were cleaned with 20% bleach and were negative upon resurvey by swab culture

red cultures tested positive for erythromycin resistance
blue tested negative for erythromycin resistance
black were not tested

Note: Other tests for erythromycin resistance were performed on *B. anthracis* cultured from outside B3 and all proved to be erythromycin sensitive. Dr. Bozue can provide specific details of which cultures were tested.

Note: These cultures were assumed to be *B. anthracis* judging by colony morphology and their location inside containment suite B3. Since the purpose of this survey was to determine need for decontamination, they were, for the most part, not examined further. They could include vaccine strains or other attenuated/avirulent organisms.

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SWORN STATEMENT

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PRIVACY ACT STATEMENT

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1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002 05 06	1447	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I am a Microbiologist in the USAMRIID Division of Bacteriology. Last fall, I became concerned that the fine powder of the (b)(6) letter as well as other potential anthrax letters and samples might not be adequately contained with the practices that were being used here in the Institute. I also was concerned that contamination of personnel might lead to contamination of areas outside the containment suites. Specifically, (b)(6) had mentioned her concern that she may have been exposed to powder and possibly contaminated. She also repeatedly voiced safety reservations about the way that incoming samples were handled during "Operation Noble Eagle." These concerns and my decisions to perform surveillance cultures and the results of those cultures are accurately described in the attached document entitled "ExSum -18 APR 02, (b)(6)." The dates for the cultures taken in April are the 15th and 16th, as indicated by my corrections. Also, in paragraph 2 of that document, "December of 2002" should read "December of 2001".
In response to direct questions, I have the following answers:

(b)(6)

Q. Did you tell anyone that you had done the surveillance cultures outside the containment area?
A. I mentioned to (b)(6) that I was going to check (b)(6) desk in December and told her after I did it that about 1/2 of the cultures were suspicious for anthrax. I didn't keep records or verify the cultures because I was concerned that records might be obtained under the Freedom of Information Act. I was also afraid that reporting would have raised great alarm within the Institute, which at the time was very busy with the processing of samples for Operation Noble Eagle. I personally decontaminated Ms. (b)(6) desk area, wiping it down with a dilute bleach solution, and gave it little thought until the incident in B3 in April.

Q. Have you had any concerns about the lab operations that might cause risk to lab personnel?
A. Seeing powder float around in the B313 hood raised considerable concern. In the future, I would not work with dried or powdered spores except in BL4 conditions. There needs to be more cleaning inside the suites and maybe surveillance. There may

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
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USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002 05 06

9. STATEMENT *(Continued)*

be some laxity in Bacteriology and, from what I have heard, possibly also in DSD. Most of the workers in Bacteriology are careful, but a few are somewhat careless. Cleaning of B3 seems to be performed less than back in the 1980s.

Q. Is there a regular plan for cleaning? Is the floor cleaned regularly?
A. Not that I know of. I can't remember when the lab floor was last cleaned. We used to do weekly surveillance cultures inside the B3 labs back in the 1980s, but these are almost never done now. Although there is a suite supervisor, there frequently does not seem to be much coordination of common suite duties (such as cleaning). (b)(6) was the supervisor for many years, and was recently renamed (b)(6).

Q. Was the intensity of contamination described by (b)(6) when she did the surveillance cultures inside the lab after the incident on April 8 heavier than you would find when surveillance cultures used to be done?
A. The total intensity of the contamination was greater and also of special concern, since spores were found on the inside passbox latches as well as on shoes and articles of clothing in the "hot" changerooms. When conducting surveillance in the past, we would sometimes find a few hot spots of contamination and clean them up, then re-check to make sure they were OK.

Q. Did you report your concerns about cleaning to anyone?
A. I believe that I mentioned it to (b)(6) in the past. I've also informally talked with other investigators in the Bacteriology Division about cleaning and cleanliness issues. In the past, if people have had specific concerns about suite cleaning or cleanliness, they raised the issues in a general way(as well as the need for improvement) at Division meetings, but no specific individuals were mentioned at those meetings.

Q. Have there been any other concerns about cleanliness?
A. A few letters came into the Bacteriology Division for analysis during Operation Noble Eagle. The DSD was concerned that at least one of the samples they had sent to be tested was contaminated in room 312.

Q. Who coordinated the sample processing in room 312?
A. (b)(6). I also worked in there. Normally it is a glanders research laboratory.

Q. What live agents come in and out of the B-3 area?
A. For anthrax aerosol challenges , we send spores out through the passbox in a hard plastic transport container to be taken to Bldg 1412. Aerosol challenges are done there, dose is confirmed, and data are crunched in 1425. Anthrax AGI samples do not come back as they formerly did several years ago, since the AGI cultures are now done in 1412 by (b)(6) and me. Plague AGI may come back.

Q. How are spores prepared?
A. (b)(6) have made spores in room 313. Also we use spores prepared at Dugway Proving Ground. Also (b)(6) make spores in our laboratory. In B304, (b)(6) makes spores. Cultures are grown up in shaker flasks. They are often centrifuged in 500 ml bottles in a large (GS-3) rotor. The rotor is too big to take to the hood, so the bottles are usually removed from the rotor in the centrifuge.

Q. Are there any secondary containers in that rotor, like sealed cups?
A. No. Sometimes a bottle breaks and you can hear a slurping sound when the bottle is removed.

Q. Does the centrifuge have a floor hood or other containment system?
A. No. There used to be a system to evacuate the air in the centrifuge through a filter in case there was a break, but that hasn't been used in years.

Q. That wouldn't help if there was a broken tube, would it?
A. No.

Q. Has the ventilation system worked OK as far as you know? Are there magnehelic gauges at the clean room entry?
A. I don't think the suite has ever gone positive. I have never noticed the magnehelic readings in the entry. The gauge between the office area and the hallway are barely negative.

INITIALS OF PERSON MAKING STATEMENT BEL

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002 05 06

9. STATEMENT *(Continued)*

Q. What are the procedures to follow if you have a potential exposure to B. anthracis?
A. That depends on seriousness. If there is a small spill, wipe up area with bleach, cleanup verified by swabs. Individual reports to supervisor. Individuals with possible exposures are evaluated at ward 200. Reports of exposure are supposed to be done within the day.

---------- Nothing follows----------

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 6 day of MAY, 2002 at USAMRIID

David L Hoover
(Signature of Person Administering Oath)

David L. Hoover
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT BL (BEL)

PAGE 3 OF 3 PAGES

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Received from (b)(6) 26 APR 02. 02 Pages

ExSum - 18 APR 02, (b)(6)

In the fall of 2001, my contract technician, Ms. (b)(6) was assigned to work in DSD in support of Operation Noble Eagle. (b)(6) put in considerable hours of work on the project, both during the normal work week and on weekends. In the course of her duties she processed samples to determine if any of them were positive for pathogens of specific importance to the mission or specific relevance to the anthrax bioterrorism events of that fall. Although I did not know what she specifically did on a day-to-day basis, I knew that in the course of her work that she either was, or might be, routinely working with *Bacillus anthracis* spores and vegetative cells.

In December of 2002 I noted that (b)(6) entire desk area in Office 19, Building 1425, was quite dirty, covered with an enormous amount of dust, debris and other material. (Other areas in the office, including the desks of the two investigators in the room, were not similarly dirty.) Because of the condition of (b)(6) desk, and because I knew that she had worked a great deal with *B. anthracis* (both in my laboratory, where she made spores, and also in support of Operation Noble Eagle) I privately wondered whether any of the dust and dirt on her desk contained *B. anthracis* spores. (In casual conversations with me, Ms. (b)(6) had suggested that she might have come in contact with or been contaminated with material from one of the pieces of evidence being investigated.) Thus, in December, for reasons stated above, I personally and privately decided to take samples of material from (b)(6) desk, plate them onto TSA, and look to see if any colonies appeared that were consistent with *Bacillus* species, including *B. anthracis*. I swabbed approximately 20 areas of (b)(6) desk, including telephone, computer, and desktop, plating samples onto approximately 20 plates. The plates were taped, taken into the B3 biocontainment suite and incubated overnight. The next day the plates were examined for colonies that had a colonial appearance consistent with *Bacillus* species. Approximately half of the plates yielded 1 or 2 colonies that suggested *Bacillus* species. The presumptively positive colonies were not examined by Gram stain or examined for the presence of plasmids pXO1 or pXO2. I did not examine them on capsule agar. Because of the possibility that (b)(6) desk may have had some *B. anthracis* spores in the dust and dirt on it - although nothing diagnostically further was done with the presumptive *Bacillus* species colonies, I decided to thoroughly clean (b)(6) desk area, including everything on it. (I honestly do not recall if follow-up swabs were taken of the area. I may have done so, but I do not now remember reswabbing.) Also, I had no desire to cry "Wolf!" simply because I had found presumptive colonies that had not been demonstrated to be *B. anthracis* or even *Bacillus* species. Since USAMRIID personnel were extraordinarily busy at the time, I believed that telling people that there may have been a breach of containment and that *B. anthracis* spores may have been inadvertently taken into non-containment areas would serve no beneficial purpose. If the colonies were not *B. anthracis*, I would have been agitating many people for no real reason. If the colonies in fact had been *B. anthracis*, then I believed that I had adequately taken care of the problem by

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thoroughly cleaning (b)(6) desk. Thus I did not bring up the matter to others in the chain of command.

Following the recent sampling of areas in B3 for the presence of *B. anthracis*, I again personally and privately decided to check non-biocontainment areas to see if containment may have possibly been breached. Without approval or consultation with anyone in the chain of command, I swabbed a number of locations outside the B3 biocontainment suite on April ~~16~~ 15 and April ~~17~~ 16 of 2002. These locations included the B3 men's clean change room, the area outside the B3 passbox, and my office. Over 50 samples total were plated. Of the April 16 presumptively positive samples (5), all five were plated onto capsule agar, and all five produced mucoid growth after incubation. None of the 11 presumptively positive April 17 sample colonies were plated onto capsule agar. In retrospect, although my concern for biosafety was honest and my desire to refrain from crying "Wolf!" unnecessarily was sincere, I should have notified my supervisor ahead of time of my worries about a possible breach in biocontainment. I thought that quietly and diligently cleaning the dirty desk area would both eliminate any possible *B. anthracis* contamination as well as prevent unintended anxiety and alarm at the Institute.

4/26/02

(b)(6)

4/26/02

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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Frederick, MD	20021/05/09	1445	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. What is your job at USAMRIID? Who is your supervisor?
A. I am a Research Biologist. (b)(6) is my supervisor.

Q. What organisms do you work with? What labs do you work in?
A. I have worked with B. anthracis for 14 years. Most work is done in B313. I also work in B504, a BSL-2 area and in building 1412, lab 115 when aersol challenges are being done

Q. What do you do with it?
A. My main job is vaccine development of the next generation anthrax vaccine. We are also testing the efficacy of AVA against a number of B. anthracis strains. I harvest B. anthracis spores for challenges to test the efficacy of vaccines. I have performed some passive immunization studies in mice. I also do strain phenotyping.

Q. Have you been involved in handling evidence material?
A. Yes, I handled some material that was provided to me. I did not handle letters or envelopes. I only handled the material with respect to picking it up from (b)(6) in the AA-3 passbox and putting it in the B3 passbox. A chain of custody form was signed.

Q. Did (b)(6) mention any surveillance outside the BSL-3 area before the samples he took in mid-April?
A. He told me a day or 2 after he had done some cultures of (b)(6) desk area in December. He said the colonies looked like anthracis.

Q. How are spores prepared?
A. They are grown up in flasks. A complete batch is 2L worth of media that is divided into eight 2-liter flasks. Each flask contains a 250 ml culture . The cultures are incubated for about 64 hrs before harvest. To harvest the spores, they are spun down in a 500 ml re-usable, polypropylene centrifuge bottle, with a 2 piece o-ring lid assembly. The spores are then washed twice with sterile water for injection. After the second washing, the spores are resuspended in 1% phenol and then stored at 4oC. The centrifuge bottles go into a GSA or GS-3 rotor directly. Rotor has a screw-on lid with an o-ring. The lid screw holds the rotor on the spindle, so you have to take the lid off or at least loosen it to take the rotor out. I do not take the rotor out of the centrifuge when I take the bottles out, primarily because of the weight of the rotor

Q. How frequently are respirators worn when spore preps are removed from the centrifuge? Respirators are worn every time the centrifuge is opened.

Q. What are procedures for removing material from the BSL-3 area?
A. (b)(6) has always prepared the aerosol challenge inoculum. Aersol challenges are performed in building 1412. During the aerosol challenge procedure, spores are bubbled through sterile water for injection in an all glass impinger (AGI). After the challenges are complete, a sample is diluted and then plated from the AGI in order to determine the challenge dose. Prior to about 6 yrs ago, these AGI samples were transported from 1412 to the B3 airlock in a metal box. Sometimes I transported the samples and other times it was someone else - could have been someone involved with the challenge from Aerobiology. For about the last 6 yrs, we have not transported our AGI samples from 1412 to B3. This is because (b)(6) and I have received the necessary immunization to enter 1412. Therefore, we do all the plating of the AGI samples in room 115 on the hot side of 1412. The procedure for removing material from B3 has always been to wipe it off with bleach, double bag it and then put it in the UV

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 9 May 02

9. STATEMENT *(Continued)*
passbox for 20 minutes – i.e. DNA preps, not organisms.

Q. How about documents?
A. Single sheets of paper are supposed to come out. They are to remain in the passbox with the UV light on for at least 20 minutes. I have also have seen documents stapled together come out.

Q. Who do you think brought them out stapled together?
A. Probably (b)(6)

Q. What is the procedure to follow if an accident happens?
A. Decontaminate, notify the supervisor, notify the safety office, and go to medical division for evaluation. There is a flow chart posted in B3 that outlines the procedures.

Q. Have you had any potential exposures to B. anthracis?
A.Yes, but nothing within the last few years

Q. Do you have any ideas as to where the contamination outside the BSL-3 area might have come from?
A. Not personally. I have heard other people's theory that contamination may have come from (b)(6)

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?
A1. In Bacteriology, many people are crammed into one space. There are some new people in the area also. Some may have answered the phone with gloves on. This raises concerns about safety.
A2. In other areas, not directly. (b)(6) had worked with us and had a desk in office. She had been detailed to DSD since shortly after the first anthrax incident and most recently was actually an employee in DSD, although she was still using the desk in our office due to lack of space in DSD.. She would come in and say they she felt they were not doing things in a safe way. It was not clear to me if things really weren't being done safely or whether things were just being done differently than we had done then and that she interpreted that to be unsafe.
--------Nothing Follows----------

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)
(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____
at USAMRIID

(Signature of Person Administering Oath)

David L. Hoover
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b)(6)

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(b)(6) SURVEY4-.XLS

Survey 4-16-02

(b)(6)

SAMPLE #	LOCATION	RESULT
1	FEMALE B3 COLD SIDE CHANGEROOM FLOOR	ENV
2	FEMALE B3 COLD SIDE CHANGEROOM LOCKER HANDLES	ENV
3	FEMALE B3 COLD SIDE CHANGEROOM SINK	ENV
4	FEMALE B4 COLD SIDE CHANGEROOM FLOOR	ENV
5	FEMALE B4 CHANGEROOM LOCKER TOPS	ENV
6	FEMALE B4 CHANGEROOM SINK	ENV
7	DUST FROM LEFT LEDGE OUTSIDE B3 PASSBOX	ENV
8	FLOOR OUTSIDE PASSBOX LEFT B2/B3	ENV
9	FLOOR OUTSIDE PASSBOX RIGHT B2/B3	ENV
10	FLOOR OUTSIDE PASSBOX CENTER B2/B3	ENV
11	DECON TAPE ON FLOOR BY PASSBOX B2/B3	ENV
12	PASSBOX TOP IN B3/B2 HALLWAY OUTSIDE OF BOX	ENV
13	PASSBOX BOTTOM B2/B3 OUTSIDE OF BOX	ENV
14	PASSBOX HANDLE OUTSIDE OF BOX	ENV
15	WALL UNDER OUTSIDE OF PASSBOX	ENV
16	WALL UNDER OUTSIDE OF PASSBOX CLOSE TO FLOOR	ENV

SAMPLES TAKEN FROM COLD SIDE FEMALE CHANGEROOMS AND B2/B3 HALLWAY PRIOR TO DECONTAMINATION

EXHIBIT 21

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EXHIBIT 22

MCMR-UIZ 19 Apr 02

MEMORANDUM FOR RECORD

Subject: Area Surveys of USAMRIID for *B. anthracis* Conducted in Bacteriology Division 15-17 Apr 02

1. This memorandum for record serves to document the events surrounding a contamination of areas outside of containment suites of building 1425, U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), Fort Detrick, MD.

2. On 8 April 02, as the result of a potential exposure to *Bacillus anthracis* in the Bacteriology Division BL-3 containment suite (B3), (b)(6) Bacteriology Division, were instructed by the undersigned to report the incident through the Safety Office, following standard procedures. The exposure incident involved Dr. (b)(6) observation that a small amount of liquid from a *B. anthracis* culture had apparently gotten on the outside of a shaker flask while in a rotary shaker. At the time, the liquid was dry, and no breaks or cracks were noted in the flask. (b)(6) moved the flask under a biological safety cabinet and decontaminated the outside surface with 1:20 dilution of bleach. After exiting the suite, a medical evaluation was conducted on both individuals, and they were placed on ciprofloxacin. Nasal swabs were also performed. (b)(6) samples were presumptive positive for *B. anthracis* (3 colonies) on 9 April, and confirmed by PCR, 10 April.

3. A bacteriological survey inside of the biocontainment suite was initiated on 11 April by (b)(6). While surface contamination by *B. anthracis* was noted in several areas of the suite, other areas were negative (Attachment 1).

4. On 15 and 16 April 02, as an independent initiative, a principal investigator from Bacteriology Division conducted a bacteriological swipe survey of selected clean areas in the proximity of the BL-3 containment suite,B3, and in office, rm. 019, of the Bacteriology Division administrative area. A list of the surveyed areas and results are attached (Attachment 2)

5. On 16 April, the undersigned was notified by the PI of presumptive positive results for *B. anthracis*. The PI then performed an additional bacteriological test on the suspicious colonies.

6. Additional clean-side swipes were taken by (b)(6) on 16 April from the following areas:

Woman's B3 change room
Floor outside B3 pass-box
Area on or around pass-box
Mortar dust on rubber molding (to the left of pass-box)

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Interior of pass-box

All plates possessed growth of mixed environmental microbial flora. Additionally, all plates were NEGATIVE for *B. anthracis*-like colonies.

7. On 16 April 02, the Chief of Staff, (b)(6), was notified of the presumptive positive results by the undersigned. (b)(6) discussed the need to confirm the presumptive positives on capsule agar.

8. On 17 April, the investigator reported to the undersigned the finding of *B. anthracis*-like morphologies on capsule agar for all isolates.

9. (b)(6) relayed this information to (b)(6) on 18 Apr. (b)(6) informed (b)(6) USAMRIID Deputy Commander and (b)(6), acting commander.

10. (b)(6) (Safety Office) were briefed by the undersigned on the above presumptive findings at 1400, 18 April. At this time a decision was made to give 12 suspicious colony isolates to (b)(6) (DSD) for PCR confirmation (presence of plasmids pXO1 and pXO2). Analysis was begun at 1500 and completed at 1830. At 1615, LTC Carr contacted both COL Eitzen and HQ, USAMRMC (b)(6) to inform them of a potential contamination problem at USAMRIID.

11. Isolates were from the following swipes (b)(6):

Rubber molding outside of B3 pass-box – 2 colonies
Electric junction box outside B3 pass-box – 2 colonies
Shelf of window outside B3 pass-box – 1 colony
Rm. 019 (KF computer top) – 2 colonies
Mens' B3 clean-side change rm. Locker top – 2 colonies
Plastic document trays, room 019 – 4 colonies

12. Summary of survey findings:

Sixteen of 61 swipes were presumptive positive for *B. anthracis*-like colonies.

A total of 12 suspicious colonies were tested by PCR from 6 of the presumptive positive swipes, and were confirmed positive.

Colony counts from all but one swipe indicated a very low level of contamination (1 to 3 spores).

A single swipe from just outside the B3 pass-box yielded greater than 200 spores.

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13. At 1900, 18 April, (b)(6) informed (b)(6) of the positive findings and the undersigned met with (b)(6) to discuss recommendations/guidance from the Safety Office. At 1930, (b)(6) contacted (b)(6) (b)(6) and given the results as well as the plan of actions as outlined below. (b)(6) was contacting (b)(6), MG Martinez-Lopez and the PAO, (b)(6) at USAMRMC.

14. Actions taken:

A spot surface decon was conducted around the B3 pass-box on 16 April, after the second set of survey samples were taken. The decontamination solution used throughout this procedure was a 1:20 dilution of bleach, applied to the surface and air dried.

A physical examination of the area around the B3 pass-box was conducted by (b)(6) on 18 April.

During the evening of 18 April, over 30 additional swipes were taken to obtain a preliminary assessment on the extent of contamination away from the pass-box. All samples were negative for *B. anthracis*-like colonies.

As precaution, a second surface decon was performed on the corridor where the pass-box is located on 18 April at approximately 2200 hrs.

Locker surfaces of the B3 clean-side men's change room and desk surfaces in rm. 019 were decontaminated.

15. Conclusions:

A preliminary physical examination of the B3 pass-box area revealed no obvious breech in containment, and engineering controls appeared to have been maintained.

The source of contamination is currently unknown, and is under investigation. At this time, no relationship has been established with surface contamination within the biocontainment suite and that detected on the outside

(b)(6)
C, Bacteriology Division
USAMRIID

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Addenda:
19 Apr 02:
0830: Meeting of principle parties and conference call with USAMRMC. Discussion on actions for the day included formulation of a press release (done at 1245) See attachment. Also notification of MEDCOM & OTSG (b)(6) notification of the Workforce at USAMRIID (b)(6), notification of the Mayor, Frederick, MD (b)(6), and updates from MG Martinez-Lopez.
Plan: Cordon off the affected areas, initiate a survey plan, notify CHPPM for assistance/advice, press release, relocated all employees affected by the restricted work area and have medical staff prepared to evaluate and assist concerned personnel.

1000: First of two town hall meetings with the workforce. (b)(6) (b)(6) all spoke. A follow on for the second half of the workforce was conducted at 1030. Site: Dalrymple Conference Room. Decision was made to continue with support of laboratory animals in the cordoned-off areas per normal routine. Guidance given to the workforce was that if they were concerned to report to the medical clinic, USAMRIID.

1100: (b)(6), MRMC JAG arrived to discuss situation and impart advice. (b)(6) suggested maintaining this record in order to track events and have a historical document. Also recommended obtaining access records for vaccinated and unvaccinated personnel in the contaminated area, including DIS, contract and regular USAMRIID personnel. Talked extensively to (b)(6)

1130: (b)(6) phoned with message he was returning from TDY.

1200: Staff assembled for discussion of a sampling plan. The group decided upon a stratified random approach using a numbering system identifying room and number of swab in that room (identified by a sticker placed on that location). The samples will be gathered using wet Dacron or cotton swabs (sterile water or PBS) placed on a blood agar plate. Teams consist of three personnel: a swabber, a recorder and a plate holder. Sampling began at 1440. (b)(6) was asked by OCLL (b)(6) to come to Congress to provide information to the senate staff who recently went on tours of USAMRIID. We relayed to LTC Henselman that the tours do no go through the areas that were found contaminated, but will keep her updated.

1200-1400: ASD/NCB phones (b)(6) to complain about (b)(6) (b)(6) not being notified by USAMRIID/MRMC/OTSG. She found out through congressional channels and was upset.

1500: CHPPM personnel began to arrive for assisting with the sampling process. Also, initial draft MFR sent forward to HQ USAMRMC and OTSG for use as a briefing template for VCSA. Surveys for Phase I started.

1515: (b)(6) (sp) calls to ask about risk of exposure during a senate staffer tour of 4 April. Speaks to (b)(6) who relays that risk is low, but if concerned to direct staffer

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to the senate physician for advice and USAMRIID consultation. Offer the USAMRIID med division number for further inquiries. Also told him of the 1530 briefing that LTC (b)(6) was to attend to impart information.

1530: (b)(6) met with RWKS contract personnel in Dalrymple to discuss situation, offer medical evaluation, information and answer questions.

1700: Meeting of principles to discuss evening sampling plan, CHPPM participation and PAO release. Attendees included (b)(6)

(b)(6) One issue was the (b)(6) (sp) laundry facility. The manager, (b)(6) is concerned about the laundry brought from USAMRIID and needs advice on how to handle the facility. He was contacted by USAMRMC personnel (b)(6) and asked to attend the 1700 meeting, but did no show. (b)(6) left a voice message at the center (approx. 2000) to have him call USAMRIID to discuss or to attend the 0900 meeting on 20 Apr.
Other topics discussed were the press release for Saturday, 20 Apr (b)(6) will handle). Also, samples for more definitive genotyping will go out 22 Apr to Univ. of Northern Arizona (b)(6). Antibiotic profiling of samples will commence at USAMRIID on 22 Apr. These data will further refine the types of anthrax and possibly assist with identifying the source of contamination.
Decision made to activate the recall roster Sunday evening to inform the workforce about the survey status and decon status of the lab.
Medical Division saw 18 patients in the course of the afternoon with more expected. Of the 18, 14 had nasal swabs taken and 7 were administered 3 days of prophylactic doxycylcine. These 7 individuals were linen collectors for the cold side change rooms from the suites. (b)(6) anticipates patients for 20 Apr, too.
(b)(6) (CHPPM) arrives

1730: Surveys for phase I completed. Phase II surveys started. (b)(6) phoned to say he was not needed at Congress and was returning home.

1830: (b)(6) phoned to report he was at BWI and en route to his home.

1900: (b)(6)

1910: (b)(6), OCLL, phoned (b)(6) to get numbers and give a heads up that Congressman Bartlett (MD) will be calling to discuss the case.

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1915: (b)(6) (USAMRMC) phoned (b)(6) to discuss events subsequent to the press release for ASD (b)(6) (sp). (b)(6) gave update on negative results thus far and the progress of the Phase I & II surveys.

1917: (b)(6) phones (b)(6) to say that he spoke to Congressman Bartlett and (b)(6) regarding phone numbers for POC's at USAMRIID. He is given pager numbers for (b)(6).

1917: (b)(6) (sp) from OCLL called (b)(6) and needs phone numbers for Congressman Bartlett. She receives pager numbers for (b)(6) and (b)(6) (b)(6)

1929: CHPPM teams arrive. (b)(6) brief, tour and initiate the survey process. CHPPM members (to be identified later) will advise on survey of bldg 1425 as well as the Jean Bussard laundry facility and any external surveys possibly requested by the DIS personnel. They ask for the HVAC system blueprints (delivered 20 Apr).

2010: (b)(6) leaves for the night

2048: (b)(6). He spoke to Cong. Bartlett and needs to have LTC (b)(6) call Bartlett (301-662-6284) to confer with him about the contamination. Also states that MG Martinez will attend the 0900 meeting at USAMRIID on 20 Apr.

2050: (b)(6) phones Congr. Bartlett. The congressman feels USAMRIID has blown this incident out of proportion and maintains that anthrax is endemic in the U.S. He feels that this story gives the terrorists an advantage and feels some procedure must be put in place to not have this recur. He also expresses that he wants to have his soil on his farm tested and will be by in the morning of 20 Apr. to discuss. His aid, Mr. (b)(6) will coordinate.

2052: (b)(6) phones (b)(6) at home to inform of the Congressman's intended visit as well as MG Martinez's visit the next day. (b)(6) calls (b)(6) to discuss.

2120: (b)(6) phones (b)(6). They discuss the arrival of Congressman Bartlett. Both (b)(6) and Cong. Bartlett will come to USAMRIID at 1000 hrs. 20 Apr.

2130: CHPPM team finishes. They coordinate lodging arrangements and will convene at RIID 0900-1000 on 20 Apr.

2200: (b)(6) departs

2240: (b)(6) departs. He has been trying to contact (b)(6), facility engineer, to have him attend the 0900 meeting 20 Apr. and bring the HVAC blueprints. He will continue to try thru the night.

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20 April 2002

0900: Meeting of CHPPM team, USAMRIID team and MG Martinez-Lopez at bldg 1425, CDR office. Attendees included, MG M-L, (b)(6)

Discussed situation and progress/results to date. MG M-L reiterated need to review and revise policies on contamination detection, sampling, reporting. He wants RIID to formulate a policy letter (b)(6) responsibility) that anyone doing sampling must have approval by RIID HQ and coordinated with safety. This sampling must have an attached plan, rationale and chain of custody for safekeeping of data.
(b)(6) recommended the command (USAMRMC) consider conducting a 15-6 investigation based on the unusual circumstances and newly presented allegations by the initiating investigator as to mishandling of hazardous biological agents by a technician co-located with him in the contaminated office (#19, blg. 1425). MG M-L concurred. MG M-L felt that the affected area, in hindsight, should have been cordoned off on Thursday night rather than early Friday morning (18 Apr vs. 19 Apr). MG M-L recommended USAMRIID formulate a policy on when to close areas after positive results are received for evidence of contamination (b)(6) responsibility).
(b)(6) noted that 20 patients were seen total at the Med Div clinic on 19 Apr. Of those, 15 had nasal swabs and 7 were put on prophylactic antibiotics (see annotation of 18 Apr).

0925: (b)(6) left message at (b)(6) (OCLL) home number (b)(6) that Congressman Bartlett was visiting USAMRIID that morning at 1000.

0950: Congressman Bartlett and (b)(6), his aide, arrived at USAMRIID. See attached executive summary for details.

1050: Congressman and aide depart.

1105: Group reconvenes and discusses sampling plan and remediation plan for next 24 hours. Order of precedence is set for sampling HVAC and HEPA systems at RIID, the laundry center at Jeanie Bussard center (offsite), DIS equipment (FT Detrick/offsite) and analysis of results from 19 Apr as they become available later on 20 Apr.

MG M-L expressed desire to protect work force and (b)(6) decided to have a town hall meeting first thing (0800) 22 Apr in the Odom Fitness Center to discuss results, and reiterate risk communication to the work force. (b)(6) will reserve the fitness center.

(b)(6) and MG M-L decided to make a call on 21 April as to the status of re-entering the affected areas. Individuals were instructed to contact (b)(6) at USAMRIID later 20 Apr for exact time to meet 21 Apr.

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CHPPM team voiced concern about their lack of immunity to anthrax spores and asked for consensus on what personal protective gear they should use. Decision made to wear M100 series masks, gloves and assess them for antibiotic prophylaxis based on results of swabs.

(b)(6) discuss testing inside of lockers in the cold-side change rooms. (b)(6) delays testing prior to discussing action with JAG and HRO because of personal property concerns.

1210: Group broke up to conduct individual tasks and projects.

1225: (b)(6) departs FT Detrick for Walter Reed Army Medical Center to collect blood agar plates for continuing sampling mission. Action coordinated by (b)(6) telephonically to (b)(6), WRAMC commander.

1225: (b)(6) reports that 15 nasal swabs collected from patients presented 4-19-02 were all negative for growth. No further testing is conducted on these samples.

1300: (b)(6) receives phone message from MRMC SDO. Concerned individual from Hagerstown who processes laundry from cold change rooms went to personal physician. The physician needs a POC in USAMRIID medical division to consult. (b)(6) directed call to Med Div. at (b)(6)

1458: (b)(6) reports back to USAMRIID with 1000 BA plates from WRAMC. They are placed in AR 105/6.

1600: CHPPM team samples the maintenance shop, DIS, as well as the incinerator at FT Detrick (22 samples). Submitted for culture with results expected mid-day 21 Apr.

1800: CHPPM team travels to Jean Bussard laundry facility and collects 32 samples. Submitted for culture with results expected mid-day 21 Apr.

2000: (b)(6) informs group via email and telephone of 0800 meeting 21 Apr at HQ, USAMRIID.

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21 Apr 02

0750: (b)(6) contacts (b)(6) with negative results on growth of nasal swabs collected 20 Apr 02. (b)(6) states that if there's no growth at this point, then he feels comfortable calling them negative.

0800: EOC meeting, CDRs office, USAMRIID. MG Martinez-Lopez, (b)(6)

Update of samples: 816 samples taken from bldg 1425. 107 colonies isolated from 88 separate sites for further testing. All of those are negative for virulent anthrax by PCR.

The medical division clinic, since 19 Apr, saw 43 patients, with 35 receiving nasal swabs (15 from 19 Apr 02, 20 from 20 Apr 02, all negative), and 8 personnel receiving antibiotics (7 contractors, 1 CHPPM person).

Three non-pathogenic *Bacillus* spores were located during the sampling process: 1. *B. subtilis var. niger* found in AA505 (Mr. Wise's office). This variant is used for validation of sterilization procedures and is not an unexpected finding. 2. *B. anthracis, var. Sterne* was found in B5 suite (room 504) and AR 4-West (room 409). This, too is not unexpected as these are vaccine strains used for routing laboratory tests in a BSL-2 environment.

(b)(6) told the group that the spores isolated in the nasal swab from the worker exposed inside the B3 containment lab had the erythromycin resistance marker, where as those spores outside did not. THIS DE-LINKS THE TWO EVENTS.

MG Martinez-Lopez asked, based on the above fact, where the contamination came from. (b)(6) suggested that because of the suspicious nature of this event that USAMRIID will initiate a 15-6 investigation.

(b)(6) again stated that while he felt a need to sample the inside of the lockers in the B3 clean-side change room that he needed to consult with JAG to ensure it was legal and would not derail any findings of a 15-6.

(b)(6) mentioned the need to take samples from inside B1, which has not yet been done. This lab, a BSL2 level lab, has handled Capitol Hill samples in the past 6 months. No evidence of external contamination was found outside of B1 to date.

Besides B1 interior, the CHPPM team proposed to conduct composite sampling of areas previous found positive (B3 change room, room 019, and the passbox hallway between B2 and B3.

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MG Martinez-Lopez re-iterates need for USAMRIID to institute a system of checks and balances for future incidents involving industrial hygiene and a need to enforce a routine program for sampling.

Group discusses the need for a town hall meeting on 22 April.

0940: Meeting disburses.

0940: (b)(6), USAMRMC Ops arrives

0945: MG M-L and (b)(6) phone (b)(6) to relay the negative findings

0950: MG M-L and (b)(6) phone (b)(6) OTSG, to relay the negative findings

1000: MG M-L and (b)(6) phone (b)(6) ASD/NCB, to relay negative findings.

1005: MG M-L asks for an exsum on the briefing plan for the town hall meeting of 22 April. LTC Carr has responsibility.

1000-1400: Briefing plan and script compiled (b)(6) (b)(6) Press release for 4-22-02 drafted; final will be released upon receipt of results from the Jeannie Bussard and DIS samples. (b)(6) responsibility)

1155: Telecon from OTSG Ops regarding status of the events and the initial laboratory exposure of the workers. (b)(6) gave details of the initial incident and the updates on results, including the data de-linking the initial accident and the external contamination.

1230: OTSG Ops 21 phoned with questions regarding antibiotic dosage and regimen used in the exposed laboratory workers. (b)(6) answered (Cipro x 10-14 days; individuals were immunized, thus longer treatment isn't warranted per Med Division protocol).

1350: (b)(6) states that culture results from laundry, maintenance shop and incinerator appear non-pathogenic. Five colonies sent to get PCR done, although did not appear to be *Bacillus* species. Results expected in the next hour.

1415: (b)(6) phones MG M-L with provisional results. They decide to delay with a press release until early 22 Apr. (b)(6) given responsibility to formulate draft release.

1420: (b)(6) departs USAMRIID.

1430: (b)(6) departs USAMRIID.

1440: (b)(6) remove tape cordoning off B3 area.

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1456: (b)(6) phones (b)(6) with PCR results from laundry, maintenance shop and incinerator. All 54 samples are negative. (b)(6) departs USAMRIID.

1458: (b)(6) phones (b)(6) of the Jeanne Bussard laundry center (b)(6) (b)(6) and relays negative results for the samples taken on 4-20-02.

1459: (b)(6) phones (b)(6) USAMRMC/USAG and relays information that the samples are negative for the laundry, maintenance shop and incinerator.

1515: Daily sitrep sent to MRMC/OTSG Ops (b)(6)

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22 Apr 02
0800: Prebriefing meeting for the town hall. Attended by CHPPM team, (b)(6) Discussed outline of brief, and conducted a "murder board" of questions.

0815: (b)(6) notes that the two scientists exposed and treated from 8 Apr 02 incident received Cipro (not Doxycycline) for 30 days, not the 10-14 noted previously.

0830: LTC Andrews states an additional 30-50 samples processing with results expected this p.m. Plates may be + for B. anthracis for two, previously contaminated areas (office 19 and B3 mens cold change room). Also, CHPPM team turns in 4 plates for incubation collected from FT Detrick Sewage treatment facility.

0900: Town hall meeting convened. Approx. 400 attendees, including USAMRIID personnel, DIS personnel, firefighters, contractors, PMO reps and cleaning crew/laundry personnel. See attached exsum for details.
Q&A mostly about how this happened, and how safe was the building, who should be seen at med division and what the hazards are.

0950: Town hall ends.

1000: (b)(6) JAG, visits (b)(6) and gives draft 15-6 appointment letter along with instructions for completion.

1200 (b)(6) meets with contractors who need to have specific questions answered. (b)(6) facilitates. Approximately 20 workers attend. Meet in room across from rear security desk, bldg. 1425.
1240: Contractor briefing ends, (b)(6) facilities J&J contractor(?) asks for exsum updates from past two days. (b)(6) gives hard copies.

1250: (b)(6) receives notification from (b)(6) that two spores isolated from a book case in room 19 and the top of locker in B3 cold-side men's change room. Message put out to workforce on email distribution. (b)(6) notifies MG Martinez-Lopez.

1300: Medical Division receives complaints and phone messages from multiple contractors, asking for clarification of medical evaluations. (b)(6) works with USAMRAA, (b)(6), to correct. (b)(6) contacts Mr. Baker to provide information.

1330: (b)(6) receives message that total sterilization must be done, to include the inside of lockers in the mens change room of B3. Work starts immediately. Includes personal effects of occupants.

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1400: Letter of appointment for a 15-6 investigating officer hand carried to USAMRMC for MG M-L signature, then routed directly to JAG for distribution to officer, COL W. (b)(6), WRAIR.

1405: (b)(6) telephones (b)(6), MD Dept. Of public Health, to consult on notification process to local and state health officials. The notice of this incident did not go through official channels, which isn't technically required because of no illness outbreak, but should because of the sensitivity. (b)(6) emails a draft policy to (b)(6) (b)(6)

1500: Army Safety office, (b)(6) USAMRMC Safety office, (b)(6) and MEDCOM safety office, (b)(6), telephone (b)(6) to obtain biological incident safety report. LTC Carr refers to Dr. Hawley and his assistant, (b)(6) Because (b)(6) is away, (b)(6) asks and receives an extension to 25 Apr 02.

1540: (b)(6)

1550: (b)(6)

1530: B3E air handling units are confirmed negative (exhaust plenums for the B3 suites)

1700: (b)(6) telephones (b)(6) re: contacting contractors. He will handle for USAMRAA.

1700: (b)(6) provides (b)(6) with records annotating who has had access to contaminated areas in last 60 days, to include vaccine status. LTC Carr will provide to medical division for information and follow-up.

1715: (b)(6) JAG, phones (b)(6) to report that the 15-6 appointment orders are delivered to (b)(6) but he is protesting the appointment. More action to follow.

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23 Apr 02

0830: Division Chief meeting. Two groups (budget and loading dock personnel) want the north dock and the budget offices sampled for anthrax. (b)(6) and asks (b)(6) to arrange. Total number of samples tested= 953; 113 are from the CHPPM team and 840 are from the RIID teams) only two positive to date (noted in 22 Apr notes)

0915: Army Safety Office and MEDCOM safety office are asking for investigation on why the lag in reporting. COL Eitzen directs (b)(6) to draft biological defense mishap reports for the two incidents (inside the lab and the external contamination) for the DA safety. Action completed at 1430 and emailed to DA, MEDCOM and USAMRMC at 1430 and 1600.

0930: (b)(6) reports that the spore preparations from inside the laboratory isolated from (b)(6) were erythromycin resistant (erm plasmid) and the ones outside the lab all were erythromycin sensitive. This further de-links the two events.

0945: MAJ Maxham, MRMC ops, phones (b)(6) and tells her the exsum/sitrep of 22 Apr is amended at USAMRMC. Also needs confirmation and correction of the total number of samples.

1000: COL Eitzen attends a press conference along with (b)(6) (USMRMC and USAG reps) hosted by the Mayor of Frederick, Ms. J. Dougherty. Mr. (b)(6) is preparing an exsum on the contents of the conference. COL Eitzen hand-carries results of the 7 laundry center workers to the director, also at the conference.

1100: COL Eitzen returns from press conference.

1200: COL Eitzen receives notification that DA safety office intends to investigate the gap in the reporting time on the incidents.

1430: An AAR conducted at MRMC, bldg 810, on the incident. Attendees incl. COL Davies, COL Raulin, COL Eitzen, LTC Archibald, LTC Carr, MAJ Maxham, Mr. D. Allen, Mr. R. Spencer and Mr. C Dasey. Events reviewed, shortcomings identified and kudos noted. MAJ Maxham will draft minutes and also compile a flow-chart with a notification procedure to ensure smooth alert of all affected parties (military chain, OSD/HA, contractors, state and local officials, health departments, etc).

1500: Ms. Geckle, CHPPM risk communications, offers her assistance in initiating a program for USAMRIID and it's affiliated support workers. COL Eitzen accepts. Plans still TBD.

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MCMR-UIZ
SUBJECT: MFR on USAMRIID Contamination

24 Apr 02
0815: (b)(6) phones to inquire on status of decon and re-test. All equipment (books, papers, pictures) bagged and moved to BSL3. Furniture is wiped down.

0850: (b)(6) receives phonecon from (b)(6) asking about the radio reports in the DC area that USAMRIID had a confirmed 2nd anthrax outbreak. (b)(6) speaks to the contract workforce assembled and assures them no such thing happened. Mr. BC (b)(6) USAMRAA, contacted and informed to let the other contractors and subs know the media reports are incorrect and the building is safe.

0930: The 15-6 Investigating officer, (b)(6) arrives. (b)(6) briefs (b)(6) (b)(6) on the situation, provides him with paper files and a CD-rom with files from LTC (b)(6) computer. (b)(6) given an office in HQ area to work from and begins interviews.

1025: (b)(6) phones (b)(6) USAMRIID safety, to inquire on the decon status. The inside of the lockers still requires wiping down in the B3 change room with 1:20 dilute bleach solution. The carpet will be sprayed with bleach and vacuumed with an industrial vacuum.

1115: (b)(6)

1250:

(b)(6)
1500: (b)(6) USAMRMC PAO, phones (b)(6) requiring details about BSL3 lab procedures for a media request. There will be continuing coverage, according to Mr. (b)(6)

1635: AAR conducted at Bldg 810, USAMRMC. MG Martinez-Lopez hosts, COL (b)(6)
(b)(6) Ms. S(?)(USAG safety) attend. Topics include status of issues and updates to the present data. Approx. 1000 samples tested thus far, to include today's results from the USAMRIID budget office (negative). The medical clinic saw 6 patients, bringing the total to date to 102. MG M-L and (b)(6) are meeting with the Mayor of Frederick 0700 25 Apr 02 to discuss notification procedures. MG M-L needs to get RIID to call the J. Bussard laundry facility to see if the results of the civilian hazmat team's sample results of 20 Apr have returned. A general discussion of the safety reports ensued. MG M-L wants ALL incidents to be reported. The SIR was sent too late and should have been sent on the nite of 18 Apr, not the nite of 19 Apr. MG M-L wants a safety officer team meeting ASAP and charged the USAG rep to convene it in order to compile all the safety reports for the DA safety office inspection forthcoming (no date announced). (b)(6) has lead on formulating a plan for response and contact for future incidents.

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MCMR-UIZ
SUBJECT: MFR on USAMRIID Contamination

1800: Meeting adjourns.

1805: (b)(6), Bacteriology, commences composite sampling of the B3 men's change room and the office #19.

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MCMR-UIZ
SUBJECT: MFR on USAMRIID Contamination

25 Apr 02

0830: (b)(6) reports that the carpet was disinfected/decontaminated with a spray on disinfectant with surfactant properties and then vacuumed repeatedly. The carpet was swabbed for 20 different sites and the room swiped for 20 more (10 standard and 10 composite samples). The inside of the lockers in the B3 cold-side men's change room were decontaminated (1:20 bleach sol.) and re-sampled; 20 samples were taken. All results will be reported 26 Apr 02.

0900: (b)(6)

0915:

(b)(6)

1330-1700: (b)(6) meets with various groups to discuss safety matters, sampling plans and policies. Appoints (b)(6) as the head of after action follow-up. Dr. (b)(6) will integrate all policies to marry with the regulations and actual practices in the lab. Emphasis placed on safety reporting (must be done w/in 3 hrs. of notification---use the chain of command). Also an in-house risk communication plan is needed and Dr. (b)(6) directed by (b)(6) to coordinate with both (b)(6) (CHPPM) and LTC (b)(6) (Occ Health, WRAMC). Goal of all initiatives is to have a better response.

1705: (b)(6) phones to report that the samples of the Bussard Laundry facility taken by an independent civilian hazmat response team on 20 Apr are all NEGATIVE.

1730: Telecon between (b)(6) and MG Martinez-Lopez regarding plans of actions. MG M-L is satisfied that the correct actions are taking place.

1700: Several picks taken from the BA plates from office #19 cultured from late 24 Apr. Will be analyzed by PCR.

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MCMR-UIZ
SUBJECT: MFR on USAMRIID Contamination

26 Apr 02
0800: Negative results from all samples taken from office #19 and the B3 cold-side men's change room.

1600: Office and change room cleared for re-occupancy.

END OF CHRONOLOGY

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Lab #	Date Rc'd	Genus/species/strain	
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April, rubber moulding outside B3 passbox, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April, rubber moulding outside B3 passbox, colony #2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16Apr, rubber moulding outside of B3 passbox, colony#3
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, electrical junction boxes nest to B3 pass box, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, electrical junction box next to B3 passbox, colony #2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, electrical junction boxes near B3 passbox, colony #3
	4/23/02	*Bacillus anthracis-Ames*	sub of original slant; 16 Apr, top of lockers in B3 men's changeroom, colony#1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April, top of lockers in B3 men's changeroom coldside; colony#2
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant; 16 Apr, top of lockers in B3 men's changeroom coldside, colony #3
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant;16 April, shelf over sink in men's B3 changeroom coldside
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 April. Top of table in men's B3 changeroom coldside
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16Apr, Rm19, top of compouter CPU on KF desk, colony#1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 16 Apr, Rm19, top of computer CPU on KF desk, colony#2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, BI desk, pen holder, colony#1
	4/23/02	*Bacillus anthracis -Sterne strain*	original slant; 17Apr, Rm19, BI desk by penholder, colony#2
	4/23/02	*Bacillus anthracis-Sterne*	original slant; 17 April, Room 19, BI desk, back right of computer monitor
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, file boxes on top left shelf near exhaust vent, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, file boxes on top left shelf, colony #2
	4/23/02	*No Product*	original slant; 17Apr, Rm19,file boxes under exhaust vent, BI desk
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 Apr, Rm19, fileboxes over BI phone, topshelf, colony #1
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17 April, Room 19, file boxes over BI phone, topshelf, colony #2
	4/23/02	*Bacillus anthracis-Ames*	original slant; 17Apr, Rm19, File boxes on left shelf near
	4/23/02	*Bacillus anthracis-Ames*	original slant;17 April, Room 19, top left shelf of BI desk, near exhaust vent
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant; 17Apr, Rm19,desktop of BI, corner of room, not main desk.
	4/23/02	*Bacillus anthracis-Vollum 1B*	original slant; 17 April, room 19, top of bookcase in BI's corner of room
	4/23/02	*Bacillus anthracis-Ames*	original slant; Bacti reference #115: B301 mens change room; locker top
	4/23/02	*Bacillus anthracis-?Ames?*	original slant; Bacti reference #116; Rm 19 bookcase, rt. Inside door

Rec'd via email (b)(6)

6 MAY 02

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EXHIBIT 23

Worsham 18APRILS.XLS

18 April Survey

Sample	Location	Result
1	Hall B2/B3 Above electric junction box top of green	ENV
2	Underside of tile above junction box	ENV
3	White regulator rt of passbox	ENV
4	Big crack in wall above and rt of passbox	NG
5	tile where white conduit enters	NG
6	on top of big electric box	ENV
7	cir 9, cir 11 strip	ENV
8	pipes going into ceiling from PL-2CC-A	ENV
9	Top of -70 D0176	ENV
10	Top of -20 A0337	ENV
11	Sill on window to B2 opp passbox	ENV
12	Sill on window to B2 opp freezer E6784	ENV
13	Sill animal room	ENV
14	Top of ftreezer D9326	ENV
15	Sill across from D9326	ENV
16	Sill across from corrosive cabinet	ENV
17	B2 molding at airlock end	ENV
18	B3 molding at airlock end	ENV
19	Electrical strip over F01	ENV
20	Electrical strip over F02	ENV
21	Electrical strip over F03	ENV
22	Electrical strip over F04	ENV
23	Electrical strip over F05	ENV
24	Handle and molding of E6462	ENV
25	B2 moldng opposite passbox	ENV
26	Handle and molding of E6622	NG
27	Back top of same	ENV
28	card reader by airlock of B3	ENV
29	B3/B2 cage area Ledge behind AB schedule	ENV
30	B3/B2 cage area keyboard KR	NG
31	B3/B2 cage area Phone AB	NG
32	B3/B2 cage area keyboard PM	ENV
33	B3/B2 cage area keyboard AB	ENV
34	B3/B2 cage area Phone KR	NG
35	B3/B2 cage area floor AB	ENV
36	B3/B2 cage area chair arm AB	NG
37	B3/B2 cage area top of planner	NG
38	B3/B2 cage area fan AB	ENV
39	B3/B2 cage area behind floor molding by AB desk	ENV
40	Office 22 microwave control	ENV
41	Office 22 keyboard	ENV
42	Office 22 phone	ENV
43	Office 22 ceiling near vent	ENV
44	Office 16 shelf behind CPU	NG
45	Office 16 shelf with airplane	ENV
46	Office 16 keyboard	NG
47	Office 16 vent	ENV
48	office 18 drawer handle	NG
49	office 18 doorknob	ENV
50	office 18 bookshelf	ENV
51	office 18 rt side of desk	NG
SAMPLES FROM THURSDAY 18 APRIL PRIOR TO DECONTAMINATION OF HALLWAY AREA		

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EXHIBIT 24

DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
1425 PORTER STREET
FORT DETRICK, MARYLAND 21702-5011

REPLY TO
ATTENTION OF:

MCMR-UIM-R

29 April 2002

MEMORANDUM FOR RECORD

SUBJECT: Building 1425 Anthrax Contamination

1. On the afternoon of 18 April 2002, some time after 1630, I was informed by (b)(6) in private that some swipe samples performed by one of the scientists outside the B3 Laboratory were positive for *B. anthracis*. Testing throughout the night would be performed to evaluate whether those samples had virulence plasmids. The information was to be kept close-hold until it could be confirmed. I could inform my physicians if necessary. There would be a meeting at 0800 in the commander's office to decide on a course of action, should the specimens be determined to be virulent.

2. I immediately spoke with (b)(6) in private and advised him of what I had learned. We discussed potential response actions. We decided that this was an issue that would likely require both an internal and external announcement of some type. There would need to be an investigation to determine the extent of contamination and we would need to determine who might need prophylaxis. That evening, I made a list of questions that needed to be answered in the morning.

3. At 0800, a meeting was held in the commander's office which included telephonic contact with (b)(6) in Chicago, (b)(6) at the Medical Research and Materiel Command (MRMC) Headquarters, (b)(6) and others. It was determined that a press release would be written and it would be necessary to inform the employees in advance of the press release. A town hall meeting would be held at 1000 and 1030 hours, with the Bacteriology and Virology Divisions in the first group. Speakers would include (b)(6) -summary, LTC (b)(6) -sampling results, (b)(6) -safety aspects, and myself-medical assessment.

4. Immediately following the commander's meeting, I gathered my physicians and nurses in the Medical Division conference room to brief them and decide on a course of action. We felt that the risk of illness from the contamination was low, based on a couple of factors – there had been no illness amongst the workers thus far, it was possible that the contamination had existed already for some time, the hallway with the passbox contamination was remote and utilized by only a small number of individuals, most of the individuals who might be at risk were likely vaccinated, and it was unlikely there would have been much in the way of airborne contamination due to the air handling systems in the building. Based on this assessment we concluded the following:

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MCMR-UIM-R
SUBJECT: Building 1425 Anthrax Contamination

a. The individuals we would invite for evaluation were those who accessed B3 or the hallway in question. Any others who had concerns, we would be happy to see them, but didn't feel they needed evaluation. We didn't feel we needed to recommend prophylaxis for the general institute population nor even for those who worked in the laboratory, but if an individual wanted it, we would provide it.

b. We needed to be sure to maintain appropriate flow through the clinic; therefore, individuals would have to come by appointment – they could start making appointments at 1100 and we would begin seeing them at 1300.

c. We needed a spreadsheet to ensure we tracked who came and what assessments were done on them.

d. We needed to develop quickly an SF600 overprint form for in-house use that could be utilized to focus on key aspects of the patient assessment, including skin and lung exam, whether or not a nasal swab was done, whether the individual worked in the area of risk, and whether prophylaxis was indicated.

5. I was one of the speakers for the town hall meeting. The main thrust of my remarks were that my interest was the safety of everyone in the institute. My medical opinion was that the risk to the population in the institute was low and for those vaccinated, even lower. The reasons included: no illness had been seen, surface contamination did not translate to airborne contamination, air handling systems were functional, without a specific documented event, it was possible the contamination had been present for some time without illness, and the levels of contamination were very low. The individuals in the potential risk groups above were invited for evaluation.

6. My medical staff saw patients all afternoon (19 April 2002) and most of the next day (Saturday, 20 April 2002). In case we had a large number of patients, we decided to cancel any scheduled physical exams in the clinic the following week, but we would try to maintain the shot and bleed schedule. On Sunday, I had phone contact with one researcher who worked in Building 1412 and deemed her illness was unrelated. She ended up seeing a civilian physician. The week of 21-26 April 2002, we saw patients every day.

7. There were some common threads to what some of the patients told us. There was confusion amongst the population about which part of the building was contaminated. When we showed individuals the building floor plan, many concerns were alleviated. Many stated that they were not worried themselves, but they had been urged by family members to get tested or evaluated. Also, many just wanted to be reassured by having a nasal swab done.

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MCMR-UIM-R
SUBJECT: Building 1425 Anthrax Contamination

8. We maintained a spread sheet and kept SF600s on all the individuals evaluated. Overall, we saw 88 new individuals and did 57 nasal swabs. All swabs were negative. We continue to call back these individuals to ensure they learn of the negative test results. We placed nine individuals on 72 hours of medication (usually doxycycline), since that is what we have on hand the most. Seven of those individuals were laundry workers or their supervisors who collected laundry from the "clean" side of suite B3, where there had been a couple positive samples found. We ended up later discontinuing the medication when we decided the risk was low and the exposure that had occurred in the laboratory two weeks earlier was with a different strain. The eighth individual worked in facilities management, was very anxious asked to be treated. He decided not to continue after 72 hours. The ninth individual worked on the Center for Health Promotion and Preventive Medicine (CHPPM) environmental sampling team. He asked to start doxycycline as part of his standard protocol for unknown sampling. When I spoke with him two days later, he said he had not started the medication. I provided a daily list to the command of the number of patients we had seen and the number of nasal swabs done.

9. I was asked by the commander to call the laundry facility manager to offer to send a physician out to talk with her personnel and to answer any questions. We had seen two of the individuals from that facility over the weekend and they mentioned that their co-workers might appreciate it. I spoke with (b)(6), the manager on Monday, 22 April 2002. She said she did not want me to come out to the facility. She said she had already briefed her staff and everyone's concerns had been alleviated. She was afraid that if we were to come out now, it might cause more concern, but she thanked me for the offer. She had had many of her questions already answered by the personnel from CHPPM when they did the on-site sampling and really appreciated the work they did. In fact, she had only good things to say about the way Fort Detrick assisted with everything. I conveyed this information to the USAMRIID commander. I spoke again with Ms. (b)(6) on Thursday, 25 April 2002 to ask about the testing results done by an outside contractor – those were also negative.

(b)(6)

Chief, Medical Division

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EXHIBIT 25

SITREP

SMART-PM (USAMRIID)

DATES COVERED: 19APR02 as of 200600L APR02

LOCATION: Fort Detrick, MD

1. Situation. SMART-PM personnel have been tasked to support USAMRIID sampling efforts for *B. anthracis*.

2. SMART-PM actions in the last 24 hours (times O/A).

   a. SMART-PM began arriving at Fort Detrick at 1500hrs.

   b. Entire team present at 1855.

   c. Received in-brief from (b)(6) (XO).

3. Next 24 hours.

   a. Conduct duplicative sampling in areas previously sampled.

   b. Develop sampling plans for laundry and DPW locations. Conduct sampling at these areas.

   c. Continued support of USAMRIID.

4. Support. SMART-PM receives primary support from the USAMRIID.

5. Status.

   Personnel — Green
   Equipment — Green

6. Roster

(b)(6)		
	Team Leader/Epidemiologist	CHPPM-Main
	Industrial Hygienist	CHPPM-Main
	Operations/Env. Scientist	CHPPM-North
	Engineer	CHPPM-Main
	Industrial Hygienist	CHPPM-Main

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7. POC: (b)(6) via cellular telephone at (b)(6) or (b)(6)
(b)(6)

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EXHIBIT 26

SITREP

SMART-PM (USAMRIID)

DATES COVERED: 20APR02 as of 210600L APR02

LOCATION: Fort Detrick, MD

1. Situation. SMART-PM personnel continue to support USAMRIID sampling efforts for *B. anthracis* through epidemiological investigation focusing on procedural review and environmental sampling in presumed negative areas.

2. SMART-PM actions in the last 24 hours.

a. Attended morning meeting at 0900.

- Notable attendees included Congressman Roscoe Bartlett, MG Martinez, (b)(6)

- Pending the outcome of USAMRIID sampling, SMART-PM focuses sampling on presumed negative areas (cold side ventilation system, laundry, maintenance and repair shop, and incinerator).

- Reviewed procedures, made initial recommendations to modify procedures for conducting environmental sampling.

- Outlined how to proceed in the event of more positive results.

- USAMRIID employee briefing scheduled for 0800 on 22APR02.

- Identified need for risk communication specialist.

b. Pre-positioned air sampling equipment for additional sampling as needed.

c. Examined air handling system for cold side sampling locations.

d. Collected 2 samples from the air handling system.

e. Collected 22 samples from the maintenance and repair shop.

f. Collected 36 samples from the laundry facility.

g. USAMRIID continued laboratory analysis of ~650 samples previously collected.

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h. Requested Risk Communication Specialist from CHPPM-Main.

i. (b)(6) arrived at 0845 to replace (b)(6)

3. Next 24 hours.

a. Attend morning meeting.

b. Additional sampling as needed, based upon laboratory outcomes.

c. Continued support of USAMRIID.

4. Support.

a. SMART-PM receives primary support from USAMRIID.

b. Pending laboratory results, additional sampling materials may be required (2X2 Dacron gauze pads).

5. Status.

Personnel — Green
Equipment — Green

6. Roster

(b)(6)	Team Leader/Epidemiologist	CHPPM-Main
	Industrial Hygienist	CHPPM-Main
	Operations/Env. Scientist	CHPPM-North
	Industrial Hygienist	CHPPM-Main
	Industrial Hygienist	CHPPM-Main

7. POC: (b)(6) via cellular telephone at (b)(6)

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EXHIBIT 27

SITREP

SMART-PM (USAMRIID)

DATES COVERED: 21APR02 as of 212100L APR02

LOCATION: Fort Detrick, MD

1. Situation. SMART-PM personnel continue to support USAMRIID sampling efforts for *B. anthracis* through epidemiological investigation focusing on procedural review and environmental sampling in presumed negative areas.

2. Last 24 hours.

a. Attended morning meeting with USAMRIID staff and MG Martinez.

b. All samples post-initial positives (~800) have been negative for pathogenic *B. anthracis*.

c. (b)(6), risk communication specialist, arrived at 0900.

d. SMART-PM collected 109 samples in the USAMRIID building and 4 at the Fort Detrick water treatment plant.

e. Developed USAMRIID employee information message.

f. As per MG Martinez's instructions USAMRIID is to obtain the services of CHPPM for Industrial Hygiene/Occupational Health Procedures evaluation and development.

3. Next 24 hours.

a. Attend employee information meeting at post gymnasium.

b. End of mission SMART-PM mission is expected following employee information meeting (pending sample analysis).

4. Support.

a. SMART-PM receives primary support from USAMRIID.

b. No anticipated re-supply needed.

5. Status.

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Personnel – Green
Equipment – Green

6. Roster

(b)(6)	Team Leader/Epidemiologist	CHPPM-Main
	Industrial Hygienist	CHPPM-Main
	Operations/Env. Scientist	CHPPM-North
	Industrial Hygienist	CHPPM-Main
	Industrial Hygienist	CHPPM-Main
	Risk Com. Specialist	CHPPM-Main

7. POC: (b)(6) via cellular telephone at (b)(6)

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EXHIBIT 28

EOM SITREP

SMART-PM (USAMRIID)

DATES COVERED: 22APR02 as of 221500L APR02

LOCATIONS: Aberdeen Proving Ground and Fort Meade, MD

1. Situation. SMART-PM supported USAMRIID sampling efforts for *B. anthracis* through epidemiological investigation focusing on procedural review and environmental sampling in presumed negative areas.

2. Last 24 hours.

a. Provided copy of SMART-PM sampling log to USAMRIID for follow-up work.

b. Attended employee information meeting at post gymnasium.

c. (b)(6) declare SMART-PM at USAMRIID mission complete and team members returned to home stations (~1030hrs).

d. USAMRIID informs of two positives collected by SMART-PM (clean side locker room and book shelf in room 19).

e. SMART-PM faxed additional copies of sampling ledger and sampling summary.

3. Roster

(b)(6)	Team Leader/Epidemiologist CHPPM-Main
	Industrial Hygienist CHPPM-Main
	Operations/Env. Scientist CHPPM-North
	Industrial Hygienist CHPPM-Main
	Industrial Hygienist CHPPM-Main
	Risk Com. Specialist CHPPM-Main

4. POC: (b)(6) via cellular telephone at (b)(6)

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EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
1	19-Apr-02	SECURITY	YES	NEG	No	NONE		YES	No; was in pass box area one month ago	F/U 22-Apr-02, WNL, F/U PRN 25-Apr-02 notified pt of neg result.
2	19-Apr-02	LOG	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	In clean changing room past 2 wks	YES	Yes; clean changing room	F/U 22-Apr-02, WNL, Antibiotics D/C 25-Ap4-02 notified pt of neg result.
3	19-Apr-02	USAMISSA	NO	NEG	No	NONE		PRN	No	
4	19-Apr-02	VET MED	NO	NEG	No	NONE		NO	NO	
5	19-Apr-02	USAMISSA	NO	NEG	No	NONE		NO	No	
6	19-Apr-02	LOG	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	In clean changing room past 2 wks	YES	Yes; clean changing room	F/U 22-Apr-02, WNL except skin, Antibiotics D/C 25-Apr-02 notified pt of neg result.
7	19-Apr-02	BACT	YES	NEG	Yes;last 1990	NONE		YES	Yes; has used freezers in the corridor	F/U 22-Apr-02 Exam WNL, f/u pm 24-Apr-02 notified pt of neg result.
8	19-Apr-02	LOG	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	Linen worker	YES	Yes	F/U 23-APR-02, WNL, Antibiotics D/C/
9	19-Apr-02	FACILITY	NO	NEG	No	NONE		NO	No	
10	19-Apr-02	MED	YES	NEG	No	NONE		YES	No	F/U 22-Apr-02 results given
11	19-Apr-02	MED	YES	NEG	No	NONE		YES	No	F/U 22-Apr-02 results given
12	19-Apr-02	LOG	YES	NEG	No	NONE		YES	No; took coworker in corridor 1 mo. Ago	F/U 22-Apr-02 Exam WNL, f/u pm 24Apr-02 notified pt of neg result

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EXHIBIT 29

EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
13	19-Apr-02	OPS	NO	NEG	No	NONE		PRN	No	
14	19-Apr-02	LOG	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	In clean changing room past 2 wks	YES	Yes; clean changing room	F/U 22-Apr-02, WNL, Antibiotics D/C 25-Apr-02 notified pt of neg result
15	19-Apr-02	LOG	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	uncertain if in changing room;pt unsure she'll take	YES	Uncertain if entered suite	F/U 23-Apr-02, WNL, Antibiotics D/C 23-Apr-02 notified pt of neg result
16	19-Apr-02	LOG	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	In clean changing room past 2 wks	YES	Yes; clean changing room	F/U 23-Apr0-02,WNL, Antibiotics D/C 25-Apr-02 notified pt of neg result
17	19-Apr-02	BACT	YES	NEG	Yes	NONE		YES	Yes; used freezers/worked in B3	F/U 22-Apr-02, Check CBC, SMAC 20, And sedrate 25-Apr-02 notified pt of neg result
18	19-Apr-02	HRO	YES	NEG	No	NONE		PRN	No	24-Apr-02 notified pt of neg result
19	19-Apr-02	SAFETY	YES	NEG	No	NONE		YES	Yes; checks passbox uv each wk	25-Apr-02 notified pt of neg result
20	19-Apr-02	LOG	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	In clean changing room past 2 wks	YES	Yes; clean changing room	F/U 22-Apr-02, WNL, Antibiotics D/C 24-Apr-02 notified pt of neg result
21	20-Apr-02	LAUNDRY	NO		No	NONE		PRN	No; works off post	
22	20-Apr-02	EMS	NO		Yes	NONE		PRN	No	
23	20-Apr-02	DSD	NO		No	NONE		PRN	No	
24	20-Apr-02	DIS	YES	NEG	Yes	NONE		PRN	Yes; walked in hallway 1-2wks ago	Would like copy of results when available

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EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
25	20-Apr-02	TOX	Yes	NEG	No	NONE		PRN	No	25-Apr-02 notified pt of neg result
26	20-Apr-02	MED	YES	NEG	No	NONE		PRN	No	
27	20-Apr-02	DSD	YES	NEG	Yes	NONE		YES	Yes; her desk was positive	
28	20-Apr-02	FACILITY	YES	NEG	No	NONE		PRN	No	
29	20-Apr-02	MED	YES	NEG	No	NONE		PRN	No	
30	20-Apr-02	TOX	YES	NEG	No	NONE		PRN	No	
31	20-Apr-02	EMS	NO		No	NONE		PRN	No	
32	20-Apr-02	CHPPM	No		No	DOXYCYCLINE 100MG BID - Industrial Hygienist	Industrial Hygienist doing surveillance	PRN		
33	20-Apr-02	DSD	YES	NEG	No	NONE		PRN	No	
34	20-Apr-02	DSD	YES	NEG	No	NONE		PRN	Yes	
35	20-Apr-02	TOX	YES	NEG	No	NONE		PRN	No	
36	20-Apr-02	EMS	YES	NEG	No	NONE		PRN	No; entered corridor 4 wks ago	25-Apr-02 notified pt of neg result

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EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
37	20-Apr-02	SECURITY	Yes	NEG	No	NONE		PRN	No	
38	20-Apr-02	DSD	YES	NEG	No	NONE		PRN	No	
39	20-Apr-02	FACILITY	YES	NEG	No	DOXYCYLINE 100MG BID X3 DAYS	Alleviate Anxiety	YES	Yes; went down hall 1 week prior	F/U 22-Apr-02, WNL, Antibiotics D/C
40	20-Apr-02	DSD	YES	NEG	No	NONE		PRN	Yes; went to freezer once	
41	20-Apr-02	LAUNDRY	No		No	NONE		PRN	No; works off post	
42	20-Apr-02	EMS	YES	NEG	No	NONE		PRN	No	25-Apr-02 notified pt of neg result
43	20-Apr-02	EMS	YES	NEG	No	NONE		PRN	No	
44	21-Apr-02	BACT	No		Yes	DOXYCYLINE 100MG BID-prescribed by outside doc	Prescribed by outside doc in ER	YES	Yes; entered corridor in past two wks	
45	22-Apr-02		YES		NO	NONE		NO	No	
46	22-Apr-02	cleaning	YES		no	none		prn		examined by (b)(6)
47	22-Apr-02	Johnson Controls	YES		no	none		prn	no	
48	22-Apr-02	cleaning	NO		No	NONE		NO	no	Briefed by (b)(6), No care needed

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EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
49	22-Apr-02	MED	NO		No	NONE		PRN	No	
50	22-Apr-02		YES		No	NONE		NO	No	
51	22-Apr-02	Johnson Controls	YES		no	none		no	no	
52	22-Apr-02	cleaning			No				yes	Briefed by (b)(6) No care needed
53	22-Apr-02		YES		No	NONE		PRN	Yes	
54	22-Apr-02									
55	22-Apr-02	cleaning	no		no	none		no	no	Briefed by (b)(6) No care needed
56	22-Apr-02	MED	NO		No	NONE		PRN	No	
57	22-Apr-02	cleaning	NO		no	none		no	no	Briefed by (b)(6) No care needed
58	22-Apr-02	DIS	NO		Yes	NONE		PRN	No	
59	22-Apr-02	cleaning	NO		No	NONE		NO	no	Briefed by (b)(6) No care needed
60	22-Apr-02	cleaning	NO		No	NONE		NO	no	Briefed by (b)(6) No care needed

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EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
61	22-Apr-02		YES		No	NONE		PRN	No	
62	22-Apr-02	Fac. Man.	YES		No	NONE		PRN	No	
63	22-Apr-02	TOX	NO		No	NONE		NO	YES	
64	22-Apr-02	cleaning								Briefed by (b)(6) No care needed
65	22-Apr-02		Yes		No	NONE		PRN	No	
66	22-Apr-02		Yes		No	NONE		NO	No	
67	23-Apr-02	DSD	YES		Yes	NONE		PRN	YES	
68	23-Apr-02	DSD	YES		Yes	NONE		PRN	No	
69	23-Apr-02	DIS	NO		Yes	NONE		NO	Yes	
70	23-Apr-02	DIS	NO		Yes	NONE		PRN	YES	
71	24-Apr-02	BACT	NO	NEG	YES	NONE		PRN	YES	
72	24-Apr-02	CONT	NO		NO	NONE		NO	NO	

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EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
73	24-Apr-02	bact	YES	NEG	YES	NONE		PRN	YES	29-Apr-02 notified pt of neg result
74	24-Apr-02	VET MED	YES	NEG	No	NONE		NO	YES	
75	24-Apr-02	VET MED	YES	NEG	No	NONE		PRN	NO	29-Apr-02 notified pt of neg result
76	24-Apr-02	SAFETY	NO	NEG	No	ZYRTEC 10MG TAB X2	SX SECONDARY TO ALLERGIES	NO	NO	
77	25-Apr-02	CONT	YES	NEG	NO	NONE		PRN	YES	F/U X1Week for shin rash, Resp.
78	25-Apr-02	DIS	YES	NEG	NO	NONE		PRN	YES	29-Apr-02 notified pt of neg result
79	25-Apr-02	CONT	YES	NEG	NO	NONE		YES	No	Call 28 Apr 02, Monday 29-Apr-02 notified pt of neg result
80	25-Apr-02	CONT	YES	NEG	NO	NONE		PRN	YES	
81	25-Apr-02	DIS	YES	NEG	Yes	NONE		PRN	YES	29-Apr-02 notified pt of neg result
82	25-Apr-02	CONT	YES	NEG	NO	NONE		PRN	YES	
83	25-Apr-02	DSD	NO		NO	NONE		PRN		
84	26-Apr-02		NO		NO	NONE		PRN	NO	
85	26-Apr-02	DIS CONT	YES		NO	NONE		NO	NO	

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EVALUATION OF SUSPECTED ANTHRAX EXPOSURES

Count	Date	Division	SWABS	Results	Prior Vacc	MEDICATION	Reason for Medications	Requires F/U	In B2/B3 corridor/B3 lab past 2 wks	F/U COMMENTS
86	26-Apr-02	CONT	YES		NO	NONE		YES	NO; walked pass auto clav in back hallway	F/U 30-Apr-02
87	26-Apr-02	CONT	YES		NO	NONE		NO	YES; removed trash from BL3	call Tuesday for results
88	26-Apr-02	CONT	YES		NO	NONE		NO	NO; walked pass auto clav in back hallway	call Tuesday for results

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EXHIBIT 30

USAMRIID Regulation Number 385-3

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
FORT DETRICK, FREDERICK, MARYLAND 21702-5011

USAMRIID Regulation
Number 385-3*

1 November 1990

MICROBIOLOGICAL SAFETY

	Paragraph	Page
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Responsibilities	4	2
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1. PURPOSE

To establish policy and responsibility for a microbiological safety program at USAMRIID.

2. SCOPE

This regulation provides a general framework of reference for a microbiological safety policy. This policy will be implemented by supplemental instructions provided by Standing Operating Procedures as required by the Commander or Division Chiefs.

3. POLICY

a. Microbiological safety at USAMRIID is defined as a first-line responsibility. Authority for this function has been delegated to the Division Chiefs by the Commander.

b. Safety personnel, appointed by either the Commander or Division Chief, may recommend, advise, and implement safety policy and procedure in the name of their appointing officer.

c. USAMRIID Safety Office personnel are authorized by the Commander to enter any USAMRIID facility to inspect safety procedures at any time.

d. Unsafe conditions or procedures will be reported to the responsible Division Chief and the Safety Office.

* This regulation supersedes USAMRIID Regulation No. 385-3, Microbiological Safety, dated 1 March 1990.

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4. RESPONSIBILITIES

a. Commander

Responsible for the protection of all personnel assigned, detailed or attached to USAMRIID and for the effective implementation of safety policies and procedures.

b. Division Chief

(1) Responsible for the microbiological safety of personnel.

(2) Assures safety training and promotes continuing education for inexperienced and experienced personnel.

(3) Establishes and enforces immunization requirements and updates the immunization list as required (see USAMRIID Regulation 40-8).

(4) Establishes and implements control procedures for visitors.

(5) Ensures that only persons with adequate physical and mental health are permitted entry into biocontainment laboratories.

(6) Maintains an accident file for the division and insures that each accident involving human exposure is reported to the Occupational Health Nurse, U.S. Army Health Clinic, and/or Chief, Medical Division, as appropriate (see USAMRIID Regulation 385-40).

(7) Maintains a current list of microorganisms under study in the division (see USAMRIID Regulation 385-5).

(8) Appoints a safety representative for the division.

(9) Ensures that etiologic agents/biological products/diagnostic specimens shipped from the division are correctly processed and packaged (see USAMRIID Regulation 55-3).

c. USAMRIID Safety Office (see USAMRIID Regulation 385-69)

(1) Advises the Commander and Division Chiefs on matters of microbiological safety.

(2) Interprets, recommends, and implements safety policies and procedures.

(3) Provides professional assistance to eliminate or correct an unsafe environment, or equipment or behavior.

(4) Prepares regulations, Standing Operating Procedures and other instructions on safety when required.

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(5) Provides initial training in biocontainment laboratory operations and hazard communication.

(6) Coordinates safety procedures with Division Chiefs, Building Engineers, and the Fort Detrick Safety Office.

(7) Serves as the USAMRIID representative on matters on biological safety to the Fort Detrick Directorate of Engineering and Housing.

(8) Attends the Fort Detrick Post Safety Council Meetings.

(9) Maintains the USAMRIID accident file from which the annual accident report is prepared.

(10) Maintains the USAMRIID register of etiologic agents.

(11) Maintains a program to comply with requirements of the Occupational Safety and Health Administration's Hazard Communication Standard (29 C.F.R. 1910.1200). The Safety Office will maintain a Hazardous Chemical Inventory and Material Safety Data Sheets (MSDSs) for the Institute, accessible to all USAMRIID employees.

(12) Conducts inspections of laboratories on a quarterly basis to help identify potential problems.

(13) Acquires, develops, and/or updates self-paced training modules to meet the general safety requirements of personnel working with infectious, toxic, and chemical hazards in biocontainment laboratories.

d. Chief, Medical Division

(1) Supervises and conducts an immunization program in accordance with USAMRIID Regulation 40-8.

(2) Provides medical care for suspected and confirmed occupational illnesses of USAMRIID personnel.

(3) Provides consultation to Division Chiefs concerning the physical and mental health of employees and special immunization requirements.

e. Division Safety Representative

(1) Advises Division Chief on safety within the division and suggests ways to improve and maintain safety.

(2) Maintains liaison with the USAMRIID Safety Office.

(3) Prepares Standing Operating Procedures for operational uniqueness and specialized equipment and coordinates the procedures with the USAMRIID Safety Office.

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(4) Assists in the investigation of suspected and occupational illnesses.

(5) Performs monthly safety inspections (see USAMRIID Regulation 385-69).

f. Principal Investigators

(1) Implements USAMRIID safety regulations and those safety procedures unique to their division.

(2) Conducts on-the-job safety training for their personnel.

(3) Ensures that materials from containment suites have been properly decontaminated prior to their removal from the containment laboratory and obtains a safety clearance if required.

(4) Ensures that materials, microbiological in origin, shipped from the division are correctly processed and packaged (see USAMRIID Regulation 55-3).

g. All personnel.

(1) Practice good laboratory procedures to minimize the risk of accidents.

(2) Notify supervisor of any personal condition which might prevent them entering biocontainment laboratories such as recent tooth extractions, injuries and skin conditions.

(3) Report on-the-job injuries and accidents promptly to the immediate supervisor (see USAMRIID Regulation 385-40).

5. REFERENCES

a. USAMRIID Regulation Number 40-8, DRAFT. Special Immunizations.

b. USAMRIID Regulation Number 385-13, 1 November 1990. Shipment of Etiological Agents.

c. USAMRIID Regulation Number 385-5, 1 November 1990. Registration, Control, and Deregistration of Infectious Microorganisms.

d. USAMRIID Regulation Number 385-40, 1 November 1990. Accident/Illness/Incident of Potential Hazard Exposure Reporting, Records, and Investigations.

e. USAMRIID Regulation Number 385-69, 1 November 1990. Biocontainment Laboratory Operations (Biosafety Levels 3 & 4).

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f. Occupational Health and Safety Administration, Title 29 Code of Federal Regulations Part 1910.1200, U.S. Department of Labor, Washington, D.C., 1 July 1988. Hazard Communication.

SGRD-UIM

FOR THE COMMANDER:

OFFICIAL:

(b)(6)

LTC, MS
Deputy Commander for Administration

(b)(6)

Military Personnel Officer

DISTRIBUTION:
A

The proponent agency of this regulation is the Safety Office, USAMRIID. Users are invited to send comments or suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, U.S. Army Medical Research Institute of Infectious Diseases, ATTN: SGRD-UIA-A, Fort Detrick, Frederick, Maryland 21702-5011.

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U.S. Army Medical Research Institute of Infectious Diseases

Safety and Radiation Protection Office

ALERT ROSTER

(12 September 2001)

(b)(6)

THIS INFORMATION IS CONFIDENTIAL IN NATURE AND WILL NOT BE DISCLOSED TO THIRD PARTIES. THE LAST PERSON TO BE CONTACTED WILL CALL THE FIRST PERSON IN THE COLUMN TO CONFIRM EACH INDIVIDUAL CONTACTED. THE FIRST PERSON OF EACH COLUMN WILL THEN NOTIFY THE RECALL INITIATOR TO CONFIRM WHO WAS CONTACTED AND WHO WAS NOT.

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EXHIBIT 31

Headquarters USAMRIID Regulation Number 385-69
United States Army Medical Research
Institute of Infectious Diseases
(USAMRIID)
Fort Detrick, Frederick, Maryland 21702-5011
1 March 1995 Effective 1 March 1995*

BIOCONTAINMENT LABORATORY OPERATIONS (Biosafety Levels 3 and 4)

Summary. This regulation establishes policies and procedures for biocontainment laboratory operations (biosafety levels 3 and 4) within facilities of USAMRIID.

Applicability. This regulation applies to all personnel and facilities of USAMRIID.

Supplementation. Supplementation this regulation is prohibited without prior approval from the Safety Office and Executive Officer.

Suggested improvements. The proponent of this regulation is the Safety Office, USAMRIID. Users are invited to send comments or suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, U.S. Army Medical Research Institute of Infectious Diseases, ATTN: MCMR-UIZ-S, Fort Detrick, Frederick, Maryland 21702-5011.

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*This Regulation supersedes USAMRIID Regulation No. 385-69, BIOCONTAINMENT LABORATORY OPERATIONS (Biosafety Levels 3 & 4), dated 1 December 1990.

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1. PURPOSE

This regulation establishes policies and procedures for safe operations within biosafety levels (BL)-3, BL-3A, and BL-4 biocontainment laboratories (suites) within facilities of the United States Army Medical Research Institute of Infectious Diseases (USAMRIID).

2. RESPONSIBILITIES

a. Commander

Responsible for implementing policies and procedures for safe operations in USAMRIID BL-3, BL-3A, and BL-4 biocontainment laboratories to protect all personnel and the environment.

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b. Division Chief

(1) Responsible for the microbiological safety of personnel.

(2) Assure safety training and promote continuing education for inexperienced and experienced personnel.

(3) Comply with appropriate safety procedures for etiologic agents used within the Division.

(4) Appoint a safety representative for the division.

(5) Assign the Division safety representative or NCOIC to inspect or survey each containment suite monthly. The safety representative will complete USAMRIID Form 51, paragraphs 1 and 2 (see Appendix J). The report will be forwarded to the USAMRIID Safety Office by electronic mail (E-Mail).

(6) Establish and enforce immunization requirements and update the immunization list as required (see USAMRIID Regulation 40-8).

(7) Establish and implement control procedures for visitors.

(8) The supervising division chief and Chief, Medical Division, will ensure that only physically sound and mentally stable personnel are assigned to BL-3, BL-3A, and BL-4 biocontainment laboratories.

(9) Maintain an accident file for the division and ensure that each accident involving human exposure is reported to the Occupational Health Nurse, U.S. Army Health Clinic, and/or Chief, Medical Division, as appropriate (see USAMRIID Regulation 385-40).

(10) Maintain a current list of etiological agents under study in the division (see USAMRIID Regulation 385-5).

(11) Ensure that etiological agents, biological products, or diagnostic specimens shipped from the division are correctly processed and packaged (see USAMRIID Regulations 55-4 and 385-13).

(12) Ensure that Minimum Essential Training (MET) program is current and documentation available for review upon request.

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c. Supervisors

(1) Supervisors will ensure that appropriate safety orientation and training is conducted and documented for each new employee whose duties require entry into biocontainment laboratories. The supervisor will ensure that the employee attends the laboratory safety operations training conducted by the USAMRIID Safety Office at the first opportunity and any further training, such as BL-4 area procedures and ventilated suit training, that may be deemed appropriate. Documentation of training (see Appendix N) for each employee will be maintained by the Safety Office. This will include a mandatory reading of this regulation (USAMRIID Regulation 385-69) and an orientation by the supervisor or his designated representative in the general practices, procedures, and techniques in the containment laboratories. Orientation on general techniques must be accomplished before first entry into biocontainment areas.

(2) Training in general techniques or techniques unique to a specific area is the responsibility of the supervisor. Training will be documented and will include as appropriate:

(a) Personal emergency procedures: personnel assistance alarms, communication equipment, fire alarms, emergency gas shutoff valves, and procedures during and after normal duty hours.

(b) Operations in Class II and III biological safety cabinets (BSC), i.e., types of cabinets and procedures within the cabinets (for example, pipetting, disposal of infectious material, and clean-up).

(c) Use of syringes with infectious material; the disposal and transport of syringes from cabinets to animal rooms; how to expel air from loaded syringes or, when necessary, how to safely remove a needle from the syringe; and procedures for inoculating animals with infectious material.

(d) Centrifugation procedures: use of sealed rotors and tubes, safety cups, evacuation of certain centrifuge chambers, and rotor-lifting devices.

(e) Orientation program on the Occupational Safety and Health Administration's standards for Hazard Communication (29 CFR 1910.1200) and/or Occupational Exposure to Hazardous Chemicals in Laboratories (29 CFR 1910.1450).

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(f) Use of disinfectant traps and HEPA filters on vacuum lines (central house vacuum system, centrifuges, and portable vacuum pumps).

(g) Management of accidents (animal bites, self-inoculation with needles, infectious spills inside and outside biological safety cabinets, centrifuge accidents, etc.).

(h) Ventilated suit operations in BL-4 biocontainment suites. Training should include procedures for testing the integrity of the suit and for disinfecting the inside of the suit.

(i) Autoclave operation and preventive maintenance.

(j) Care and handling of nonhuman primates.

(k) Use and operation of laminar flow animal-housing systems.

(l) Handling, storage, and labeling of compressed gases (AR 700-68 and CGA P-1).

(m) Use, selection, maintenance, and cleaning of respirators and the Racal Breathe-Easy™ system (USAMRIID Regulation 385-15).

(n) UV light passbox procedures.

(3) Self-paced training modules, which can be used to meet the above requirements, are available from the USAMRIID Safety Office (see Appendix H).

d. Safety Office

(1) Respond to, and evaluate, emergency situations.

(2) Publish a list of USAMRIID regulations, standing operating procedures (SOPs), and other pertinent publications that must be posted in each laboratory (each laboratory may have different requirements).

(3) Ensure operation of ultraviolet (UV) lights in passboxes, airlocks, biological safety cabinets, and over linen containers. Safety Office personnel will replace UV light bulbs in passboxes and in biological safety cabinets. Building engineers will replace UV light bulbs in all other locations.

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(4) Maintain programs to comply with requirements of the Occupational Safety and Health Administration's standards for Hazard Communication (29 CFR 1910.1200), Bloodborne Pathogens (29 CFR Part 1910.1030), and Occupational Exposure to Hazardous Chemicals in Laboratories (29 CFR 1910.1450). The Safety Office will maintain material safety data sheets (MSDS) for the Institute to be accessible to all USAMRIID employees.

(5) Conduct quarterly audits of laboratories to help identify potential problems using the safety surveys found in Appendices K and L as a guide.

(6) Acquire, develop, and update self-paced training modules to meet the general safety requirements of personnel working with etiological agents and chemical hazards in biocontainment laboratories.

(7) Establish policies and procedures to monitor biological safety cabinets. Establish criteria for acceptable conditions of operating biological safety cabinets (Standard Number 49, National Sanitation Foundation). See USAMRIID Regulation 385-7, Biological Safety Cabinet and Chemical Fume Hood Monitoring and Calibration Program, for areas of responsibility for Safety Office personnel, suite supervisors, primary users, and the division safety representative.

(8) Establish policy and procedures for decontaminating equipment before removing it from biocontainment suites within USAMRIID in accordance with USAMRIID Regulation 385-2, Airlock Decontamination of Equipment and Materials.

3. POLICY

a. Safety is the responsibility of all USAMRIID personnel. All USAMRIID facilities and personnel must comply with federal, state, and local requirements for laboratory operations at biosafety levels 3 and 4 containment and any additional requirements contained in this regulation.

b. Authorization for Admittance.

(1) Persons shall be authorized to enter a biocontainment laboratory only if their presence is required on the basis of program or support needed, if required immunizations are completed, and if electronic access has been granted (see also paragraph 3.c.(1)). Such persons will be made aware of potential hazards and will comply with all entry and exit procedures defined in paragraph 4.b. of this regulation.

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(2) Persons who have had surgical procedures or injuries involving significant alteration to the normal integrity of the skin will be evaluated by Medical Division physicians. The Chief, Medical Division, may revoke permission to enter a biocontainment area after considering all aspects of the risk involved and after consulting with the division chief or division representative (acting division chief or division safety representative).

(3) Women assigned to containment laboratories are required to notify their division chief as soon as pregnancy is suspected so that risk can be avoided. Pregnant women may elect to be assigned duties outside of a containment laboratory. Transfer to other areas will be arranged by the appropriate division chief in coordination with the Resource Management Office.

c. USAMRIID Personnel.

(1) At-risk personnel will be immunized in accordance with USAMRIID Immunization Committee policies. Policies are based upon required immunizations or prophylactic measures established by the Division Chief for suites under their control (USAMRIID Regulation 385-3).

(2) Before entry into a containment suite, immunization or baseline skin tests, medical or serological examination, as prescribed for the particular infectious agents in use, must be completed (USAMRIID Regulation 40-26, Medical Service - Health Screening of Personnel Participating in the Special Immunizations Program). All personnel must be screened by the U.S. Army Health clinic occupational health nurse for:

(a) Medical history for personnel assigned to containment areas or other areas that involve risk.

(b) Respiratory protection program.

(c) Radiation protection program (personnel working with radioisotopes).

(d) Auditory screening and use of ear protection (personnel who wear ventilated suits in BL-4 containment suites).

(e) Safety glasses (plano or prescription) for personnel who work with nonhuman primates and others with a requirement for safety glasses.

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(f) Tuberculosis surveillance program (USAMRIID Regulation 40-14).

(g) Human immunodeficiency virus (HIV) testing (USAMRIID SOP, Occupational Health Screening for Entry To and Work in Containment (BL-3 and BL-4) Laboratories).

(3) Personnel seeking entrance to a containment suite to which they are not regularly assigned may enter if they have a valid reason for the visit, if they are properly immunized or protected against agents currently in use, and if they have prior approval from the Commander, and the division chief responsible for the containment suite.

(4) Personnel not cleared for entry into a containment suite will not enter beyond the external (non-containment or "clean") change room of any suite on which the yellow sign, "INFECTIOUS AREA," is posted.

(5) Personnel scheduled to terminate their service at USAMRIID will not enter a containment area within 14 days before separation or transfer.

d. Other personnel:

Visitors, service, and contractor personnel not regularly assigned to USAMRIID buildings must have Safety Office approval prior to entry into a biological containment suite and be adequately protected from exposure to etiological agents. "Adequately protected" is interpreted to mean:

(1) The visitor enters only the non-containment areas of the building; or

(2) Before entry into a biocontainment suite, immunization or base line skin tests, medical or serological examination, as prescribed for the agents in use, must have been completed, and personal protective clothing and equipment (PPC&E) training has been provided by the Safety Office.

(3) If (b) above is not complete and admission is required, then:

(a) After approval from the Commander and the division chief responsible for the containment suite, the visitor will use a Racal Breathe-Easy™ system or half-face or full-face HEPA-filtered respirator mask approved by the Safety Office (after documentation of medical clearance); or

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(b) Infectious work or work with toxins will be suspended, decontamination performed, and the area declared safe to enter.

(4) While in a containment suite, visitors will be accompanied at all times by a member of the Building Engineering Office, Safety Office, or division staff, and exposure will be kept to a minimum, regardless of whether immunization has been accomplished.

(5) When maintenance personnel are authorized to enter a containment suite, these personnel shall be advised of any unusual situation within the suite which could be hazardous, such as spills or leaks.

4. PROCEDURES:

a. Signs.

(1) Yellow biohazard signs will be posted on airlock and change room doors to containment suites:

INFECTIOUS AREA, AUTHORIZED PERSONNEL ONLY

Signs will be covered or removed if the area has been decontaminated and certified as such by the USAMRIID Safety Office.

(2) Yellow biohazard signs must be posted on the outside surface of emergency exits to containment suites:

INFECTIOUS AREA, NO ENTRANCE

(3) Yellow and black signs will be posted on airlock and other doors as appropriate:

CAUTION
ULTRAVIOLET LIGHT
WEAR EYE PROTECTION

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(4) An up-to-date list of all immunizations required for entry into the suite, the universal biohazard sign, and the name and telephone number of a responsible individual will be posted by the suite supervisor on the door leading from the external change room to the internal ("contaminated") change room.

(5) In the event that agents being used in any one suite are limited to those classified at BL-3A or lower (as defined by the American Committee on Arthropod-borne Viruses and/or CDC Classification of Etiologic Agents on the Basis of Hazard), the division chief, with the concurrence of the USAMRIID Safety Office, may declare the suite a BL-3A area. A suite so designated will have the following sign posted on all entry doors during the period of designation:

BIOSAFETY LEVEL 3A AREA

A wrap-around gown (not a lab coat) worn over street clothing and shoe covers over street shoes, must be worn at all times in the suite. The gown and shoe covers will be left within the suite upon exiting. As an option, color-coded LONG-SLEEVED laboratory clothing (scrub suits) and laboratory shoes (work shoes or sneakers) may be worn in the suite. Exit showers are not required.

(6) All signs are available from the USAMRIID Safety Office.

b. Entry and Exit Procedures.

(1) Personnel entering a suite designated a BL-3A area, as indicated by a posted sign described in paragraph 4.a.(5), will wear a wrap-around gown (not a laboratory coat) over street clothing, and laboratory shoes at all times within the suite. As an option, color-coded LONG-SLEEVED laboratory clothing (scrub suits) may be worn. The wrap-around gown and laboratory shoes dedicated for use only in the laboratory will be left in the internal or "contaminated" change room after completion of work and exit from the laboratory. Alternatively, street shoes covered with disposable "booties" may be worn inside the suite. After completion of work and upon exit from the laboratory, booties will be discarded in the internal or contaminated change room. Exit showers are not required when leaving these designated areas, but hands will be washed before exit. With the exception of clothing change and showering requirements, all other portions of this regulation pertaining to BL-3 will apply and will be adhered to by personnel working in BL-3A areas.

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(2) Personnel must always enter containment suites through the external change rooms and exit through the shower stalls (as described in 4.b.(4)(e)) except in an emergency. Entrance or exit will not be accomplished by means of the material passage airlocks located by the suite autoclave.

(3) Only laboratory shoes (work shoes or sneakers) will be worn inside containment suites. Shower clogs will not be worn into the suite beyond the contaminated change room, nor will sneakers or work shoes from containment suites be worn outside such areas. Extra sneakers will be provided for visitors and maintenance personnel. Footwear will be left in the internal (contaminated) change room after completion of work.

(4) Unless a biocontainment suite has been designated a BL-3A area and posted as described in paragraph 4.a.(5), the following entry and exit procedures must be followed:

(a) After entering the external change room, street clothes including underwear are removed and stored in lockers provided. Color-coded LONG-SLEEVED laboratory clothing (scrub suits) must be worn. Wearing a cap is optional, but hair must be washed if cap is not worn or if hair is not contained within the cap. Shower shoes may be worn from the external change room to the internal change room where they will be replaced with sneakers or work shoes before entry into the laboratory area. Upon exit from the external change room, the shower shoes will be worn in the shower and stored in the individual's locker in the external change room.

(b) Color-coded, LONG-SLEEVED laboratory clothing (scrub suits) is authorized for wear inside containment suites and will <u>never</u> be worn outside these areas. Coveralls, laboratory coats, and white laboratory clothing will be provided for personnel who work in other areas of the building. <u>White</u> laboratory clothing will be permitted only in non-containment areas.

NOTE: Color-coded, SHORT-SLEEVED scrub suits may ONLY be worn in non-containment animal surgery areas (for example, room AR-112).

(c) Eyeglasses and any jewelry worn in containment suites must be scrubbed with disinfectant or worn during the exit shower.

(d) When leaving a containment suite, all objects will be removed from the laboratory clothing, which is then placed in the laundry bag in the internal change room. Shoes are stored on appropriate shelves or in a designated area.

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(e) Personnel must shower thoroughly with soap before leaving the suite. Personnel exiting a containment suite through the airlock or without taking a shower will be subject to disciplinary action (AR 690-700, Interim Change No, I05 and I06).

c. PERSONAL OPERATIONS (Smoking, Drinking, Eating, etc.)

(1) Smoking is prohibited within all USAMRIID facilities. Drinking coffee, soft drinks, and eating within the containment suite will be confined to the designated office area within the suite.

(2) Employees entering the designated office area from laboratories where work with etiological agents or animals was in progress must wash their hands thoroughly before entering the designated office area.

(3) Upon exiting from laboratories where work with etiological agents or animals was in progress, employees will remove their wraparound outer garment (gown) or laboratory coat and will either change into a clean scrub suit or use a clean wraparound outer garment covering the scrub suit before entering the designated office area.

(4) Food and drink for human consumption will be stored only in refrigerators or other rodent and insect-proof containers within the designated office area. These containers will not be used for storing any other substances (for example, chemicals, reagents, cultures, etc.).

(5) Employees are not permitted to shave in the internal ("contaminated") change room area.

(6) Notebooks, computer disks, library books, and other office items that have never left the confines of the office area of the suite may be removed to the outside area (non-containment) through the UV light passbox.

d. Airlocks.

(1) Airlocks will be kept empty and will not be used as a storage area (except for compressed gases). Airlocks will be used only for moving supplies into and out of the suite.

(2) Airlock door interlocks will be activated at all times so that only one door can be opened at any one time.

(3) UV lights will be kept on at all times except when personnel, animals, or cell cultures are within the airlock.

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(4) Personnel from containment suites and personnel from outside these areas must not meet inside an airlock. The center drain line serves as a reminder boundary which should not be crossed by persons from either side. Communication should be accomplished by using the airlock intercom, if available.

(5) Wash water used to clean hallways or containment suites will not be allowed to run beyond the drain of an airlock.

(6) Airlocks should be cleaned with a disinfectant-soaked mop and should never be flooded or hosed with water.

(7) Airlock decontamination of equipment will be accomplished according to USAMRIID Regulation 385-2, Airlock Decontamination of Equipment and Materials.

e. Equipment and Supplies.

(1) Equipment known to be or suspected of being faulty will not be operated. Mechanically unsafe equipment will be tagged immediately and reported to Medical Maintenance.

(2) Equipment to be serviced will be adequately decontaminated and, if feasible, removed from containment areas. Items or equipment to be serviced by Medical Maintenance must be labeled with USAMRIID Form 14 containing appropriate information (USAMRIID Regulation 385-2, Airlock Decontamination of Equipment and Materials).

(3) Regulators, valves, connections, etc., for compressed gas cylinders and equipment using compressed gases will not be lubricated; however, there is no safety requirement that prohibits the use of lubricants on other moving mechanical parts in containment suites.

(4) Laboratory gas burners will be turned off at the valve nearest the steel gas line before personnel leave a laboratory at the close of the working day, and during any prolonged absence from the laboratory (for example, lunchtime). Open flames of any type will not be left unattended. Gas will not be turned off at the burner, nor will the pilot light be left on overnight. Such practices may permit escape of gas through worn tubing with consequent hazard of fire or explosion.

(5) Supplies should be uncrated in non-containment areas to avoid the necessity for decontaminating empty cartons, boxes, and packing materials.

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f. Flammable Liquids.

(1) Flammable liquids (working stock amounts) will be stored in "explosion proof" refrigerators only if the flash point is above the refrigerator temperature and only if the internal wiring of the refrigerator has been certified to be spark-free.

(2) Ethyl ether will be stored in a cool place, preferably an explosion-proof refrigerator. The date of opening of container shall be indicated on the container. At the end of six months, the material shall be evaluated or tested for continued safe use or safely discarded. Ether and ether-containing solutions shall be disposed of before the expiration date indicated on the container. Because of its high volatility and flammability, ether and ether-containing solutions shall be kept away from flames or sparking devices. Consult the MSDS for ether compounds for further storage and handling information.

(3) Flammable liquids from containment suites will not be disposed of by autoclaving or by pouring into building drains, but will be collected in safety containers. Disposal of contaminated flammables will be arranged through the USAMRIID Safety Office (see USAMRIID Regulation Number 385-10, Disposal of Hazardous Chemicals).

g. Registration, Storage, and Transport of Etiological Agents.

(1) All BL-2, 3, and 4 microorganisms as defined in HHS Publication No. (CDC) 93-8395, and toxins, will be registered and approved for use in accordance with USAMRIID Regulation Number 385-5, Registration, Control, and Deregistration of Etiological Agents.

(2) Infectious agents and toxins will be stored only in refrigerators, incubators, or freezers marked with the universal biohazard sign.

(3) All infectious agents and toxins stored in refrigerators or freezers must be properly labeled and stored in containers capable of withstanding the thermal shock of freezing and thawing.

(4) When work is completed, all infectious cultures and toxins will be removed from work benches and cabinets and stored in a designated refrigerator or freezer. If materials are to be discarded, they will be placed in an appropriate disinfectant, autoclaved, or confined in closed, labeled containers (for example, "CONTAMINATED, TO BE AUTOCLAVED").

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(5) Glassware containing infectious liquids must be stored and transported in leakproof containers large enough to contain the fluid in case of breakage or leakage.

(6) Infectious materials designated for long-term, controlled storage will be submitted to the Etiological Agent Control Officer in accordance with USAMRIID Regulation 40-20, Control and Security of Stored Infectious Biological Samples.

(7) Primary containers of infectious materials or toxin-containing substances for transfer between containment suites will be placed in a secondary, unbreakable container with solid sides and bottom and a tight cover, and surface decontaminated. The secondary container will be labeled with the universal biohazard sign. The name of the sender and the destination of the contents must be included on a label on the container.

(8) Etiological agents or recombinant materials will be shipped off-post in accordance with USAMRIID Regulation 385-13, Shipment of Etiologic Agents (1 November 1990, Paragraph 2.a.(3)). USAMRIID Form 11-R (Nov 92), "U.S. ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES SHIPMENT REQUEST," will accompany each package forwarded to the Chief, Materiel Services in preparation for shipment. For BL-1, BL-2, BL-3 agents, division chief approval is required. The Commander, USAMRIID, will approve any requests for shipments to persons who are not affiliated with an institution or agency (for example, physicians in private practice). The request is sent through the USAMRIID Safety Office. The Chief of Materiel Services, USAMRIID, is the sole USAMRIID representative authorized to ship hazardous materials. Such materials will be processed in accordance with USAMRIID Regulation 385-13, Title 42, Code of Federal Regulations (CFR), Part 72 and 49 CFR 173.386, 49 CFR 173.387, 49 CFR 173.388, and the International Air Transport Association Dangerous Goods Regulations.

(9) The Commander, USAMRIID, will approve all requests for shipment of BL-4 agents.

h. Laboratory Techniques.

(1) General procedures:

(a) Biological safety cabinets (see Appendix G) will be used for all procedures with infectious agents and toxins. No work involving infectious materials (BL-2 or greater) will be conducted in open vessels on an open bench, unless personnel are wearing the proper safety equipment.

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(b) Latex or plastic examination ("surgical" or "medical") gloves must be worn when handling infected animals, or infectious agents or toxins. An appropriate disinfectant (see Appendix E) will be used for surface decontamination of gloves within the safety cabinet.

(c) The careful performance of certain laboratory procedures with infectious agents or toxins must be emphasized because some procedures can generate small-particle aerosols. Procedures include, but are not limited to (a) high-speed blending, mixing and grinding, (b) agitation, (c) centrifugation in unsealed table-top centrifuges, (d) sonication, and (e) opening vials of lyophilized cultures. These procedures will be confined to biological safety cabinets or hoods. If biological safety cabinets or hoods are not available, the Safety Office will be contacted, the operation will be discussed in terms of potential hazard, and, if necessary, a procedure tailored to meet the need.

(d) Employees working with infectious or toxin-containing materials will keep their hands away from their mouth, nose, eyes, and face to minimize self-inoculation.

(e) Doors to all microbiology and toxinology laboratories and rooms housing infected animals or toxin-containing animals will remain closed at all times except for necessary entry and exit.

(f) Disposable items should be used whenever possible.

(g) Consideration will be given to the elimination of sharps and points by using plastic items, blunt-end needles, rounded-point scissors, mortar and pestle instead of a glass tissue grinder, etc., depending on the degree of agent hazard involved.

(h) All work surfaces will be decontaminated after use, and immediately after any spill or release of infectious material or toxin-containing material.

(i) Eye protection (for instance, splash goggles, face shields, full-face respirators, and the Racal Breathe-Easy™ system) will be worn during procedures involving a splash hazard such as, but not limited to, inoculation of animals with infectious or toxin-containing material and necropsy of infected or toxic animals. Safety glasses will be worn for protection against impact hazards.

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(2) Pipettes:

(a) Mouth pipetting is not permitted in any laboratory; mechanical pipetting devices will be used. Any pipetting manipulations which may result in the formation of infectious or toxin-containing aerosols must be done in a biological safety cabinet.

(b) Pipettes used for infectious or toxin-containing materials will be plugged with cotton.

(3) Syringes:

(a) A needle-locking hypodermic syringe will be used whenever possible.

(b) The use of syringes for making dilutions is discouraged. Dilutions for plating, cell culture inoculation, etc., will be made in capped plastic tubes with a mechanical pipettor.

(c) Use an alcohol-soaked pledget around the needle and stopper when removing a syringe and needle from a rubber-stoppered vaccine bottle containing infectious material.

(d) Needles will not be removed from syringes or multi-draw adapters and the needle covers will not be replaced after removal. However, when necessary, needle covers of needles can be replaced or removed with hemostats or needle-nosed pliers.

(e) The procedures in USAMRIID Regulation 385-1, Needles, Syringes and Other Sharp Objects, will be followed.

(4) Centrifuges:

(a) A biological safety cabinet will be used when centrifuging infectious or toxin-containing substances with a table-top centrifuge unless safety trunnion cups or sealed rotors are used. In the case of sealed rotors, the rotors will be opened in a biological safety cabinet after centrifugation.

(b) Before centrifugation, check tubes for cracks, inspect the side of the trunnion cup for rough walls caused by corrosion or adhering matter, and ensure that the rubber cushions are clean and properly seated.

(c) Avoid decanting centrifuge tubes. If no alternative exists, wipe the outer rim with a disinfectant; otherwise, the infectious fluid will spin off as an aerosol. Avoid filling the

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tubes intended for angle rotors to the point where the fluid will reach the rim of the tube under horizontal centrifugal force, except in specifically designated centrifuge bottles. Centrifuge tubes will only be filled to the maximum limit set by the manufacturer of the centrifuge, rotor, and/or tubes.

(d) All personnel will be instructed by their supervisor in the operation, safety, and maintenance of centrifuges before being authorized to use such equipment.

(e) Air within non-vacuum, low-speed centrifuges (for example, Dupont-Sorvall Models RC-2B and RC-5B etc.) must be evacuated through a HEPA filter before opening in case of internal breakage to prevent release of infectious or toxin-containing material.

(5) Hazardous Chemicals:

(a) All employees are responsible for following the requirements of the Occupational Exposure to Hazardous Chemicals in Laboratories standard for the transport, storage, handling, and labeling of hazardous chemicals (see Occupational Safety and Health Administration, Title 29 Code of Federal Regulations Part 1910.1450, U.S. Department of Labor, Washington, D.C., July 1, 1993).

(b) All employees are responsible for following the requirements of the Chemical Hygiene Plan (USAMRIID Regulation 385-30).

(c) The Safety Office will provide guidance on chemical disposal methods (see USAMRIID Regulation 385-10, Disposal of Hazardous Chemicals). The Safety Office will be notified of any etiological agent hazard present in addition to the chemical hazard at time of disposal.

i. Animals - Housing and Handling.

(1) General:

(a) The housing, care, and handling of animals will conform to guidelines specified in HHS Publications No. (CDC) 93-8395 and (NIH) 86-23 as interpreted by the Chief, Veterinary Medicine Division, in order to maintain accreditation by the American Association for Accreditation of Laboratory Animal Care.

(b) All protocols involving the use of animals will be approved by the Laboratory Animal Care and Use Committee (USAMRIID Regulation 70-18). In addition, live animals will not

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be sent out of or between containment areas without permission of the respective division chiefs, Veterinary Medicine Division, and Safety Office (see USAMRIID Regulation 385-8, Removal of Nonhuman Primates from Containment Suites).

(c) Only trained personnel are permitted to handle nonhuman primates. When handling nonhuman primates, surgical masks and face shields will be worn, unless a full-face protective mask is worn. Protective clothing will also include leather gloves and a gown or apron. Nonhuman primates will not be handled unless they are under chemical restraint. Exceptions will only be approved by the division chief in consultation with the Chief, Veterinary Medicine Division.

(d) Doors to animal rooms will be kept closed at all times except for entry and exit.

(e) Unauthorized persons are not permitted in animal rooms.

(f) Persons regularly handling nonhuman primates will enroll in the tuberculosis surveillance program (USAMRIID Regulation 40-14, Medical Service -Tuberculosis Surveillance Program - High Risk Personnel.

(g) Safety glasses (plano or prescription) will be furnished to those persons requiring corrective lenses who routinely handle nonhuman primates. Eye examination and lens prescriptions will be obtained and purchased by the U.S. Army.

(2) Housing infected and toxin-containing animals:

(a) Only approved cages will be used for housing animals in biocontainment areas. Moreover, animals are housed only in animal holding rooms and other acceptable holding areas as approved by the division chief and Chief, Veterinary Medicine Division. The risk of infectious (or toxin-containing) aerosols from infected (or toxic) animals can be reduced if animals are housed in partial containment caging systems such as open cages in ventilated enclosures, or solid wall and bottom cages covered by filter bonnets.

(b) Cages housing infected and toxic animals must be labeled to indicate the presence of infectious or toxic materials.

(c) Animals in cages with contact bedding will be transferred to clean cages at least once each week unless otherwise directed.

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(d) In situations where a high degree of isolation is required, or where animal-to-animal separation is needed, infected or toxic animals will be housed in laminar flow units.

(e) The responsible investigator will post on the door to the animal room what protective clothing is required according to the risk of the agent(s) in use, the name of the agent(s), and the name and phone number of the investigator or responsible person.

(3) Inoculating animals with infectious or toxin-containing material:

(a) Infected or toxin-containing animals will be inoculated and bled in biological safety cabinets, or in animal rooms by personnel wearing appropriate protective clothing (see Appendix D). Animals must be restrained to avoid accidents and alleviate pain and distress to the animals (USAMRIID SOP, Tranquilizers, Analgesics, Anesthetics and Euthanasia Agents for Laboratory Animals).

(b) A needle-locking hypodermic syringe will be used whenever possible.

(c) Latex or plastic examination ("surgical" or "medical") gloves, gowns, masks, etc., worn when handling animals are to be discarded in containers before leaving the room.

(d) Bleeding puncture sites should be held by pressure with a dry swab until bleeding is stopped.

(4) Handling animals inoculated with infectious agents:

(a) HEPA-filtered respirators (preferred) or molded surgical masks will be worn in rooms where infected animals are present (see Appendix D).

(b) Care will be taken to minimize aerosols from cage bedding and refuse.

(c) Wearing leather gloves or metal mesh gloves over surgical gloves is recommended when handling infected or toxin-containing animals.

(d) Under no circumstances will bare hands be placed in an animal cage containing an infected or toxin-containing animal(s).

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(e) Forceps or gloved hands can be used to remove dead animals from cages. Forceps should be stored in an appropriate disinfectant solution (see Appendix E). Gloves will be washed with disinfectant after handling dead animals.

(f) Each cage will be examined at least once daily and dead animals will be removed by the animal caretaker, unless instructed otherwise by the investigator.

(g) Dead animals must be placed in a suitably marked, closed leakproof container before transport to an autoclave, refrigerator, freezer, or necropsy area.

(h) Before autoclaving, dead animals will be stored in a refrigerator in leakproof closed containers and labeled appropriately (see USAMRIID Regulation 385-6, Autoclave and Waste Management Procedures). If animal carcasses are contaminated with radioactive material, see USAMRIID Radiation Safety Manual, 1994.

(i) When transporting anesthetized infected or toxic animals between holding rooms and laboratories or surgical areas within a containment suite, such animals will be carried in leakproof containers.

(j) Latex or plastic examination ("surgical" or "medical") gloves, gowns, HEPA-filtered respirators or molded surgical masks, and shoe protectors, will be worn while performing surgical procedures on infected or toxin-containing animals outside of biological safety cabinets. Eye protection against splash accidents will be worn. The area will be washed down with disinfectant after completing the procedures. Used instruments will be placed in a discard pan or tray containing disinfectant, sterilized, and then cleaned as appropriate.

(k) When transporting infected animals between containment areas, they will be carried in sealed leakproof containers appropriately disinfected on the outer surface. The containers or cages will be sterilized after removal of animals.

(l) Animal euthanasia will be accomplished according to procedures in USAMRIID Veterinary Medicine Division Biomedical Investigator Laboratory Animal Handbook.

(5) Necropsy of infected animals:

(a) Necropsy of infected or toxin-containing animals will be carried out in biological safety cabinets or by personnel

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wearing personal protective devices required for that agent (see Appendix D).

(b) Latex or plastic examination ("surgical" or "medical") gloves and disposable gowns will be worn over laboratory clothing when performing necropsies on infected or toxin-containing animals.

(c) Upon completion of necropsy, all potentially contaminated materials must be placed in a suitable disinfectant or left in the necropsy tray and then autoclaved. The inside of the biological safety cabinet or other potentially contaminated surfaces must be disinfected.

(d) Dead animals and animal tissues not saved by the pathologist or investigator must be placed in a closed, leakproof, labeled container and autoclaved.

j. Cleaning, Disinfection, and Sterilization.

(1) Routine cleaning and disinfection:

(a) All containment suites areas will be kept clean and orderly.

(b) Floor, sink, and safety cabinets with drains tied into the central sewer system must be flooded with water (4-5 gallons) or disinfectant solution at least weekly (USAMRIID Policy Number 91-16, Floor Drain Systems) to prevent back-up of sewer gasses. USAMRIID Form 105-R (3 Aug 92), Floor and Sink Drain Log, will be used to document the weekly addition of water or disinfectant solution into floor and sink drains.

(c) Freezers, dry ice chests, and refrigerators will be cleaned periodically. Latex or plastic examination ("surgical" or "medical") gloves and respirators must be worn during cleaning in case infectious or toxin-containing material was released by broken culture tubes, containers, vials, etc.

k. General Laboratory Disinfection Procedures:

(1) Stock solutions of appropriate disinfectants (see Appendix E) will be maintained. An appropriate disinfectant is one that is certified by the manufacturer to be effective against the agent or agents being worked with or one whose effectiveness has been demonstrated experimentally.

(2) When the building vacuum line or other vacuum lines are used, a disinfectant trap and a HEPA filter will be placed

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between the line and the operation to prevent etiological agents from entering the system. Liquids must not be aspirated into the central vacuum lines.

(3) Waterbaths used to inactivate, incubate; or analyze infectious or toxin-containing substances must contain a disinfectant.

(4) Carbon dioxide and other compressed gas tanks will be washed with a disinfectant and placed in the airlock overnight before removal from the containment suite or will be decontaminated in the same manner as regular equipment (see USAMRIID Regulation 385-2, Airlock Decontamination of Equipment and Materials).

(5) Incubator cell culture trays returned to the Tissue Culture Department from BL-3 and BL-4 suites will be autoclaved or washed with a disinfectant and placed in the airlock overnight before removal.

(6) Single sheets of paper are decontaminated by placing them in a UV light passbox for 15 minutes. Books or multi-page documents to be brought out of the containment suite are placed in a plastic bag(s). The plastic bag(s) is wiped with a suitable disinfectant and placed in the airlock. Documents will be sterilized with ethylene oxide (contact the Safety Office to coordinate sterilization of materials with the Building Engineer).

1. Suite decontamination procedures (see USAMRIID Regulation Number 385-17, Area Decontamination Procedure using Paraformaldehyde):

(1) Suite areas such as animal rooms will be washed with a suitable disinfectant upon a change in organism under study. Washing will include floors, cages, cage racks, safety cabinets, and animal room walls. This procedure is acceptable provided that: (a) the suite continues to remain at the same or higher containment level, and (b) no nonimmunized personnel are assigned to the suite. This procedure is not acceptable before designating a suite a BL-3A area if agents of a higher hazard level were used previously.

(2) Suite decontamination with paraformaldehyde will be requested from the USAMRIID Safety Office in cases where (a), the suite is to be designated "clean" or of a lower containment level, or (b), there is a change in etiological agent use. Decontamination with paraformaldehyde will be performed by members of the Safety Office unless otherwise specified (see

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USAMRIID Regulation Number 385-17, Area Decontamination Procedure using Paraformaldehyde).

(3) The USAMRIID Safety Office may declare a potentially contaminated area safe to enter ("clean") only after approved decontamination procedures have been completed.

The USAMRIID Safety Office personnel may then open the area to nonimmunized personnel after removing or covering appropriate restrictive signs.

m. Animal Rooms and Cages:

(1) Escaped animals will be located, captured, and killed if their specific place of origin cannot be determined by the animal caretaker, unless directed otherwise by the investigator or Division Chief.

(2) Animal feed will be stored in closed containers.

(3) Cages and animal pans (except as in paragraph (5) below) must be sterilized by autoclaving. Bedding from cages housing animals known to shed virus will be wetted with a disinfectant before removal from the animal holding room. Refuse bowls and watering bottles will be autoclaved in accordance with Veterinary Medicine Division policy.

(4) Contaminated cages will be placed directly into the autoclave. If the autoclave is full or is operating, the cages will remain in the animal room until the autoclave is empty.

(5) Cage racks and cages too large for the autoclave will be removed through the airlock. Before such cages and racks are removed from the animal holding room, they must be thoroughly sprayed or washed with a suitable disinfectant. All racks with an automatic system will have the watering system thoroughly flushed with a suitable disinfectant. The racks will then be placed into the airlock for a routine equipment decontamination procedure (see USAMRIID Regulation 385-2, Airlock Decontamination of Equipment and Materials). After disinfecting and before reuse, watering systems must be rinsed thoroughly with fresh water. Cages and cage racks will not be removed from the airlock until properly decontaminated.

n. Glassware and Disposable Waste:

(1) Medical Waste is "any solid waste which is generated in the diagnosis, treatment (e.g., provision of medical

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services), or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals. The term does not include any hazardous waste identified or listed under 40 CFR Part 261 or any household waste as defined in 40 CFR Part 261.4(b)(1)." This term is defined by the Environmental Protection Agency (EPA) in Managing and Tracking Medical Wastes - A Guide to the Federal Program for Treatment, Destruction, and Disposal Facilities, EPA/530-SW-89-023, September 1989.

(2) Perceived medical waste includes plastic pipets, plastic pipet tips (micropipet tips), latex or plastic examination ("surgical" or "medical") gloves, disposable glass pasteur pipets, and glass pipets.

(3) Sharps are defined as "waste that may inflict a puncture or laceration. Such waste includes needles, scalpels, lancets, and shards of glass or plastic." "Sharps" include any objects that can penetrate the skin. The "sharps" category includes more than the obvious items used in animal or human patient care: hypodermic needles, syringes (with or without the attached needle), scalpel blades, lancets, capillary tubes, broken pipets and glassware, broken blood tubes, retorts, and broken culture dishes (regardless of the presence of infectious agents). It also includes other types of broken or unbroken items that have, or are likely to have, come in contact with infectious agents. Examples of these include slides and coverslips, tubing with the needle still attached, and wooden applicator sticks or other objects that can penetrate skin or plastic disposal bags." This term is defined by The National Committee for Clinical Laboratory Standards Document GP5A, December 1993, Clinical Laboratory Waste Management; Approved Guideline.

(4) All infectious or toxin-containing materials, contaminated glassware, and contaminated waste will be autoclaved before washing or disposal by the animal caretaker or designated person for that suite. Contaminated materials will be placed directly into autoclaves or held in covered containers for subsequent autoclaving.

(5) Items will be segregated before autoclaving as follows:

(a) Medical waste, or perceived medical waste, will be placed in a plastic bag labeled with the universal biohazard sign or in a solid-covered container such as a commercially available rigid, plastic or cardboard container (for example, "hatbox"); containers should be labeled with the universal biohazard sign.

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(b) "SHARPS" (see USAMRIID Regulation 385-1, Needles, Syringes and Other Sharp Objects will be placed in a solid-covered container such as a commercially available rigid, plastic, used-syringe container, metal container, or rigid cardboard container (for example, "hatbox"); containers should be labeled with the universal biohazard sign.

(c) Burnable - Paper and plastic, plastic wrapping from pipettes, and plastic pipettes - placed in metal trash cans (USAMRIID Regulation 420-6, Fire Regulation and Evacuation Plan, paragraph 11.d.(2), 28 August 1989).

(d) Nonburnable disposables - Broken glass and other nonburnable disposable are transferred to containers retained for this purpose on the loading docks of buildings 1412 and 1425 (see USAMRIID Regulation 385-6, Autoclave and Waste Management Procedures).

(e) Glassware - Submerged in water, in pans - placed on autoclave carts.

(f) Radioactive waste - See USAMRIID Radiation Safety Manual, 1994.

(6) After autoclaving, items will be disposed of as follows:

(a) Decontaminated medical waste, or perceived medical waste, plastic "sharps" and glass "sharps" including disposable pipets, will be placed in special red-banded 32-gallon waste cans located on the north loading dock of building 1425 and the lower loading dock of building 1412.

(b) Broken glass will be placed in the dumpster labeled "NON-BURNABLE" located on the north loading dock of building 1425, and the lower loading dock of building 1412 (see USAMRIID Policy 90-02, DISPOSAL OF BIOHAZARD WASTE).

(c) Combustible and noncombustible waste - In accordance with USAMRIID Regulation 385-6, Autoclave and Waste Management Procedures.

(d) Radioactive waste - In accordance with USAMRIID Radiation Safety Manual, 1994.

o. Equipment and Clothing:

(1) Small manually operated hand tools (for example, screwdrivers and pliers) and similar items from containment

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suites may be decontaminated with an appropriate disinfectant solution and placed in the UV passbox for 15 minutes.

(2) All equipment to be removed from containment suites through the airlock will be decontaminated and tagged by Safety Office personnel who will certify that the equipment is safe for removal from the suite.

(3) All laundry from containment areas will be autoclaved by the animal caretaker or designated person for that suite before being returned to the central laundry area.

p. Use of autoclaves (see USAMRIID Regulation 385-6, Autoclave and Waste Management Procedures):

(1) Animal caretakers and/or other designated personnel will be fully instructed how to operate, clean, and maintain autoclaves before receiving authorization for their use.

(2) Materials will be autoclaved as described in Appendix B - Autoclave Time Chart.

(3) Infectious or toxin-containing materials should not be placed in autoclaves overnight for sterilization the next day.

(4) To prevent explosions and reduce corrosion of autoclave components, dry hypochlorites or strong oxidizing materials must NEVER be autoclaved with organic materials such as paper, clothing, oil, and plastics.

(5) Cellulose nitrate centrifuge tubes are highly flammable and will explode under certain conditions (heating in dry conditions). Cellulose nitrate tubes are to be decontaminated by totally submerging them under water and then autoclaving.

q. Decontamination With Ethylene Oxide:

Materials or equipment that cannot be decontaminated with liquid disinfectants or by autoclaving may be sterilized by treating them with ethylene oxide, as described in Appendix P.

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1 March 1995

USAMRIID Regulation Number 385-69

FOR THE COMMANDER:

DAVID R. FRANZ
COL, VC
Deputy Commander

OFFICIAL:

HAROLD B. MCINTOSH III
LTC, MS
Executive Officer

DISTRIBUTION:
A

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APPENDIX A

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APPENDIX A

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APPENDIX B

AUTOCLAVE TIME CHART

TYPE OF LOAD	VACUUM CYCLE	STEAM CYCLE	DRYING CYCLE	DESCRIPTION
Laundry	Yes	90 Min	30 Min	Lab clothing, towels, etc.
Dry Material	Yes	90 Min	20 Min	Waste paper, disposable plastics, etc.
Metal Cans of Animal Bedding	Yes	120 Min	20 Min	Consolidated waste from small animal cages and pans
Animal Pans nd Cages	Yes	90 Min	20 Min	Various sized cages and holding pans
uid Material mall tub)	No	90 Min	No	Small containers of reusable glassware in water
Liquid Material (large tub)	No	90 Min	No	Large containers of reusable glassware in water
Closed Containers	Yes	120 Min	10 Min	Sealed hat boxes

1. CAUTION: Read instructions before operating autoclave.

2. Use at least three sterilization indicator strips (Castle Tech-test or equivalent), including one in the center of each load, and one on the first item loaded in autoclave to be seen when outside door is opened at completion of cycle.

3. Wherever possible, do not mix dry material with liquid waste material. If necessary to mix materials, treat load as dry goods.

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APPENDIX B

AUTOCLAVE TIME CHART (Continued)

4. Place an indicator strip in the center interior and on the outside of all contaminated laundry bags.

5. Be sure autoclave temperature is set to at least 250°F (121°C) and 15-20 pounds of pressure.

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APPENDIX C

VENTING AUTOCLAVES

After buzzer sounds:

a. Push "OPEN" button until venting of steam is heard.

b. Quickly push "OFF" button.

c. Once pressure has vented, push "OPEN" button until steam is seen entering exhaust vent.

d. Push "OFF" button. After all steam has vented, open door, and empty autoclave.

e. Following this procedure will protect operator from:

(1) Exploding glass.

(2) Spurting liquids.

(3) Fumes and vapors containing various chemicals and degradation products released by autoclaving materials.

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APPENDIX D

PROTECTIVE CLOTHING WORN IN ANIMAL ROOMS[a]

	MOLDED MASK (SURGICAL MASK)	GLOVES	EYE PROTECTION	GOWN
ENTRY	X			
HANDLING ANIMALS	X	X	X[b]	
INOCULATION OF INFECTIOUS MATERIAL	X	X	X	
NECROPSY	X	X	X	X
CLEANING OF AREA	X	X	X	X

[a]These represent minimum standards. Investigators will post specific standards on the door to the animal room when necessary. This may include the use of full-face respirators, foot protection, caps, and disinfectant foot baths upon exit from an animal room.

[b]When handling nonhuman primates. See paragraph 4.i.(1)(c) of this regulation.

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APPENDIX E

LIST OF DISINFECTANTS FOR ETIOLOGIC AGENTS

Most viruses currently registered for use at USAMRIID are lipid-enveloped viruses and can be inactivated by any of the disinfectants described below. The disinfectant activity against other etiological agents is also described.

1. CHLORINE COMPOUNDS. These are powerful germicides with a wide spectrum of activity, lack of toxic residuals, and low price. Like other halogens, they are highly reactive with organic matter and must be used either on clean surfaces or in high concentrations. They are corrosive to metals.

a. Bacillus anthracis - Chlorine compounds are highly effective against bacterial spores such as Bacillus anthracis. Clorox (5.25% sodium hypochlorite; 50,000 parts per million free, available chlorine), diluted 1:20, is an excellent laboratory disinfectant for incubators, tabletops, and laboratory spills. For general use, Clorox is diluted 1:40 and should be prepared fresh daily.

b. Hepatitis B virus (HBV) or human immunodeficiency virus (HIV) - For surfaces soiled with blood or body fluids potentially contaminated with HBV or HIV, using Clorox (household bleach) full-strength (5.25% sodium hypochlorite) or freshly diluted 1:40 is recommended.

c. Coxiella burnetii, the causative agent of Q fever, is not inactivated by 5% Clorox or Alcide (10:1:1) after 24 hours of contact time at room temperature.

d. Yersinia pestis. Clorox, 2 to 5.25%, is effective for inactivating Yersinia pestis.

e. Toxins - A 30-minute exposure to 2.5% sodium hypochlorite (clorox) completely inactivates brevetoxin, microcystin, tetrodotoxin, saxitoxin, palytoxin, ricin, botulinum, and staphylococcal enterotoxin B. A mixture of 0.25 N NaOH in 2.5% sodium hypochlorite inactivates T-2 mycotoxin in 30 minutes.

2. ALCOHOLS. In concentrations of 70 to 90%, alcohols are an excellent disinfectant of intermediate germicidal activity. Isopropyl alcohol is widely used as an antiseptic and for rapid decontamination of small objects (it does not inactivate picornaviruses, whereas ethyl alcohol does). Alcohols can form flammable mixtures with air and should be used with utmost care for surface disinfection in closed areas, such as biological

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APPENDIX E

LIST OF DISINFECTANTS FOR ETIOLOGIC AGENTS (continued)

safety cabinets. For emergency disinfection of certain items, immersion in 75-90% ethyl alcohol for 15 minutes is recommended. Coxiella burnetii is inactivated by either 70% ethyl alcohol or 5% chloroform after a contact time of 30 minutes.

3. PHENOLIC COMPOUNDS. The majority of marketed phenolic germicides contain one or more substituted phenols with a wide spectrum of germicidal activity. They are insensitive to anionic matter and are superior to many other disinfectants because they retain their germicidal activity in the presence of organic matter. At a recommended dilution of 2-5%, phenolic detergent-germicides such as Lysol are excellent disinfectants for use on hard surfaces in laboratories and are useful for discard pans and receptacles of supernatants. Phenolics are corrosive, leave a residual film, and irritate the skin; some may cause depigmentation. While they are very effective against Lassa and Machupo viruses, they are not recommended for use in disinfectant showers for ventilated suits in areas where work is being done with arenaviruses, as repeatedly inhaling residual fumes causes respiratory irritation. Coxiella burnetii is not inactivated by 5% Lysol.

4. QUATERNARY AMMONIUM COMPOUNDS. At concentrations of 2-5%, Roccal, Micro-Chem, benzalkonium chloride, or other quaternary ammonium compounds (QUATS) are very active against arenaviruses. Coxiella burnetii is inactivated by 5% Micro-Chem after a contact time of 30 minutes but Roccal (2%) does not inactivate Coxiella burnetii after 24 hours of contact time at room temperature. QUATS are used in disinfectant showers for ventilated suits; in dunk tanks; for floors and surface wipedowns; and, because of their activity on Pseudomonas spp., for routinely cleaning incubators and waterbaths.

5. FORMALDEHYDE COMPOUNDS. When paraformaldehyde is vaporized at a concentration of 0.3 grams/cubic foot, the resultant gas will inactivate 10^4 Coxiella burnetii on the surface of 1-inch diameter filters. Higher concentrations of organisms are not sterilized by this treatment. When 0.6 grams/cubic foot of paraformaldehyde is vaporized in a closed hood, sterilization of $10^{7.6}$ organisms per filter can be achieved. When sterilization of surfaces suspected of containing greater than 10^4 organisms is necessary, paraformaldehyde decontamination should be followed by a washdown with 5% Micro-Chem. Formalin (5%) does not inactivate Coxiella burnetii after 24 hours of contact time at room temperature.

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APPENDIX F

USAMRIID RESPIRATORY PROTECTION PROGRAM

All routine respirator users (persons required to wear a respirator as a normal procedure when carrying out a regular and frequently repeated task) will be enrolled in the USAMRIID Respiratory Protection Program (see USAMRIID Regulation Number 385-15, Respiratory Protection Program). Personnel enrolled in the USAMRIID Respiratory Protection Program will be instructed by the Safety Office in respirator selection, use, and maintenance. A self-pacing training module available from the USAMRIID Safety Office can be used as a refresher.

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APPENDIX G

GUIDELINES FOR PROPER USE OF BIOLOGICAL SAFETY CABINETS (BSC) - CLASS II BSC PROCEDURES

1. Proper use of Class II BSC is essential to reduce the risk of droplet and aerosol infection while handling infectious agents or toxins in open vessels.

2. All materials to be used in the experiment should be assembled in the BSC before initiating work.

3. Gloves are to be worn with cuffs pulled over the sleeve-ends of lab clothing.

4. Do not use the BSC to store excess laboratory equipment.

5. Keep equipment at least 4 inches inside the BSC window. Do not block the rear vent grill with materials and do not place equipment or materials on the front ventilator grill.

6. Keep contaminated materials near the rear or sides of the BSC; clean materials should be kept to the center or near the front. Avoid sudden movements - remove arms slowly from BSC.

7. Keep other room activity to a minimum. Avoid opening and closing room door when someone is working at the BSC.

8. Remove and discard contaminated gloves before leaving BSC, or disinfect gloves with suitable disinfectant before removing gloved hands from BSC.

9. Wash down BSC surfaces with disinfectant after use or at least daily.

10. An operators should keep their face above the opening of the BSC.

11. All objects used in the BSC should be placed in disposal pans or autoclave bags inside the BSC after use. At the completion of the experiment, work surfaces are decontaminated and operator's gloves placed in disposal pan or autoclave bag.

12. Keep the top of the BSC clear of any material to maintain proper air flow - DO NOT USE A BSC AS A STORAGE AREA.

13. Each BSC will be monitored weekly for face velocity by division personnel using a portable velocity meter (Vaneometer™). The results of testing will be recorded on

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APPENDIX G

GUIDELINES FOR PROPER USE OF BIOLOGICAL SAFETY CABINETS (BSC) (continued) - CLASS III BSC PROCEDURES

USAMRIID Form 104-R (3 Aug 92), Airflow Log for Laminar Flow Hoods, attached to each cabinet. Suite supervisors will notify the Safety Office when an air velocity measurement is 10% greater or less than the posted face velocity. NOTE: CABINET AIR FLOW ADJUSTMENTS WILL BE MADE BY THE SAFETY OFFICE ONLY.

1. General Techniques:

a. Latex or plastic examination ("surgical" or "medical") gloves will be worn when entering the cabinet gloves. (When conducting necropsies on animals, animal handlers (for example, veterinarians) wear an extra pair of gloves over the cabinet gloves).

b. Plastic items will be used whenever possible.

c. All scissors will have rounded ends. Scalpels will not be used.

d. A porcelain mortar and pestle will be used instead of glass tissue grinders.

e. If cabinet gloves are contaminated, wash with appropriate disinfectant (for example, 70% ethanol, 5% Lysol or 5% Micro-Chem). Never immerse gloves in infectious liquids.

f. Dilutions will be made in capped, plastic tubes, using a pipettor or pipetting device.

g. When suction flasks are used, an in-line HEPA filter and disinfectant trap will be imposed between the flask and the vacuum source.

h. Used disposable laboratory materials (vials, syringes, pipettes, flasks, etc.) will be immersed in 5% Lysol or 5% Micro-Chem before autoclaving. Used non-disposable laboratory materials (glassware, Cornwall syringes, mortar and pestles, etc.) will be immersed in water only before autoclaving.

i. Dunk tanks will be filled with 5% Lysol or 5% Micro-Chem to a level no lower than 4 inches below the top edge of the tank.

j. Examine cabinet gloves weekly for punctures.

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APPENDIX G

GUIDELINES FOR PROPER USE OF BIOLOGICAL SAFETY CABINETS (BSC) - (continued) CLASS III BSC PROCEDURES

2. Removal of Materials from the Class III Biological Safety Cabinet:

a. Materials may be removed from the contaminated cabinet system by autoclaving (always use autoclave test strips to indicate cycle operation), by immersion in a 5% Lysol or 5% Micro-Chem dunk tank, or through the UV light passbox. Material removed through the passbox must first be wiped with disinfectant followed by holding in the passbox for 15 minutes. Material removed through the autoclave will be sterilized (time dependent upon the load size and type of material - see Appendix B) at 250°F. Animal bedding will be wetted with 5% Lysol before autoclaving. Any contaminated material placed into the autoclave will be cycled immediately.

b. When the inner autoclave door has been opened to bring items into the cabinet line, the empty autoclave will be cycled for 10 minutes at 250°F before the outer door is again opened.

c. Infectious material to be stored outside of the cabinet system will be placed in leakproof metal cans of appropriate size, or in double whirl-pak bags. These containers will be submerged in the 5% Lysol or 5% Micro-Chem dunk tank for 5 minutes before removal. Containers to be stored in freezers will be marked with a biohazard label.

d. No container or sealed metal can containing infectious material will be opened outside of the cabinet system.

3. Cabinet Operation and Decontamination:

a. Cabinets will be maintained at a 3/4" to 1" of water negative pressure inside the cabinet. Pressure alarms will be activated when the pressure falls below 1/2" of water negative pressure. Passbox negative pressure should be less negative than cabinet negative pressure.

b. If an attached glove is punctured, it will be replaced immediately by first covering the area with a disinfectant-soaked towel. It is the responsibility of the user to follow recommendations of the manufacturer for glove replacement. Extra cabinet gloves should be available in the immediate area.

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APPENDIX G

GUIDELINES FOR PROPER USE OF BIOLOGICAL SAFETY CABINETS (BSC) - (continued) CLASS III BSC PROCEDURES

c. Cabinet system UV lights will be kept on whenever possible, except in areas where animals are housed. Passbox UV lights must be kept on at all times except when the outer door is opened.

d. Before decontaminating the cabinet line, remove all materials through the dunk tanks, by autoclaving, or by carboxylation. Large items such as centrifuges will remain in the cabinets. All refrigerators, freezers, and incubators will be cleaned and left open.

e. The cabinet system will be decontaminated by designated personnel or USAMRIID Safety Office personnel whenever different agents are used, filters require changing, repairs are required, or at appropriate intervals as determined by the USAMRIID Safety Office.

4. Loss of Negative Pressure:

a. Loss of negative pressure will be indicated by pressure indicator lights going on and cabinet gloves going limp.

b. Designated personnel will don HEPA-filtered respirators immediately after a cabinet pressure alarm warning and seek the cause of the pressure loss. All other personnel will immediately leave the area.

c. Should the cabinet system approach ambient pressure or go positive, all inlet filter valves will be closed and the house vacuum line opened to create negative pressure.

d. If the cause of the pressure loss cannot be determined or corrected, contact the Building Engineer (building 1425, telephone extension 7373; building 1412, telephone extension 7329), close all air inlet valves, close all autoclave doors, and have all personnel evacuate the suite immediately.

5. Animals in Class III Cabinets:

a. Care and Handling of Animals:

(1) Adult animals to be inoculated, bled, or experimentally treated will be anesthetized before any procedure

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APPENDIX G

GUIDELINES FOR PROPER USE OF BIOLOGICAL SAFETY CABINETS (BSC) - (continued) CLASS III BSC PROCEDURES

with BL-4 agents. When filling the syringe, do not hold sample bottle when inserting the needle - leave bottle on table and insert needle directly from above, then pick up bottle.

(2) Cabinet gloves with form-fitting hands should be used whenever possible when injecting animals, as normal oversized gloves significantly impair dexterity.

(3) For routine handling of adult animals, leather gloves should be worn over cabinet gloves. Forceps will be used whenever possible for animal transfers and for removing dead animals.

(4) Animals will be fed and watered daily and cages will be examined daily, or more frequently as needed, for dead animals. Cages will be changed weekly or as needed.

(5) Small animal remains will be disposed of in sealed, leakproof containers and autoclaved. Autoclaved remains will be placed in hat boxes and again autoclaved before removal from the suite.

(6) Dead animals for necropsy will be opened with blunt-end scissors or other appropriate instruments. Plastic boards with clips will be used; wooden boards and pins will not be used within Class III cabinets. Animals or tissue specimens fixed by immersion will be placed in plastic containers or bottles containing an appropriate fixative (for example, formalin, glutaraldehyde). The fixative will be changed (or replaced by buffer, etc.) after 24 hours and the tissue will be kept within the cabinet for 3 weeks. After a 3-week holding period to ensure complete fixation, containers or bottles will be removed via the dunk tank and sent to the Pathology Division.

b. Care of Infected-Animal Cages:

(1) Careful handling procedures will be followed to minimize dissemination of fomites from cage refuse and bedding.

(2) Cages will be sterilized by autoclaving after wetting bedding with an appropriate disinfectant.

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APPENDIX G

GUIDELINES FOR PROPER USE OF BIOLOGICAL SAFETY CABINETS (BSC) - (continued) CLASS III BSC PROCEDURES

(3) All pans and watering bottles will be of the autoclavable type. Autoclavable plastic, rather than glass, watering bottles will be used.

6. Accidental Exposure to Infectious Agents:

a. The exposed individual's supervisor and Division Chief must be notified immediately of any Class III cabinet accident.

b. If an infectious substance enters the eyes, lungs, mouth, or penetrates, or comes into direct contact with the skin, the individual should begin disinfection procedures (for example, immediate eye wash, etc.). In the case of cuts or skin contact, the affected area should immediately be plunged into, or liberally rinsed with disinfectant. For a puncture wound, immediately "milk" the affected area under disinfectant to encourage bleeding. The individual should report without delay to his/her immediate supervisor and Division Chief and the Division Chief having jurisdiction over the area in which the exposure occurred. The supervisor will direct disinfecting procedures and will see that the employee reports without delay to the Clinical Research Ward, Medical Division, building 1425.

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APPENDIX H

ACCIDENTS, FIRST AID, AND ILLNESS
(See USAMRIID Regulation 385-40)

1. It is the responsibility of all employees to notify their supervisors of any personal condition that might prevent them from temporarily entering biocontainment suites, such as recent surgical procedures (including dental surgery) or injuries involving significant alteration to the normal integrity of the skin.

a. Accidental exposure or potential exposure to an infectious microorganism:

(1) An employee who is accidentally exposed to an infectious agent during normal duty hours (Monday through Friday, 0745-1630 hours) should begin disinfection procedures (for example, immediate eye wash...). In the case of cuts or skin contact, the affected area should immediately be plunged into, or liberally rinsed with disinfectant. For a puncture wound, immediately "milk" the affected area under disinfectant to encourage bleeding. The individual will report without delay to his or her immediate supervisor and division chief or the division chief with jurisdiction over the area in which the exposure occurred. The supervisor will direct disinfecting procedures and will see that the employee reports without delay to the Clinical Research Ward (Ward 200), Medical Division, building 1425. The Employee Health Record should accompany the individual to Ward 200. Civilian personnel can obtain their Employee Health Record from the Occupational Health Clinic. Military personnel can obtain their Military Health Record from the U.S. Army Health Clinic.

(2) All incidents occurring in potentially contaminated areas during other than normal duty hours will be reported to the security guard, building 1425, telephone extension 2257, as soon as possible after the occurrence.

(3) All potential exposures:

(a) Will be immediately reported telephonically to the Safety Office, telephone extension 2934, by the attending physician in the Medical Division, or security guard. The supervisor will initiate a FD Form 1326-R for all exposed personnel. After medical evaluation, the FD Form 1326-R is forwarded to the Safety Office. The supervisor will initiate a Form CA-1 to document the exposure (copies of the form can be obtained from the Safety Office or by calling the Directorate of

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APPENDIX H

ACCIDENTS, FIRST AID, AND ILLNESS (Continued)
(See USAMRIID Regulation 385-40)

Safety and Environment (DSE) at extension 7318). Form CA-2 is applicable upon diagnosis of an occupational illness.

(b) Within 48 hours of the potential exposure, and within 48 hours after establishment of a final diagnosis, a written report (memorandum) will be prepared by the Medical Division and copies delivered to the:

(1) Safety Office

(2) Executive Officer

(3) Deputy Commander

(4) Commander

(5) U.S. Army Health Clinic Occupational Health Nurse

(6) Division Chief

(c) The Commander, USAMRIID (or his representative), will telephonically notify HQ, U.S. Army Medical Research and Materiel Command (USAMRMC) of all admissions to the Clinical Research Ward or local hospitals for potential exposure or illness related to such exposure that requires observation and/or health care.

(d) In addition to the reporting requirements of AR 385-40 and AR 40-5, serious or potentially serious accidents or exposures involving controlled hazardous biological substances (CHBS) will be promptly reported in accordance with AR 70-65. As soon as they are known, the following events will be reported to HQ, USAMRMC:

(1) Probable exposure of personnel to a toxin or pathogen designated as a CHBS.

(2) Suspected or confirmed release of any pathogenic microorganism or toxin from a containment facility.

(3) Verified disease or illness produced by any pathogen or toxin where there is reasonable grounds to suspect that infection or intoxication was or may have been related to CHBS activities.

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APPENDIX H

ACCIDENTS, FIRST AID, AND ILLNESS (Continued)
(See USAMRIID Regulation 385-40)

b. First Aid/Medical Treatment (military or civilian personnel):

NOTE: SEE PARAGRAPH 1.a.(2) APPENDIX H, FOR NOTIFICATION PROCEDURE FOR TREATMENT DURING OTHER THAN NORMAL DUTY HOURS.

(1) Non-critical event (injury or illness) in a non-containment area:

Injured personnel not working in a biocontainment suite who suspect an occupational illness or have a work-related injury not requiring immediate medical care, will report to their supervisor and division chief. After initial evaluation, civilian personnel have the option to seek medical attention from the Occupational Health Service, U.S. Army Health Clinic, their private physician, or from a hospital. Civilian personnel requiring emergency care (resulting from work that does not involve biocontainment suite operations) have an option to seek medical care from the Occupational Health Nurse, U.S. Army Health Clinic (building 1425), their private physician, or from a hospital. The division chief will report the injury or illness to the Safety Office.

(2) Non-critical event (injury or illness) in a containment area. If an individual incurs an injury while working in a biocontainment area not involving exposure to an etiological agent, he/she should:

(a) immediately apply first aid or seek assistance to apply first aid,

(b) notify his supervisor of the injury,

(c) report the injury to his division office so that the proper forms can be initiated, and

(d) exit the suite in accordance with appropriate procedures and secure treatment from the occupational health nurse at the U.S. Army Health Clinic, building 1425.

(e) copies of applicable accident report forms (see Appendix H, 2.b. (1) and (2)) are to be placed in the health record by medical support staff at the time care is given and a report of incident made to the occupational health nurse at the

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APPENDIX H

ACCIDENTS, FIRST AID, AND ILLNESS (Continued)
(See USAMRIID Regulation 385-40)

U.S. Army Health Clinic for documenting in the Injury/Illness/ Incident of Hazard Exposure log. The division chief will report the injury or illness to the Safety Office.

(3) Life-threatening event (injury or illness) in a biocontainment or non-containment area:

(a) Dial 911 for transport directly to Frederick Memorial Hospital. State the situation and location. The 911 call alerts the Fort Detrick Fire Department (FDFD) and the Fort Detrick Security Guard. The 911 call activates the Frederick County Emergency Medical Services (EMS).

(b) Notify the USAMRIID Security Guard (extension 2257) and the Clinical Research Ward (Ward 200), extension 2225, (see USAMRIID Regulation 40-30, Medical Services - Response to Medical Emergencies).

(c) The incident will be reported by the supervisor of the individual, within 24 hours, to the Occupational Health Service, U.S. Army Health Clinic, extension 2043.

(d) The division chief will report the injury or illness to the Safety Office. Preparation of necessary injury documentation will be secondary to obtaining medical care.

c. Animal-related injuries (see USAMRIID Regulation Number 40-5, Medical Services -Animal-Related Injuries to Personnel).

(1) All laboratory animal bites will be reported promptly to the responsible supervisor and division chief.

(2) Individuals bitten by laboratory animals will be sent to the Clinical Research Ward, Medical Division, for examination and treatment.

(3) After arranging for treatment, the division chief will notify the Chief, Veterinary Medicine Division, for examination and management of the animal involved.

(4) If the animal is under a research protocol, the Chief, Veterinary Medicine Division, will consult with the principal investigator for information on the research-related health status of the animal.

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APPENDIX H

ACCIDENTS, FIRST AID, AND ILLNESS (Continued)
(See USAMRIID Regulation 385-40)

(5) The Chief, Veterinary Medicine Division, will inform the attending physician of results of the examination of the animal involved.

d. Suspected occupational illness:

(1) Employees assigned to biocontainment suites or areas who had performed duties during the past 21 days in an area containing infectious or toxin-containing materials and who develop a fever greater than 100.5°F (or any other criteria as may be applied by the suite supervisor in consultation with the Chief, Medical Division) will attempt to notify their immediate supervisor and division chief before reporting to the nurse's station, Clinical Research Ward, building 1425. If the attending physician feels the illness is not related to an occupational exposure or condition, civilian personnel should be treated by a community physician of his/her choice. Military personnel should report to sick call. Long-distance collect telephone calls are authorized for the purpose of reporting suspected or actual occupational illness. The attending physician will report the suspected occupational illness to the Safety Office.

(2) Persons in the Special Immunizations Program who develop an illness (that they suspect is immunization-related) during normal duty hours (Monday through Friday, 0745-1630 hours) will report to the special immunizations nurse (building 1425, Room 500). During other than normal duty hours, the incident will be reported to the security guard, building 1425, telephone extension 2257 (outside of Fort Detrick dial (301) 619-2257) as soon as possible.

2. Accident Report Forms:

a. It is the legal responsibility of all supervisors to educate their employees in the reporting process, to initiate the necessary report forms, and to direct their employees to seek medical evaluation.

b. Injured employees will report first to their supervisors to obtain authorization and forms unless the injury requires urgent or emergency care. The following forms should be initiated and completed by the supervisor:

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APPENDIX H

ACCIDENTS, FIRST AID, AND ILLNESS (Continued)
(See USAMRIID Regulation 385-40)

(1) For all military and civilian personnel, complete applicable Sections I, III, and IV of Fort Detrick Record of Occupational Injury/Illness/Incident of Potential Hazard Exposure (FD Form 1326-R). Send the original completed form to the Safety Office.

(2) In addition, for civilians only, complete Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1, Rev. 3/86). The form is initiated by the employee (or person acting on the employee's behalf) within 30 days of injury. The form is completed by the supervisor and forwarded to the Office of Workers' Compensation Programs/Civilian Personnel Office (OWCP/CPO) within two working days after receipt from the employee. The form is not a medical form, but is required by the Civilian Personnel Office (CPO) to complete documentation, whether or not a claim is filed. Send a copy to the Safety Office and the original to CPO. Call the Safety Office or your OWCP Representative for additional information or guidance.

c. If urgent or emergency care is needed, the forms will be initiated by the medical staff after care is given. Forms will be returned to the supervisor for completion.

d. Civilians hospitalized for suspected occupational illness will complete FD Form 1326-R. Federal Employee's Notice of Occupational Disease and Claim for Compensation (Form CA-2, Rev. May 1975) will be initiated by the employee (or person acting on the employee's behalf) within 30 days after becoming aware of the disease or illness and its possible relationship to his or her employment. The form will be completed by the supervisor and forwarded to the OWCP/CPO within 10 working days after receipt from the employee. CPO will request approval from the Office of Worker's Compensation Program (OWCP), Federal Employee Compensation Act (FECA), for treatment. Approval for treatment will constitute coverage under FECA. The Resource Management Office, USAMRIID will coordinate required reimbursement actions upon receipt of copies of CA Form 2 and FD Form 1326-R from the Health Clinic.

e. The U.S. Army Accident Investigation Report (DA Form 285, May 91) will be used to record an occurrence that results in lost time from work (military) resulting from accidents involving disabling injuries, or military or civilian property and/or

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APPENDIX H

ACCIDENTS, FIRST AID, AND ILLNESS (Continued)
(See USAMRIID Regulation 385-40)

equipment damage in excess of $2,000. The Safety Office will initiate this form and investigate all accidents involving military and/or civilian government personnel. A photocopy of the quadruplicate form will be retained in the USAMRIID Safety Office. The original is forwarded to the Safety Officer, USAMRMC, ATTN: MCMR-RCQ-S, Fort Detrick. A copy is furnished to the Fort Detrick Safety Office.

f. Occupational Illness or Injury and Leave.

(1) Civilian employees hospitalized by USAMRIID physicians for an illness suspected or confirmed to be due to an etiological agent under study will be carried on "duty" status without charge to annual or sick leave. Lost time due to an occupationally incurred, industrial-type injury, such as a broken arm, will be charged to sick or annual leave, or continuation of pay (COP), if the employee elects to receive benefits under FECA.

(2) Persons sick or absent from work for illness resulting from immunizations will be carried on administrative leave.

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APPENDIX I

FIREFIGHTING PROCEDURES

(see USAMRIID Regulation 420-6, Fire Regulation and Evacuation Plan)

1. In the event of a fire, the building Fire Warden will be in charge of the building until arrival of the Fort Detrick Fire Department. "The fire chief or senior fire protection representative at the scene is in charge of all firefighting and rescue operations. During these operations, no one outside the fire-protection organization will give orders or interfere with the fire chief or firefighters" (AR 420-90, Facilities Engineering Fire Protection).

2. When a possible fire condition occurs within a containment suite, the Fire Department will be notified either by activating a manual fire alarm break station or by telephoning the Fort Detrick fire emergency number 7333 or 7334, and reporting the location and nature of the emergency. The USAMRIID Security Guard (building 1425, telephone extension 2257) will also be notified. An attempt will be made to inform the individual designated on the emergency cards posted outside each containment suite or the division chief.

3. If time and safety of personnel permits, turn off all gas burners, hot plates, ventilated cabinets, electric motors, and other electrical equipment. All containers of infectious or highly toxic materials will be placed in autoclaves or in incubators, refrigerators, freezers or other storage areas. Personnel will check the security of animal cages so experimental animals will not escape. All animal room doors will be closed. All persons not engaged in fighting the fire will leave the area promptly after performing the above duties. Change room procedures will be adhered to if time permits.

4. Upon arrival, Fort Detrick Fire Department personnel will report to the area of the location indicated by the alarm, i.e., of building 1425. The building Fire Warden, or security guard during other than normal duty hours, will give fire fighting personnel information concerning the exact location of the fire and any unusual or particular hazard existing in the area. In the absence of the building Fire Warden, a member of the Safety Office may assume this duty relative to biological safety.

5. When it is necessary to enter a containment area (identified by the yellow "INFECTIOUS AREA" signs posted on the entry doors), all Fort Detrick firefighting personnel will wear a self-contained breathing apparatus, full protective clothing,

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APPENDIX I

FIREFIGHTING PROCEDURES

including turn-out coat, pants, boots, helmets, gloves, and hood during the entire time they are within the suite.

6. Firefighting personnel will not open autoclaves, freezers, refrigerators, incubators, or other agent storage areas.

7. Upon completing of the mission, firefighting personnel will remove masks and clothing in the internal (contaminated) change room, shower out of the suite, and don fresh laboratory or other clothing. If such action is not possible, USAMRIID safety personnel will direct emergency decontamination procedures, for example, hosing personnel, upon exit. The specific procedures to be followed will depend on a hazard analysis based on the etiological agent(s) currently in use, exposure level, etc.

8. Clothing and equipment used to combat the emergency will be decontaminated by USAMRIID safety personnel as soon as possible and returned to the fire department. Equipment will not be removed from containment suites without authorization from USAMRIID Safety Office personnel.

9. Fire officers of the Fort Detrick Fire Protection Division will provide the names of individuals involved in firefighting who entered any containment suite(s) to the USAMRIID Safety Office as soon as possible after the incident.

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APPENDIX J

MANAGEMENT OF SPILLS

1. Management of Spills. (Etiological Agents)

a. In case of an accident involving an etiological agent outside a biological safety cabinet, whereby any container holding infectious or toxin-containing substance breaks or spills, the following steps must be taken:

(1) Hold your breath, leave the room, and close the door,

(2) Warn others of the hazard,

(3) If clothing is contaminated, don an emergency mask or respirator and remove clothing,

(4) Take a shower, and

(5) Report the spill to the Safety Office, your supervisor and the division chief with jurisdiction over the area in which the spill occurred.

(6) Wait at least 30 minutes after the spill. Personnel cleaning the room will enter in appropriate protective clothing, for example, surgical gown, shoe protectors, HEPA-filtered full-face mask or the Racal Breathe-Easy™ system with HEPA filters, and latex or plastic examination ("surgical" or "medical") gloves.

(7) Appropriate disinfectant shall be applied liberally to the spill with sufficient contact time before other final clean-up measures are implemented.

b. Chemical Spills.

(1) In the event of a chemical exposure, spill, release or other chemically related accident, all personnel shall promptly evacuate the space where the spill/accident occurred, and the USAMRIID Safety Office shall be notified immediately at extension 2934. If there is no answer at extension 2934, call Building Engineers at extension 7373 and ask that a Safety Office person be paged. Safety Office personnel shall determine the appropriate response based on quantities involved and the hazard classification of material(s).

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APPENDIX J

MANAGEMENT OF SPILLS (Continued)

c. Radioactive material

(1) Any personnel involved in incidents or spills of materials containing radionuclides will immediately notify persons in the area that a spill has occurred and then call the Radiation Safety Officer, extension 4626. After duty hours, spill(s) must be reported to the security guard located in building 1425, extension 2257, who will contact Radiation Protection personnel.

(2) Personnel not involved in the spill will vacate the room but not leave the area until they have been surveyed for contamination.

(3) For further information, see the USAMRIID Radiation Safety Manual.

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1 March 1995 USAMRIID Regulation Number 385-69

APPENDIX K

SAFETY OFFICE INSTRUCTIONAL MATERIALS

ENCLOSED ON THE FOLLOWING 2 PAGES IS A LIST OF MATERIALS ONLY

CONSULT THE SAFETY OFFICE FOR SPECIFIC SUBJECT CONTENT

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U.S. ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
FORT DETRICK, FREDERICK, MARYLAND 21702-5011

SAFETY OFFICE INSTRUCTIONAL MATERIALS

SUBJECT	FORMAT	PARAGRAPH	PAGE
GENERAL LABORATORY SAFETY		1	3
NOBODY'S PERFECT	Video (VHS)		3
RESEARCH LABORATORY SAFETY	Audio, 35mm slides		3
BIOLOGICAL SAFETY TUTORIAL	Disk, 5 1/4		3
LAB SAFETY COMPOSITE	Video (VHS)		4
UNIVERSAL PRECAUTIONS IN THE LABORATORY	Video (VHS)		5
GET YOUR CHECKLIST READY: A GUIDE TO LABORATORY SAFETY INSPECTIONS	Video (VHS)		5
LABORATORY SAFETY AND INFECTION CONTROL	Video (VHS)		6
GENERAL PRECAUTIONS FOR HANDLING HUMAN BLOOD, BODY FLUIDS AND TISSUES	Video (VHS)		6
BLOODBORNE PATHOGENS IN THE WORKPLACE (BLOODBORNE PATHOGENS COMPLIANCE MANUAL)	Video (VHS)		6
PRACTICING SAFE SCIENCE	Video (VHS)		7
LABORATORY SAFETY: CONTAINING HIV AND HBV-BARRIERS FOR YOUR PROTECTION	Video (VHS)		7
PREVENTING DISEASE TRANSMISSION	Video (VHS)		7
HOW SAFE IS YOUR LAB? PERFORMING A SAFETY AUDIT	VIDEO (VHS)		7
RILIZATION		2	8
ERILIZATION MONITORING	Audio, 35mm slides		8
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BIOLOGICAL SAFETY CABINETS		3	9
EFFECTIVE USE OF THE LAMINAR FLOW BIOLOGICAL SAFETY CABINET	Audio, 35mm slides		9
OPERATION OF THE LAMINAR FLOW BIOLOGICAL SAFETY CABINET	Video (3/4)		9
SAFE USE OF BIOLOGICAL SAFETY CABINETS OR THE CASE OF THE CONTAMINATED CULTURES	Video (VHS)		9
VIRUS LABORATORY OPERATIONS		4	10
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AEROSOLS		5	11
CONTROLLING INFECTIOUS AEROSOLS PART I. PRECAUTIONS IN MICROBIOLOGY	Video (3/4)		11
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SAFETY OFFICE INSTRUCTIONAL MATERIALS
(continued)

SUBJECT	FORMAT	PARAGRAPH	PAGE
HAZARDOUS MATERIALS		6	12
FEDERAL HAZARD COMMUNICATION (HAZCOM) TRAINING PROGRAM	Video (VHS)		12
HAZARD COMMUNICATION: THE CHEMICAL WORKER'S RIGHT TO KNOW	Video (VHS)		13
THE SAFETY TRIANGLE	Video (VHS)		14
DETECTION AND PREVENTION	Video (VHS)		14
THE MSDS: THE KEY TO COMPLIANCE	Video (VHS)		14
CHEMICAL SAFETY		7	15
CHEMICAL SAFETY MEASURES, SPILLS, AND DISPOSAL	Video (VHS)		15
HANDLING HAZARDOUS CHEMICALS	Video (VHS)		15
LABORATORY SAFETY - THE OSHA LABORATORY STANDARD	Video (VHS)		15
RADIATION SAFETY		8	16
RADIATION SAFETY TUTORIAL	Disk, 5 1/4		16
REFERENCES		9	17

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APPENDIX L

EMERGENCY CALL BOX PROCEDURES

The switch must be kept on "NORMAL" except under the following conditions:

1. EMERGENCY CALL FROM SUITE:

   a. Push red button

   b. Move switch to TALK and release

   c. Communicate with Base Station* by moving switch between TALK and LISTEN

   d. Return switch to standby by moving switch to NORMAL

2. EMERGENCY CALL FROM BASE STATION:

   a. Light will flash and alarm will sound in suite

   b. Move switch to TALK and release

   c. Communicate with Base Station by moving switch between TALK and LISTEN

   d. Return switch to standby by moving switch to NORMAL

NOTE: Communication from Base Station cannot occur if switch is <u>not</u> in the "NORMAL" position.

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*Base Station is located in Room 1, Building Engineers Office, Phase 1, building 1425.

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1 March 1995

USAMRIID Regulation Number 385-69

APPENDIX M

USAMRIID Form 51 (Rev Mar 95)
BIOCONTAINMENT AREA SAFETY SURVEY REPORT

ENCLOSED ON FOLLOWING PAGE

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MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute
of Infectious Diseases
Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Survey Report

DISTRIBUTION: Applied Research Division
Bacteriology Division
Medical Division (Clinical Laboratory)
Toxinology Division
Veterinary Medicine Division
Virology Division

1. A Safety Survey for _____ (_____)
(DIVISION) (SUITE OR LABORATORY LOCATION)

was conducted on _____, for _____.
(DAY-MONTH-YEAR) (INCLUSIVE TIME PERIOD)

2. The following is to be completed by the Division:

		YES	NO
A. (1)	Floor and sink drains filled weekly.....	____	____
(2)	Autoclave filter screens cleaned daily.....	____	____
(3)	Exhaust air filters checked; replaced when dirty....	____	____
(4)	Disinfectant(s) [ ] available....	____	____
(5)	Insect control measures in effect.....	____	____
(6)	Suite emergency lights operational.....	____	____
(7)	Suite assistance alarms operational.....	____	____
(9)	Eyewash/drench hose tested weekly	____	____
(10)	Laminar flow hood airflow tested weekly	____	____

B. Please identify any problem areas which require attention by the Safety Office or higher management:

_____
SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Mar 95)

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APPENDIX N

BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

ENCLOSED ON FOLLOWING 5 PAGES

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MCMR-UIZ-S (1 Nov 94)

BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: _____ SUITE/POC: _____

DATE: _____ SURVEY BY: _____

		YES	NO	NOT APPLICABLE
1.	Entry door is posted with name and telephone number of suite supervisor.....	( )	( )	
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes).....	( )	( )	
3.	Evidence of personnel shaving in internal ("contaminated") change room.....	( )	( )	
4.	USAMRIID Regulation 385-69 is posted inside suite.	( )	( )	
	Fire evacuation plan is posted inside suite.....	( )	( )	
	Emergency lights are present.....	( )	( )	
7.	Room doors posted where radioisotopes are used....	( )	( )	( )
8.	Emergency crash door is accessible.....	( )	( )	
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel.....	( )	( )	
10.	Laboratory doors are kept closed.....	( )	( )	
11.	Animal room doors are kept closed.....	( )	( )	( )
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69.....	( )	( )	( )
13.	Posted animal room procedures are followed.....	( )	( )	( )

COPY FURNISHED: _____ DATE: _____

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY (continued)

	YES	NO	NOT APPLICABLE
14. Infected or toxic animals are housed in partial containment caging systems.....	( )	( )	( )
If NO, personnel wear solid front gowns, gloves, shoe covers, and respirators when working in infected or toxic animal rooms.....	( )	( )	
15. Gowns, gloves, and shoe covers are left in infected or toxic animal rooms when exiting.....	( )	( )	( )
16. Respirators and face shields are worn in animal rooms housing non-human primates.....	( )	( )	( )
17. Adequate gowns, shoe covers, and respirators available inside the suite.....	( )	( )	( )
18. Surgeons gloves are worn when handling infected or toxic animals and etiological agents.....	( )	( )	
. Animal room airflows are inward.....	( )	( )	( )
. Chemical emergency shower accessible.....	( )	( )	
21. Eyewash stations are available where acids or corrosives (caustics) are used.....	( )	( )	( )
22. Emergency showers and eyewash stations are tested as required.....	( )	( )	( )
23. Flammables, corrosives, acids are stored in appropriate storage cabinets..... (LOCATION: _____)	( )	( )	( )

24. Total quantity stored in storage cabinets:

FLAMMABLES = _____ gallons

ACIDS = _____ gallons

CORROSIVES (CAUSTICS) = _____ gallons

25. Maximum quantity stored in any one storage cabinet = _____ gallons

26. Chemicals in storage cabinets are segregated by compatibility and hazard type.....	( )	( )	( )

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY (continued)

	YES	NO	NOT APPLICABLE
27. Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard	( )	( )	( )

28. Maximum quantity stored in any one laboratory:
(LOCATION: _____)

FLAMMABLES = _____ gallons

ACIDS = _____ gallons

CORROSIVES (CAUSTICS) = _____ gallons

	YES	NO	NOT APPLICABLE
29. Other hazardous chemicals are stored at or below bench level.....	( )	( )	( )
30. Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals.....	( )	( )	( )
31. Chemicals stored in other than original containers are properly labeled.....	( )	( )	( )
32. Safety goggles, face shields, gloves are available for use when handling liquid nitrogen, acid, and corrosives.....	( )	( )	( )
33. Protective equipment is used when handling hazardous materials.....	( )	( )	( )
34. Freezers and refrigerators containing etiological agents have signs warning fire fighters of hazard.	( )	( )	( )
35. Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings.....	( )	( )	( )
36. BSCs are used to contain etiologic agent aerosol-producing equipment, e.g., table-top centrifuges..	( )	( )	( )
If NO, face shields and respirators are worn during aerosol-producing operations.....	( )	( )	
37. BSCs are used properly in accordance with USAMRIID Regulation 385-69.....	( )	( )	( )
38. Procedures are performed to minimize the creation of aerosols.....	( )	( )	( )

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY (continued)

	YES	NO	NOT APPLICABLE
39. Contaminated waste materials in BSCs are placed in disinfectant or closable bags.....	( )	( )	( )
40. Work surfaces of BSCs are decontaminated daily and after agent spills.....	( )	( )	( )
41. Disinfectant used (_____) is effective against etiological agent(s) in use.....	( )	( )	
42. Sharps and points are eliminated when possible....	( )	( )	( )
43. Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1.....	( )	( )	( )
44. Centrifuges are evacuated before opening when centrifuging infectious or toxin-containing substances not in safety containers.....	( )	( )	( )
Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs.....	( )	( )	( )
46. Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69.....	( )	( )	( )
47. Airlock operation procedures are in accordance with USAMRIID Regulation 385-69.....	( )	( )	
48. Waste materials are autoclaved from the suite for a minimum of _____ minutes at _____ ^{0}F.....	( )	( )	
49. Autoclave record sheets are used regularly.....	( )	( )	
50. Sterilization indicators are used in each load....	( )	( )	
51. Procedures for eating and drinking are in accordance with USAMRIID Regulation 385-69.....	( )	( )	
52. Eating and drinking and storage of food and drinks are prohibited in laboratories.....	( )	( )	
53. Compressed gas cylinders are secured.....	( )	( )	( )

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY (continued)

	YES	NO	NOT APPLICABLE
54. Compressed gas cylinders are transported by hand trucks.....	( )	( )	( )
55. Floor drains are filled at least weekly.....	( )	( )	
56. House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps.....	( )	( )	( )
57. All suite personnel have been oriented in use of the emergency call box.....	( )	( )	
58. Ultraviolet light (UV) Passbox is operational.....	( )	( )	
59. Rooms are orderly and free of clutter.....	( )	( )	

If NO, areas in need of attention are: _____

_____

_____

60. Areas are in need of cleaning..... ( ) ( )

If YES, those requiring attention are: _____

_____

_____

* * * * * * * * * * * * * * * * * * * *

General comment(s): _____

_____

_____

_____

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1 March 1995 USAMRIID Regulation Number 385-69

APPENDIX O

BIOSAFETY LEVEL 4 CONTAINMENT AREA SAFETY SURVEY

ENCLOSED ON FOLLOWING 4 PAGES

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MCMR-UIZ-S (1 Nov 94)

BIOSAFETY LEVEL 4 CONTAINMENT AREA SAFETY SURVEY

DIVISION: _____ SUITE/POC: _____

DATE: _____ SURVEY BY: _____

	YES	NO	NOT APPLICABLE
1. Entry door is posted with name and telephone number of suite supervisor.....	( )	( )	
2. Adequate clothing is available (scrub suits, hats, socks, towels, shoes).....	( )	( )	
3. Evidence of personnel shaving in internal ("contaminated") change room.....	( )	( )	
4. USAMRIID Regulation 385-69 is posted inside suite.	( )	( )	
Fire evacuation plan is posted inside suite.....	( )	( )	
Emergency lights are present.....	( )	( )	
. Room doors posted where radioisotopes are used....	( )	( )	( )
8. Emergency crash door is accessible.....	( )	( )	
9. Only colored, long-sleeved, front-opening clothing is worn by suite personnel.....	( )	( )	
10. Laboratory doors are kept closed.....	( )	( )	
11. Animal room doors are kept closed.....	( )	( )	( )
12. Animal room doors are posted in accordance with USAMRIID Regulation 385-69.....	( )	( )	( )
13. Posted animal room procedures are followed.....	( )	( )	( )
14. Animal room airflows are inward.....	( )	( )	( )

COPY FURNISHED: _____ DATE: _____

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BIOSAFETY LEVEL 4 CONTAINMENT AREA SAFETY SURVEY (continued)

	YES	NO	NOT APPLICABLE
15. Infected or toxic animals are housed in partial containment caging systems.....	( )	( )	( )
16. Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type.....	( )	( )	( )

17. Maximum quantity stored in any one laboratory:
(LOCATION: _____)

FLAMMABLES = _____ gallons

ACIDS = _____ gallons

CORROSIVES (CAUSTICS) = _____ gallons

18. Other hazardous chemicals are stored at or below bench level.....	( )	( )	( )
Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals.....	( )	( )	( )
20. Chemicals stored in other than original containers are properly labeled.....	( )	( )	( )
21. Freezers and refrigerators containing etiological agents have signs warning fire fighters of hazard.	( )	( )	( )
22. Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings.....	( )	( )	( )
23. BSCs are used to contain etiologic agent aerosol-producing equipment, e.g., table-top centrifuges..	( )	( )	( )
24. BSCs are used properly IAW USAMRIID Regulation 385-69.....	( )	( )	( )
25. Procedures are performed to minimize the creation of aerosols.....	( )	( )	( )
26. Contaminated waste materials in BSCs are placed in disinfectant or closable bags.....	( )	( )	( )
27. Work surfaces of BSCs are decontaminated daily and after agent spills.....	( )	( )	( )

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BIOSAFETY LEVEL 4 CONTAINMENT AREA SAFETY SURVEY (continued)

	YES	NO	NOT APPLICABLE
28. Disinfectant used (_____) is effective against etiological agent(s) in use.....	( )	( )	
29. Sharps and points are eliminated when possible.....	( )	( )	( )
30. Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1.....	( )	( )	( )
31. Centrifuges are evacuated before opening when centrifuging infectious or toxin-containing substances not in safety containers.....	( )	( )	( )
32. Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs.....	( )	( )	( )
33. Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69.....	( )	( )	( )
Airlock operation procedures are in accordance with USAMRIID Regulation 385-69.....	( )	( )	
35. Waste materials are autoclaved from the suite for a minimum of _____ minutes at _____ ^{o}F.....	( )	( )	
36. Autoclave record sheets are used regularly.....	( )	( )	
37. Sterilization indicators are used in each load.....	( )	( )	
38. Compressed gas cylinders are secured.....	( )	( )	( )
39. Compressed gas cylinders are transported by hand trucks.....	( )	( )	( )
40. Floor drains are filled at least weekly.....	( )	( )	
41. House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps.....	( )	( )	( )
42. All suite personnel have been oriented in use of the emergency call box.....	( )	( )	
43. Disinfectant dunk tank is operational..... (DISINFECTANT USED: _____)	( )	( )	( )

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BIOSAFETY LEVEL 4 CONTAINMENT AREA SAFETY SURVEY (continued)

	YES	NO	NOT APPLICABLE
44. Reference stocks are inventoried and controlled....	( )	( )	( )
45. Ventilated suit gloves are thick as possible for the task(s) to be performed.....	( )	( )	
46. Rooms are orderly and free of clutter.....	( )	( )	

If NO, areas in need of attention are: _____

_____

_____

47. Areas are in need of cleaning..... ( ) ( )

If YES, those requiring attention are: _____

_____

_____

* *

General comment(s): _____

_____

_____

_____

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1 March 1995 USAMRIID Regulation Number 385-69

APPENDIX P

DECONTAMINATION AND STERILIZATION WITH ETHYLENE OXIDE

PROCEDURES FOR STERILIZING WITH ETHYLENE OXIDE (ETO) IN BUILDING 1412

CAUTION: ETO GAS IS AN EYE AND RESPIRATORY IRRITANT, SKIN DESICCANT, MUTAGEN, AND POTENTIAL CARCINOGEN.

1. STERILIZATION OF ITEMS FROM THE CONTAINMENT AREA:

a. From the non-containment side of ETO sterilizer:

(1) Assure that all valves on system are closed.

(2) Turn on power switch.

(3) Close outer door and tighten until "Outer door Locked" indicator light comes on.

b. From the containment side of ETO sterilizer:

(1) Open inner door and place items to be sterilized into unit.

(2) Cover materials inside with brown paper to protect from direct splashing with any liquid ETO.

(3) Close inner door and tighten until "Inner Door Locked" light comes on.

c. From non-containment side of ETO sterilizer:

(1) Assure indicator lights show that both doors are shut and sealed.

(2) Turn off power switch to prevent opening of either door during the sterilization process.

(3) Open vacuum valve to evacuate chamber of unit, leaving open until the chamber gauge indicates at least 20 inches of mercury (Hg). Leave valve open for approximately 60 seconds longer to assure maximum vacuum within the chamber has been attained, then close valve.

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APPENDIX P

DECONTAMINATION AND STERILIZATION WITH ETHYLENE OXIDE (continued)

(4) Slowly open the valve on top of the ETO cylinder until hearing a slight hissing sound, indicating ETO gas passing from the cylinder into the chamber of the ETO sterilizer. Allowing ETO gas to enter the chamber too fast pulls liquid ETO into the chamber.

(5) Leave valve open until chamber pressure gauge indicates 5 pounds per square inch (psi) pressure in the chamber, then close the valve on top of the cylinder.

(6) Place an "In Use" sign on the ETO sterilizer unit. Leave sign in place until cycle is complete (16 hours contact time).

(7) After a 16-hour contact time, open the vacuum valve on the ETO sterilizer unit all the way.

(8) When the chamber gauge indicates that there is a vacuum being pulled on the unit, open the valve at the HEPA-filtered inlet piping on the side of the ETO sterilizer unit. Opening the valve allows purging of the chamber with fresh air to remove the remaining ETO. Continue to purge the chamber for at least 1 hour.

(9) After purging the ETO sterilizer unit, close the vacuum valve, turn on the power switch and open the outer door.

(10) Turn off power switch and remove sterilized materials.

(11) Advise personnel not to leave sterilized packages in confined areas because of possible residual ETO on some materials and the packages.

2. <u>STERILIZATION OF ITEMS FROM THE NON-CONTAINMENT AREA</u>:

a. From non-containment side of ETO sterilizer:

(1) Assure that all valves on system are closed.

(2) Turn on power switch.

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APPENDIX P

DECONTAMINATION AND STERILIZATION WITH ETHYLENE OXIDE (continued)

(3) Open outer door and place items to be sterilized into unit.

(4) Cover materials inside with brown paper to protect from direct splashing with any liquid ETO.

(5) Close outer door and tighten until "Outer Door Locked" light comes on.

(6) Assure that lights indicate that both doors are shut and sealed.

(7) Turn off power switch to prevent opening of either door during the sterilization process.

(8) Open vacuum valve to evacuate chamber of unit, leaving open until the chamber gauge indicates at least 20 inches of Hg. Leave valve open for approximately 60 seconds longer to assure maximum vacuum within the chamber has been attained, then close valve.

(9) Slowly open the valve on top of the ETO cylinder until hearing a slight hissing sound, indicating ETO gas passing from the cylinder into the chamber of the ETO sterilizer. Allowing the gas to enter the chamber too fast, pulls liquid ETO into the chamber.

(10) Leave valve open until chamber pressure gauge indicates 5 psi pressure in the chamber, then close the valve on top of the ETO cylinder.

(11) Place an "In Use" sign on the ETO sterilizer unit. Leave sign in place until cycle is complete (16-hours contact time).

(12) After a 16 hour contact time, open the vacuum valve on the ETO sterilizer unit all the way.

(13) When the chamber gauge indicates that there is a vacuum being pulled on the unit, open the valve at the HEPA-filtered inlet piping on the side of the ETO sterilizer unit. Opening the valve allows purging of the chamber with fresh air to remove the remaining ETO. Continue to purge the chamber for at least 1 hour.

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APPENDIX P

DECONTAMINATION AND STERILIZATION WITH ETHYLENE OXIDE (continued)

(14) After purging the ETO sterilizer unit, close the vacuum valve, turn on the power switch and open the outer door.

(15) Turn off power switch and remove sterilized materials.

(16) Advise personnel not to leave sterilized packages in confined areas because of possible residual ETO on some materials and the packages.

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1 March 1995 USAMRIID Regulation Number 385-69

APPENDIX Q

USAMRIID Form 45 (Rev Mar 95)
LABORATORY SAFETY OPERATIONS TRAINING RECORD

ENCLOSED ON FOLLOWING PAGE

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TRAINING RECORD FOR LABORATORY SAFETY OPERATIONS

NAME: _____

SSAN: _____

DIVISION: _____

1. This is to acknowledge that I have read and understand the contents of USAMRIID Regulation 385-69 [Biocontainment Laboratory Operations (Biosafety Levels 3 & 4)].

_____
(Employee signature/date)

2. a. This is to acknowledge that the employee has been oriented and trained in the practices and procedures required for the biocontainment laboratories in which he or she will work.

b. In addition, I will ensure that he or she will receive further applicable training, or training materials, from the USAMRIID Safety Office.

_____
(Supervisor signature/date)

3. The above employee has attended the Safety Office Laboratory Safety Operations training session.

_____ _____

_____ _____

_____ _____

_____
(Safety Office/date)

Privacy Statement
Purpose: Commander, USAMRIID requests the information on this form to be used by the Safety Office for routine training use. This information is mandatory--failure to comply can result in disciplinary action. This information is covered by AR 430-21-1 (Privacy Program) Chapter 11-2.

USAMRIID Form 45 (Rev Mar 95)

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1 March 1995

USAMRIID Regulation Number 385-69

APPENDIX R

USAMRIID Form 104-R (3 Aug 92)
AIRFLOW LOG FOR LAMINAR FLOW HOODS

ENCLOSED ON FOLLOWING PAGE

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USAMRIID Safety Inspection Checklist:

Airflow Log for Laminar Flow Hoods

MANUFACTURER: _____

MODEL: _____

Room: _____ **Building:** _____

SIZE: _____

MMCN: _____

WEEK ENDING	NAME	VELOCITY	Initials

WEEK ENDING	NAME	VELOCITY	Initials

USAMRIID Form 104-R (3 Aug 92)

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APPENDIX S

USAMRIID Form 105-R (3 Aug 92)
FLOOR AND SINK DRAIN LOG

ENCLOSED ON FOLLOWING PAGE

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USAMRIID Safety Inspection Checklist:

Floor and Sink Drain Log

Suite: ____________ **Building:** ______________________

Room: ____________ **Location:** ______________________

WEEK ENDING	NAME	Initials

WEEK ENDING	NAME	Initials

USAMRIID Form 105-R (3 Aug 92)

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APPENDIX T

USAMRIID Form 106-R (17 Aug 92)
EYEWASH/DRENCH HOSE PERFORMANCE LOG

ENCLOSED ON FOLLOWING PAGE

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USAMRIID Safety Inspection Checklist:

Eyewash/Drench Hose Performance Log

Suite: ____________ **Building:** ______________________

Room: ____________ **Location:** ______________________

WEEK ENDING	NAME	Initials

WEEK ENDING	NAME	Initials

USAMRIID Form 106-R (17 Aug 92)

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EXHIBIT 32

Hoover, David L COL WRAIR-Wash DC

From: (b)(6) USAMRIID
Sent: Thursday, May 9, 2002 4:35 PM
To: Hoover, David L COL WRAIR-Wash DC
Subject: RE: biosafety cabinets

Col. Hoover
You are correct. There were two Bilogical safety Cabinets that failed inside of B-3 in January 2002. The cabients failed due to low airflow readings and not because of leaks in the the filter media. This occurs over time and the filters get dirty and the flow decreases. The Filters were changed after being decontaminated and the Bilogical safety cabinet was re-certified per NSF #49 in January 2002. Please let me know if there is anything else that I can help you with.

(b)(6)
Safety & Occupational Health Specialist
Facilities Management Division
USAMRIID
Office: (b)(6)
Fax:

-----Original Message-----
From: Hoover, David L COL WRAIR-Wash DC
Sent: Thursday, May 09, 2002 10:59 AM
To: (b)(6) USAMRIID
Subject: FW: biosafety cabinets

(b)(6)
As per our meeting today at 10:00 a.m., I wanted to verify that only 2 BSCs had failed in the period noted below. Both failures were due to reduced airflow. No HEPA filter failures or cabinet leaks were found during this period. Please confirm my understanding of our discussion by return email. Thanks, David Hoover

-----Original Message-----
From: Hoover, David L COL WRAIR-Wash DC
To: (b)(6) USAMRIID
Sent: 5/2/02 1:21 PM
Subject: biosafety cabinets

(b)(6)
As we discussed, I am investigating officer for the anthrax contamination issue. Will you please provide me with a list of any biological safety cabinet failures since 1 SEP 01 in the following areas:
Bldg 1425
suite B3
room AR105/106
Suite AA3

Bldg 1412
BSL-3 suite

It would be helpful if you could let me have that information by 1500 on 3 MAY. I would also like to meet with you

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at that time in room 527 in the Medical Division. If you cannot meet that deadline or if that meeting time is not good, please let me know via email or beep me at (b)(6)

Thank you

David Hoover
COL, MC

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/10	0922	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. What is your position at USAMRIID?
A. Safety and Occupational Health Manager. I serve as Chief, Safety and Radiation Protection and our office has division status in the Institute.

Q. How long have you been at USAMRIID?
A. Since October 1988. In additional to USAMRIID position, what other safety duties do you do? Since 1992, I have been designated the USAMRMC Biological Safety Officer. How much of your time is spent on USAMRIID duties and how much on others over the past few years? From 1992 through 2001, as the designated USAMRMC Biological Safety Officer, the USAMRIID-USAMRMC agreement was to allow me 6 weeks per year to conduct contract laboratory inspections for the USAMRMC. During that time, most inspections involved 1-4 days per contract and have not exceeded about 4 weeks per year. With the exception for conferences, seminars, and training classes, all of my time has been devoted to duties and responsibilities at USAMRIID. At all times my responsibilities and duties at USAMRIID took precedence over other requirements.

Q. What criteria do you use for reporting potential biological agent exposures to DA or MRMC Safety Office?
A. AR 385-40, 1 November1994, entitled Accident Reporting and Records, specifically Chapter 12-1 c. (2), Biological Defense Mishaps, states "A potential exposure is any mishap in which there is a reason to believe that the probability existed that anyone working with an etiologic agent may have been exposed to that agent, yet no measurable rise in specific antibody titer or diagnosis of illness or disease can be found. However, there is reason to believe in such a case that the possibility existed for introduction of an etiologic agent through mucous membranes, the respiratory tract, broken skin, or the circulatory system as a direct result of the accident or injury." Please note the terms "probability" and "may have been exposed." Based on this opportunity to interpret a potential exposure, I discussed this issue with personnel from USAMEDCOM in 1998 and explained the criteria used by USAMRIID to report a potential exposure. The USAMRIID Exposure Reporting Criteria, where the risk of exposure and the risk of disease are evaluated, are as follows:

NI = NO ILLNESS (NOT SIGNIFICANT)
NO = NONE (NOT SIGNIFICANT)
NE = NEGLIGIBLE (NOT SIGNIFICANT)
MI = MINIMAL (NOT SIGNIFICANT) [LOW]
MO = MODERATE (SIGNIFICANT) [GREAT]
HI = HIGH (SIGNIFICANT)

Based on these criteria, I have been reporting potential exposures, through the USAMRIID Command channel to the USAMRMC, as those meeting the criteria for being significant. That is, the last two categories. The justification for using these criteria is based on the ultra-conservative reporting procedures used by USAMRIID. Using these criteria, USAMRIID has reported few potential exposures since 1987 (my tenure at USAMRIID where I collated the data). As I stated to the USAMEDCOM personnel in 1998, if all potential exposures were reported by USAMRIID these numbers would most likely approach about 40 potential exposures per year. Please see the attached Powerpoint slide on Significant Potential Exposures.
Q. When did you last personally inspect the BSL-3 labs?
A. Two (2) other Safety and Occupational Health Specialists in our Office share laboratory inspection duties also.. I have personally inspected some BSL-3 and BSL-4 laboratories during the last 6 months.

10. EXHIBIT	11. (b)(6) PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
33		

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT ~~USAMRIID POI~~ USAMRIID DATED 2002/05/10

9. STATEMENT *(Continued)*

Q. What is the responsiveness of PIs, Commander and Division Chiefs to safety concerns that you raise?
A. These individuals are quite responsive at their level. Those individuals in a leadership position tell me often how important safety is for the Institute. However, the responsiveness and discharge of duties and responsibilities of first-line supervisors related to safety issues needs improvement.

Q. How does biosafety relate to chemical safety at USAMRIID?
A. Since 1996, the functions of biosafety and chemical safety have been separate entities at USAMRIID. This separation occurred in June 1996 during reorganization of the Safety Office because of the departure of the incumbent Safety Manager. Shortly thereafter the Chemical Hygiene functions, and the personnel slot, were moved from the Safety Office to the Logistics Division.

Q. Do you recall the timeline of your involvement in the events surrounding the anthrax contamination in mid-April?
A: I was notified on the 18th. I assessed the situation on Thursday evening with USAMRIID Command personnel and was convinced (by my assessments) there was no imminent danger. I continued to work the issue through the weekend. I was here on Saturday and Sunday.

Q. What issues of concern to Safety and Occupational Health were raised by finding of contamination outside the BSL-3 suite?
A. Safety of external population (those without access to the suite), and how contamination got there.

Q. Is there a set of regulations for the BSL-3 labs?
A. Yes. There is a biosafety manual. Most of the regulations were published in 1990. Shipping regulations were updated since then. Most Many regulations have not been updated. The specific regulation for BSL-3 and BSL-4 laboratory operations is a 101-page document that was extensively revised and published in 1995. This regulation, dated 1 March 1995, is entitled Biocontainment Laboratory Operations (Biosafety Levels 3 and 4).

Q. Are there regular inspections?
A. Monthly inspection reports from divisions are reviewd by the Safety Office. Concerns are immediately addressed telephonically. Safety also does quarterly inspections. (b)(6) is POC for those reviews.

Q. Are there any records of BSC or ventilation failures?
A. Records of ventilation failures are maintained by Facility Management. I reviewed them back to March 7 for Suite B-3. There was one problem with a generator lapse for a few minutes, but the suites did not become positive. BSC failures are documented on inspections. Notification of failures by the investigators is made to logistics, not to safety. POC is (b)(6) Other safety equipment failures would also be documented on the quarterly inspections. As a result of my inquiries, I determined that there were no engineering control (BSC and ventilation system) failures in Suite B-3 from March 7th to the present.

Q. Do you have any ideas at present on where contamination might have come from?
A. I would question if material brought back for analysis from 1412 might be a problem if the passbox were contaminated. It is possible that mechanical transfer has occurred. I wonder, do individuals clean their nasal passsages when showering. Do individuals wear appropriate respiratory protection? during certain laboratory procedures?

Q. Are there individual lab SOPs in addition to the USAMRIID SOPs? Yes, but only in the GLP labs operated by OPDRA. Safety has a copy of the GLP documents. There may be additional SOPs maintained in the laboratories, but there is no document approval for those.

Q. Who maintains the laboratory SOPs?
A. The individual lab or PI or technician.

Nothing follows

INITIALS OF PERSON MAKING STATEMENT

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/10

9. STATEMENT *(Continued)*

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)

ent)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10th day of MAY, 2002 at USAMRIID

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

David L. Hoover

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMEN (b)(6)

Released by the US Army Medical Command FOIA/PA Office

PREPARED: 5/10/2002

U.S. Army Medical Research Institute of Infectious Diseases
Fort Detrick, Maryland 21702-5011

AGENT REGISTRY

REG.#	AGENT	DIV	BLDG	LOCATION	INVESTIGATOR
834	BACILLUS ANTHRACIS	DSD	1412	1412-A	(b)(6)
2225	BACILLUS ANTHRACIS (ALL STRAINS)	TOX	1412	114-115-118-119	
2209	BACILLUS ANTHRACIS AMES ANR (px01+,px02-)	BACT	1425	AR4 WEST	
2210	BACILLUS ANTHRACIS AMES ΔANR (px01-,px02-)	BACT	1425	AR4 WEST	
2207	BACILLUS ANTHRACIS STERNE (px01+,px02-)	BACT	1425	AR4 WEST	
2200	BACILLUS ANTHRACIS VNR TET 1	DSD	1412	1412-212	
2201	BACILLUS ANTHRACIS VNR TET 1	DSD	1425	AA-3	
2202	BACILLUS ANTHRACIS VNR TET 1	DSD	1425	1425-410	
2203	BACILLUS ANTHRACIS VNR TET 1	DSD	1425	AR101	
2204	BACILLUS ANTHRACIS VNR TET 1	DSD	1425	BP2	
1241	BACILLUS ANTHRACIS (all strains)	DSD	1412	1412-212	
1242	BACILLUS ANTHRACIS (all strains)	DSD	1425	AA-3	
2244	BACILLUS ANTHRACIS (AMES STRAIN)	BACT	1412	1412-213	
1192	BACILLUS ANTHRACIS (STERNE STRAIN)	VIR	1412	1412-V	
1203	BACILLUS ANTHRACIS (STERNE VACCINE STRAIN)	VIR	1425	V-3,4	
1204	BACILLUS ANTHRACIS (STERNE VACCINE STRAIN)	VIR	1425	V-5B	
2317	BACILLUS ANTHRACIS (STRAIN Carbosap - VACCINE STR)	BACT	1425	AR4W	
2318	BACILLUS ANTHRACIS (STRAIN Carbosap - VACCINE STR)	BACT	1425	B-3,4	
2211	BACILLUS ANTHRACIS AMES ΔANP (pPA102 (px01-,px02+,pap+)	BACT	1425	AR4 WEST	
1134	BACILLUS ANTHRACIS ATCC 10	HQS	1412	1412-HQ	
1135	BACILLUS ANTHRACIS ATCC 4728	HQS	1412	1412-HQ	
2208	BACILLUS ANTHRACIS ΔAMES (px01-,px02+)	BACT	1425	AR4 WEST	
2212	BACILLUS ANTHRACIS ΔAMES pPA102 (px01-,px02-,pap+)	BACT	1425	AR4 WEST	
1561	BACILLUS ANTHRACIS DELTA AMES STRAINS	DSD	1425	1425-410	
1562	BACILLUS ANTHRACIS DELTA AMES STRAINS	DSD	1425	AR 101	
1123	BACILLUS ANTHRACIS DELTA STERNE-1 (pPA102) CR4	BACT	1425	B-5	
1124	BACILLUS ANTHRACIS DELTA STERNE-1 (pPA102) CR4	BACT	1425	AR-4W	
1851	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	1425-410	
2331	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	B-104	
2332	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	B-105	
2333	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	B-112	
2334	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	B-113	
2335	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	AR-101	
2336	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	AR-105	

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PREPARED: 5/10/2002

U.S. Army Medical Research Institute of Infectious Diseases
Fort Detrick, Maryland 21702-5011

AGENT REGISTRY

REG.#	AGENT	DIV	BLDG	LOCATION	INVESTIGATOR
2337	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	AR-106	(b)(6)
2338	BACILLUS ANTHRACIS PASTEUR STRAIN	DSD	1425	1425-410	
1560	BACILLUS ANTHRACIS STERN STRAIN	DSD	1425	1425-410	
1563	BACILLUS ANTHRACIS STERN STRAIN	DSD	1425	AR 101	
2238	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	BP-2	
2323	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	B-104	
2324	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	B-105	
2325	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	B-112	
2326	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	B-113	
2327	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	AR-101	
2328	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	AR-105	
2329	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	AR-106	
2330	BACILLUS ANTHRACIS STERNE STRAIN	DSD	1425	1425-410	
2358	BACILLUS ANTHRACIS VOLLUM BOT BATTELLE A & D	BACT	1425	B-3	
2359	BACILLUS ANTHRACIS VOLLUM BOT BATTELLE A & D	BACT	1425	B-4	
2290	BACILLUS ANTHRACIS, AMES STRAIN	BACT	1412	1412-114, 115, 118, 119	
2289	BACILLUS ANTHRACIS, AMES STRAIN	BACT	1425	B-3,4	
378	BACILLUS ANTHRACIS, AVIRULENT STRAINS	BACT	1425	B-3,4	
1452	BACILLUS ANTHRACIS, STERNE (DELTA pXO2)	BACT	1425	B-501	
1453	BACILLUS ANTHRACIS, STERNE (DELTA pXO2)	BACT	1425	AR409W	
302	BACILLUS ANTHRACIS, VOLLUM 1-B, OTHER	BACT	1412	1412-B	
320	BACILLUS ANTHRACIS, VOLLUM 1-B, OTHER	BACT	1425	B-3	

Released by the US Army Medical Command FOIA/PA Office

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/09 KHA	1310	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
(b)(6)	(b)(6)		(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6) _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. What is your job at USAMRIID? How long have you been here?
A. I am a Safety and Occupational Health Specialist. I have been at USAMRIID 4 years as of February 2002. I conduct mishap investigations and building safety surveys and inspections, approve shipping requests, do safety training classes and support Dr. Hawley. I am also the respiratory program manager for the Institute.

Q. What did you do in previous jobs? I was a Safety and Occupational Health specialist in the Deparmtent of the Navy as a civilian. That job was similar to this one from the chem side. I did no biological safety except for Bloodborne Pathogens. I have never worked in a microbiology laboratory?

Q. What training have you received for your job? (b)(6) conducted on job training. He accompanied me on 2 or 3 inspections and went over the checklist with me. I also attended a control of biohazards course at Johns Hopkins. I have also attended 3 classes at Frederick Community College (Biology 101 and 102 and Microbiology) and various safety seminars provided by CDC, ABSA and NIOSH.

Q. Do you have any comments on COL Hoover's memo for record of 3 May 2002 regarding the inspection of Building 1425 suite B-3 and Building 1412 on that date?
A. This inspection was more thorough than the usual inspections I had conducted. I had not receive specific training on the details of the centrifuge rotors and the centrifuge evacuation devices, for example. The attention to chemical issues was also more thorough. I was instructed that I should not worry about that issue. There has always been some contention between the chemical hygiene officer and (b)(6). Chemical Hygiene Office is separate from the Safety Office. It is in Logistics but (b)(6) is supposed to have oversight. This issue has been raised to the Deputy Commander and noted by the MRMC Safety Office in the past.

Q. Was the condition of the laboratory on 3 MAY different from the condition when you inspected it on 14 AUG 01? It was more cluttered. I don't recall that the housekeeping was as bad in August as we saw it.

Q. If you find safety deficiencies, what do you do?
A. I talk to the suite supervisor or individual investigator to see if they can correct it on the spot. If not, I submit a deficiency report to the division safety representative. They have 30 days to respond. Their response may be a work order or other correction of deficiency. (b)(6) and I track the deficiencies until they are resolved.

Q. Is there a followup process for safety deficiencies?
A. We try to catch them on the next inspection unless there is an important issue like an outdated BSC safety inspection. That is dealt with immediately.

Q. Do you do any specific training for people going into BSL-3 labs? What is the content?
A. Yes, I have given a course on BSL 1 through 4. This is a relatively cursory instruction of about 75-80 slides that takes about 90 min. There is no retraining. This is strictly general operations of the suite. The laboratory supervisor is supposed to give specific training, depending on the organism.

Q. Do you have any responsibility for reporting potential exposure incidents outside the Institute?
A. I do all mishap investigations and reporting. I prepare these for (b)(6) signature. There only have been 2 since I have

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	
34	(b)(6)	PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

Released by the US Army Medical Command FOIA/PA Office

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT ~~USAMRIID~~ USAMRIID (KM) DATED ~~2002/05/09~~ 10 (KM)

9. STATEMENT *(Continued)*
been here, the Glanders incident in May 2000 and the VEE exposure in JAN 02.

Q. What guidance have you received regarding reporting?
A. I have discussed this issue with (b)(6) in the past. He wants to minimize the number of reports that go to command or to DA. He has decided that the only report that is submitted to the DA is of those who have a moderate or significant likelihood of having actually contracted disease in the opinion of the physicians in the medical division. The definition of a potential exposure is somewhat unclear.

Q. There were 16 individuals potentially exposed to anthrax on 15-17 October 01. Were those reported? The dates of initial reports listed on a spreadsheet from the Medical Division range from 18 October to 19 November. Why is that?
A. Reports of potential exposures on 1326 was only initiated on a handful of individuals by the Division Chief (b)(6). When (b)(6) submitted the list of exposures, I contacted (b)(6) because there were not enough 1326s for the number of individuals listed by (b)(6). (b)(6) initially resisted filing 1326s. After (b)(6) contacted him, (b)(6) submitted 1326s and also a memo indicating his justification for submitting them.

Q. Was there discussion about whether to report that incident up the chain.
A. The only individual thought to have a significant risk of disease was (b)(6). The Medical Division did not think that any of these issues were significant enough to warrant reporting further up the chain. (b)(6) has mentioned these policies to the MRMC safety office. Previously MEDCOM had not required reports when incidents had been mentioned to them.

Q. Who maintains the uv lights in the passboxes? (b)(6) The attached document describes this.

Q. Do you review any SOPs from the divisions or laboratories?
A. No.

Q. Are there any division safety SOPs that you are aware of?
A. There are safety issues built into the GLP SOPs, but those are the only formal SOPS I know of. Everything else is covered in the regulations.

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?
A1. Individuals not showering out of the facility. It has been mentioned through the grapevine. Also, some of the researchers may have a cavalier attitude toward safety. For example, I went into a virology suite one day. He went through the hot change room stark naked carrying 2 library books and a bottle of Pepsi. I went in through the change room and found him sitting in the office drinking the Pepsi and wearing scrubs. I informed the individual that the Pepsi and the books from Frederick County Library should not have come in through the hot area but only through the passbox. Also, the library books would need to be autoclaved out of the suite. The researcher didn't think these issues were important so I addressed it with (b)(6) addressed it with the supervisor. There was minimal support from the supervisor and Division chief. In general, the virology division chief does not support safety concerns.

(b)(6)

A3. I also have concerns about B-3. I realize that they do routine environmental samples. I think (b)(6) would not have checked unless he was concerned about something.

A4. There is a lack of teeth in the safety program. (b)(6) has been very supportive, but there is not much interest from others in the headquarters in enforcing safety problems.

Q. Do you have any ideas as to where the contamination outside the BSL-3 area might have come from?
A. I suspect someone took a stack of papers out of the passbox, The fanning of a stack of papers might have dislodged material in the middle of the stack. I have not heard of any specific incidents.

I have provided the following documents:
BSL-3 Quarterly Inspection reports for Suite B-3 29 JAN 2001, 3 MAY 2001, 14 AUG 2001; for 1412 4 JAN 2001, 2 MAY 2001, 11 JUL 2001; for DSD (AA3) 10 JAN 2001, 10 APR 2001, 27 NOV 2001.

INITIALS OF PERSON MAKING STATEMENT (KM)

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/09 10 KM

9. STATEMENT *(Continued)*

Bacteriology Division monthly inspection reports JAN 01 through JAN 02.

Record of UV light changes

Memo from (b)(6) on 1326 submissions for October 2001 potential anthrax exposures

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 23 KM. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY, WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th 10th day of MAY, 2002 at USAMRIID

David L Hoover

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

David L. Hoover

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT KM

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MCMR-UID

26 November 2001

MEMORANDUM FOR THE RECORD

SUBJECT: Possible Anthrax Exposures

1. Beginning on 15 October 2001, the Special Pathogens Sample Test Laboratory began processing environmental samples that may have been contaminated with purified or partially purified *Bacillus anthracis* spores. (b)(6) (b)(6) and I decided that the form of this threat was more dangerous than samples processed previously. Without comprehensive knowledge about the virulence of the threat, we were concerned that some employees may be inadequately protected and asked for a health survey of our employees by physicians from the Special Immunization Program. Some employees were placed on antibiotic prophylaxis as a conservative response. This action was not taken because of any particular "accident;" but to more aggressively survey our staff to protect their health and safety.

2. Beginning on 15 October 2001, all credible threat materials and powders were processed at BSL3 in suite AA3 by training personnel.

3. The POC for this action is the undersigned at (b)(6)

(b)(6)

Chief, Diagnostic Systems Division

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EXHIBIT 35

Hoover, David L COL WRAIR-Wash DC

From: (b)(6) A CPT USAMRIID
Sent: Tuesday, May 7, 2002 5:15 PM
To: Hoover, David L COL WRAIR-Wash DC
Subject: RE: statement

Sir- looks good- JJ

-----Original Message-----
From: Hoover, David L COL WRAIR-Wash DC
To: (b)(6) USAMRIID
Sent: 5/6/02 4:57 PM
Subject: statement

Thanks for clarifications. I have revised the draft and pasted the final statement text below. I will also format for a witness statement to sign, but in the meantime, will you please review one more time and email me back your concurrence with the final draft? Thanks.
David Hoover

Q. What is your job at USAMRIID?
A. I am a Research Investigator in the Division of Bacteriology. I was also Suite Supervisor for suites B-3 and B-4 for about 2 years until mid-April.

Q. What does the Suite Supervisor job involve?
A. Supervisor is contact person for facilities, safety, maintenance and makes sure everything gets done in day to day operations. Theoretically, Supervisor also responsible to oversee overall safety issues within the lab. In fact, (b)(6) is effectively the assistant division chief. This creates two parallel tracks within the division for suite supervision. Usually (b)(had decision-making function. I handled specific needs (getting equipment fixed, moving things within the suite). Besides that, each PI ultimately takes care of operations within each lab, so effectively, there is no hierarchical function of the Supervisor. I had little real authority. No one ever came to tell me that surveillance cultures had been done in the suite. On one occasion, about November or December, I heard indirectly that a culture from the door handle of B-312 (my own lab) had been positive for anthrax, but no direct notification of me as the suite supervisor.

Q. Was there any clear delineation of responsibility when you began the supervisor position?
A. No. I was introduced at a division meeting but no clear idea of my functions was communicated to the investigators.

Q. Were you involved in Operation Noble Eagle?
A. I organized the lab so that every single sample number that came from DSD had bacteriologic procedures set up on them. I set up the labs in B-1 to process environmental samples (mostly swabs) from various areas of the Hart office Building on 21 October. Samples arrived in B-1 in

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loose bags. They had already been tagged with DSD sample number, but were still dry. They were logged in in B-1, spore germination buffer was added and samples were streaked on blood agar and further sent for PCR and immunology.

Q. Are there any division level set of SOPs or individual investigator SOPs?
A. Not to my knowledge. There is no formalized training procedure. In my first training in the suite, I would watch procedures, then assist, then was allowed to perform procedures.This created some gross inequities in training as a result, so some people were better trained than others.

Q. Did you work with anthrax?
A. No, except for one experiment in Jan 99.

Q. What happens when an accident happens?
A. The worker informs the supervisor. Both go to Medical Division, file incident report. They do medical assessment and a memo is taken to the safety office. Corrective action is described on the memo. The suite supervisor is not notified unless there is a spill. I am not aware of any spills that were not reported. I didn't know who had exposure or what happened in the 8 April incident until 2 weeks later.

Q. Has there been any implication from superiors that accidents should not be reported?
A. No, but there is institutional skepticism and a feeling that the safety program may be more about insulating the institute from criticism than from protecting the workers. Other workers have mentioned that they might not report in the future because of the fallout from this episode.

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?
A. Team anthrax are generally kind of sloppy. I routinely see people going through the –80 without gloves on. My group is constantly criticized by the people in anthrax team for being new and inexperienced. I think there's a serious problem. I recommend to my people to always wear one pair of gloves and to remove the outer pair of gloves after working with agent, since I can't be sure the lab isn't contaminated.

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	20020506	15:35	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.

I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. What is your job and who is your supervisor at USAMRIID?
A. Microbiologist, Associate Investigator. I have also been the Division Safety Representative to the USAMRIID Safety Committee for the last 7 or 8 years. (b)(6) has been my supervisor for the past year. For the three previous years, my supervisor was (b)(6)

Q. What are your safety responsibilities?
A. Contact person between the Safety Committee and Bacteriology Division. I do monthly safety inspections of the suites. The Safety Office is supposed to make quarterly inspections, but do not do them as often as expected. The last inspection by the Safety Office was probably two years ago (I have since found out it was in November, 1998). I am not the safety supervisor for the suites, but report the deficiencies to suite supervisors. Once the deficiencies are addressed, the report is passed up the line to the Division Chief or Safety Office. I am not involved in the reporting chain for incidents.

Q. How are conditions in the BSL-3 suites?
A. Suite B4 is currently down, so it has been crowded in B3. Suite B3 was down for renovations for a long time last year, then Suite B4 was prepared in November for decontamination and renovations, and is still not operational.

Q. Are there any Division Safety SOPs?
A. SOPs in the Division are held by individual investigators, but they are not maintained as an official record and not in the safety manual.

Q. What organisms have you worked with and where?
A. Plague since 1994. I worked on anthrax for 2 years beginning in 1981, then Q fever and tularemia from 1984 to 1994. I have worked with plague in B4, but most of my work is in building 1412.

Q. Have you had any personal exposure incidents or taken prophylactic antibiotics?
A. No

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?
A. Nothing major. I am concerned that crowding in the labs because of the prolonged closures of first B3 and then B4 for renovations leads to more disorganization.

Q. Do you have any ideas as to where the contamination outside the BSL-3 area might have come from?
A. No personal knowledge.
--------Nothing Follows----------

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	
36	CRB	PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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STATEMENT OF Christopher Bolt TAKEN AT USAMRIID DATED 20020506

9. STATEMENT *(Continued)*

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 6 day of MAY, 2002 at USAMRIID

David L. Hoover

(Signature of Person Administering Oath)

David L. Hoover

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b)(6)

Released by the US Army Medical Command FOIA/PA Office

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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Frederick, MD	2002/05/09	1310	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	

8. ORGANIZATION OR ADDRESS
USAMRIID

9.

I, Arthur Friedlander, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. What is your job at USAMRIID?
A. I have been Senior Medical Scientist for about 3 months. Before that, I was Senior Military Scientist. I have been here 23 years.

Q. What are your duties?
A. I run a research program on anthrax and serve as consulant to the commander on biodefense, and chair the anthrax vaccine steering committee.

Q. What supervisory role do you have for the lab activities in the suites and how much do you get in the lab?
A.I supervise (b)(6) and 4 contractors at PhD level. I go into the cold lab once a week and get into the hot lab (B-3) (B-4) once or twice a month.

Q. Have working conditions in the lab changed much over the last year?
A. It has been crowded since B-4 has been down. People are working in other locations because their own labs are down.

Q. Are there written SOPs for the procedures in the lab?
A. There are general SOPs for working in the BSL-3. Some division level SOPs for handling BSL-3 were present in about 1998. The Division should have a copy. In addition to the minimal essential training, one on one training is done by experienced personnel on particular experimental procedures until trainees are deemed to be sufficiently trained to work by themselves. There is not a formal process to certify this additional training.

Q. How are they maintained and reviewed?
A.. I am unsure.

Q. Have you observed anyone taking multiple sheets of paper out through the passbox?
A. I most commonly see single sheets, but I may have seen multiple sheets in the passbox but can't remember if they were in a stack or if they had been turned over. Now, data are mostly faxed or computer entered.

Q. How effective is UV light for killing spores?
A. Old published data indicates that UV light kills anthrax spores, but I don't have the references.

Q. Where do you think the anthrax contamination may have come from
A. I think it came from outside. I believe these are in capped tubes on ice. I would expect that an accident would be easily recognized. Also spores may go out when they are to be irradiated or if strains are to be sent to people. These could be in liquid or on an agar slant. It's conceivable that spores could have been taken from Bacteriology to DSD. I believe that Dugway has also sent shipments of spores over the years and sent them to (b)(6). They may have come into the suite. Isolates may also have come from elsewhere if they were looking at geographically diverse strains. An attenuated vaccine strain we got from Martin Hugh-Jones was packaged appropriately.

(b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	
37	AFD	PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/09

9. STATEMENT *(Continued)*

Q. What is capsule agar?
A. Agar with 0.8%bicarbonate. For testing, cultures are grown in 5% -20% CO2.

Q. How reliable is it for speciating B. anthracis?
A. Virulent strains should all be encapsulated. Some avirulent B. anthracis may make capsule in the presence of CO2 but I believe this is not CO2 dependent. I don't know how unique this is and how many strains this has been tested on.

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of MAY, 2002 at USAMRIID

(Signature of Person Administering Oath)

David L. Hoover
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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EXHIBIT 38

Leighton-Doi Media

For 2 liters of media:

1. 16 g nutrient broth dissolved in 1800 ml MilliQ H_2O. Mix well on stir plate until all media is dissolved.
2. Put 225 ml of media into each of eight 2 liter screw-capped flasks. Autoclave for 15 minutes on liquid cycle.
3. In separate container add the following:
   3.8 g KCl
   0.6 g CaCl
   1.8 g glucose (dextrose)
   200 ml MQH

Mix on stir plate to dissolve. Then add 1 ml each of $MnSO_4:H_2O$; $MgSO_4:7H_2O$; $FeSO_4:7H_2O$ stocks. (These solutions are already made as 100X and are kept in our refrig in the hallway. If you want to make your own, $MnSO_4:H_2O$ - 0.4 g in 100 ml water; $MgSO_4:7H_2O$ - 5 g in 100 ml water, $FeSO_4:7H_2O$ - 0.06 f in 100 ml water)

4. Mix the salt solutions and filter sterilize.
5. When nutrient broth has cooled, aseptically (in the hood) add 25ml of the above filtered solution to each flask. Cap tightly.

(b)(6)

9 May 02

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Inoculation, Harvest and Purification

1. Streak strain to be grown as spores onto TSA or SBA and incubate overnight at 37°C. We typically put these into the CO^2 incubator even though the plates do not have bicarb or horse sera in them because the colonies will appear slightly shiny if fully virulent. (Sometimes you will see a spontaneous cap- colony)

2. The next day, resuspend 1 loopful of growth from an isolated colony into 5 ml PBS. Inoculate each flask with ~0.2 ml of the suspension.

3. Tighten the cap of the flask all the way, then loosen 1 full turn. Tape cap and cover the cap with absorbant toweling. Tape toweling on.

4. Incubate at 37°C for 3 days with gentle shaking (about 100 rpm). Usually, we inoculate on Friday afternoon and harvest on Monday. Cover window on shaker as the organisms sporulate better in the dark.

5. On day of harvest check spores under microscope. If they look okay, at least 85% refractile, free spores, proceed with following steps.

6. Pipet the contents of each flask into a 500 ml centrifuge bottle. If you have more bottles than the centrifuge can spin at one time, put spores on ice until they can be spun.

7. 7. Pellet spores by centrifugation at 7000 rpm in the big rotor (GSA, think) for 20 min.

8. 8. Remove supernatant and resuspend spores in cold sterile water for injection. I put 35 ml sterile water into each bottle, resuspend and then combine into 2 bottles. It is very important to make sure the spores are totally resuspended.

9. Spin same as before. Wash the spores an additional time by resuspending the pellets in 70ml cold sterile water for injection.

10. Spin same as before.

11. After removing supernatant, resuspend spores in 35 ml 1% phenol. Store at 4°C.

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Density Gradient Purification

1. Make a 58% solution of hypaque (58 ml hypaque, 42 ml sterile water for injection). Mix well and divide evenly between two 250 ml centrifuge bottles.

2. Carefully, layer spores on gradient. The spores can be kept at 4°C until a later date or can be spun the same day. Spin at 7000 rpm in a swinging bucket rotor (HS-4) for 30 minutes. Remove hypaque and any debris that may be caught between the layers.

3. Spores will be seen as a pellet in the bottom of the bottle. You may want to examine the debris layer in case any spores got caught in it (this happens sometimes if the prep has a lot of debris that forms sort of a matrix blocking the refractile spores from pelleting correctly). If this is the case, they can be re-layered on a gradient and spun a second time.

4. Resuspend the spores in 70 ml cold sterile water for injection. Spin 7000 rpm for 15 minutes. Remove water and resuspend spores in 70 ml cold sterile water for injection. Spin as before. Remove water and resuspend spores in 10-25 ml 1% phenol. Store at 4°C. The Corning disposable flasks work great to store the spores in. It's a good idea to keep the spores out of the light by covering with foil.

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EXHIBIT 39

Notes on conversation with (b)(6), as approved by him via email 9 MAY 02

Q. What is your job at USAMRIID? I am a Microbiologist in the Division of Bacteriology. A. I primarily work on therapeutics for respiratory bacteria. I have been at USAMRIID for 4 years and have worked with B. anthracis for 3 years. I mostly do in vitro antibiotic antibiotic studies for anthrax, plague and glanders and also study antibiotics in challenged animals. I do all my work in 1412. I am also the suite supervisor for the BSL-3 area in 1412.

Q. As suite supervisor, what are your responsibilities?
A. Primarily the suite supervisor is responsible for the maintenance and cleanliness of the suite. For obvious safety issues, we are responsible to notify the Safety Office. I also keep people informed of changes in the safety regs and represent the suite on the safety committee. (b)(6) from virology is secondary supervisor.

Q. If a potential exposure happens, are you notified?
A. Not always. For example, there was a VEE exposure about 2 months ago. There was concern that there might have been a failure of the RACAL respirator equipment. I was not notified until about a week later. There was a monkeypox incident last week that I heard about by rumor. I have not yet been informed formally.

Q. Why does that happen?
A. The reporting process says your supervisor and your division chief have to make the incident reports. The suite supervisor is not included. This situation may be unique to 1412 since multiple divisions are involved in the suite. In 1425 the suites are under individual division control, so the suite supervisor would almost always be aware of an incident. In addition Also people who come into the suite are supposed to meet with the suite supervisor for orientation but often don't. We recognized that this was a problem last fall after I had been suite supervisor for a little under a year. We drafted a document in September to address the issue but it got derailed after September 11. We have started the process up again about 1 month ago.

Q. How do you get material to work on?
A. It is passed in through the airlock or passbox. If bacteria are on plates, they come in metal transfer boxes. If spore preps, they come in through the passbox in shipping containers with gaskets. Sometimes I go to building1425 to pick them up, sometimes they are delivered to me.. When I receive them, it is always a direct transfer from (b)(6) for the Ames strains or from (b)(6) for non-Ames. (b)(6) either puts them in the passbox or hands them to me after he has brought them out. In the case of the passbox,, I remove them from the inside. The UV light is on for a few seconds when both doors are closed. I wear gloves when carrying the container. The outside of the container is always wet with bleach.

Q. Does anthrax-infected material come back from 1412 to 1425?
A. Formaldehyde-treated specimens may come out through the airlock. There is no contaminated material stored in the airlock in 1412. For removing cages for cage wash, cages are sprayed down with disinfectant, then I believe left in UV light for 12 hours.

Q. How about documents?
A. Some go out through the passbox. There doesn't seem to be a written SOP for this. The only reference we could find in the regs say that wiped down tools should stay in UV for 20 minutes. I have observed frequently that papers are stacked in the passbox.

Q. Who have you observed transporting stacks of paper out the passbox?
A. I have not directly observed anyone taking stacks of paper out or putting stacks of papers in the passbox. By looking at them they are mostly from GLP studies. For example, incubator logs, Also DSD and the pathologists generate a lot of papers and send them out. My lab also generates paper which is not stacked in the pass box but there may be multiple sheets. I leave them in there overnight.

Q. Is there some method for bringing out multiple sheets of paper?
Q. We have set devices like test tube racks that allow up to 20 sheets to be put in. without laying directly on top of each other. There is the question whether or how long

Q. Who changes the UV light bulbs?
A. Facilities is supposed to change them. I have never seen them changed and have never seen one burned out there. I'm not aware of any schedule for changing bulbs.

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Q. How did it come about that the rack was put in?
A. One of the animal techs suggested the device. All the paperwork comes out through the passbox

Q. Has anyone tested the efficacy of the rack for decontaminating multiple sheets?
A. Not that I know of.

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?
A. Some safety training is done by the divisions, not by the suite supervisor. There may be variations in safety procedures from division to division. Suite supervisor does not sign off on the minimal essential training document.

Q. Are there suite-specific or division-specific SOPs?
A. Officially approved SOPs are maintained by ODPRA. Individual SOPs for the lab are left up to the supervisors or the P.I.s. The suite supervisor does not have copies of these.

Q. If you begin a new procedure in the lab, is there a requirement for approval of SOPs?
A. If there is a GLP process, there is an extensive approval process. For research SOPs, it has been looked at by others but not officially approved. By the nature of basic research there can't be an SOP when your trying to work something out. General SOPs for specific instruments etc would apply, however.

Q. When plate counts are done is there a recorder?
A. If someone is available but when I'm alone, I write the numbers on the plates as I count them and spread them out in the class three hood, then change gloves and record the data from the plates without touching them. In other words the counting process is done in the hood the recording is done in the notebook outside the hood by reading off the numbers. I don't know whether other people have a recorder.

Q. Have you seen (b)(6) transfer stacks of paper out of the suite?
A. They must move paper out, they have animal records from experiments performed in 1412 but I have never seen them transfer stacks of paper out.

Q. Do you have any ideas on where the contamination came from?
A. If iti s Sterne strain, it is probably here for a long time. If Ames strain, it could have been cross contamination from the work being done with the recent terrorist materials.

Q. Do you do routine surveillance cultures in the lab?
A. We do not do routine surveying. In October we did some surveillance swabs as we were working with the Daschle material inside the suite and found nothing.

(b)(6)

David L. Hoover 10 May 2002

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EXHIBIT 40

MCMR-UWF-A

3 MAY 2002

MEMORANDUM FOR RECORD

SUBJECT: Inspection of BSL-3 labs USAMRIID

1. I inspected suite B-3 of Bldg 1425 with (b)(6) from the USAMRIID Safety Office and (b)(6) from WRAIR Safety today. Prior to that time, (b)(6) and I had received respiratory clearance from Barquist Occupational Health Clinic. (b)(6) provided an excellent instruction on use of the PAPR respirator that we wore inside the containment suites and was most cooperative during the inspection. The "Biosafety Level 3 Containment Area Safety Survey" was used as a general guide. Handwritten notes on Nalgene paper or faxed copy are attached to this MFR. In addition, we performed a more cursory inspection of the 2nd and 3rd floors of the BSL-3 areas of Bldg 1412. Inspection focused primarily on biosafety and housekeeping issues. No one was working in any of the laboratories and no agent was apparently in use during the inspection.

2. General observations of the suite entry and main corridor: The suite was very crowded with equipment and supplies. In addition, there was material in about 8 biohazard bags that had been removed from room 19 when contamination was discovered there.

3. General suite safety issues. Item numbers refer to above-referenced checklist

Item			Notes
1-4		OK	
5	Fire evacuation plan	None posted	
6,7		Ok	
8	Emergency Crash Door		1/2 blocked by freezer
9-18		OK or N/A	
19	Inward air flow in animal room	barely OK	magnehelic 0.02
20	emergency chemical showers	present	
21	Eyewash stations available	No	In hall, not in labs
22	Eyewash stations and emergency tested as required	No	last tested Jan 01
58	UV passbox operational	Yes	

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SUBJECT: Inspection of BSL-3 labs USAMRIID

4. Specific rooms in Bldg 1425

Room 304 Plague and anthrax

Item			Notes
23-28	chemical storage		not completelyevaluated
29	hazardous chemicals at or below bench level	No	flammables and corrosives above bench level
30	MSDS available		On computer LAN, not hard copy
31	properly labeled chemicals		Many expired chemicals; unlabeled bottles and spray bottles
32	safety goggles, etc available	Yes	
33	Protective equipment used for handling hazmat	unknown	
34	Freezers and refrigerators posted with etiologic agents	No	
35	BSC used for all procedures with agents	unknown	
36	BSC used for aerosol-producing equipment	No	No centrifuge hoods. GSA and other fixed angle rotors do not seal, no secondary containment.
37	BSC used properly		severe clutter in BSC. pipettors, other equipment covering front screen
39	Contaminated waste in BSC placed in disinfectant or closable bags		open pipet tray with about 10 used pipets, no disinfectant.
43	Needle and syringe disposal		sharps container on bench top open
44	Centrifuges evacuated before opening	No	No provision for this
53	compressed gas cylinders secured	Yes	
55	floor drains filled at least weekly		
59	Rooms orderly and free of clutter		Room severely cluttered, both on floor and benchtop, with equipment, disordered piles of paper, supplies, almost no bench space available. Cultures in petri dishes on

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43	Needle and syringe disposal		
44	Centrifuges evacuated before opening		
53	compressed gas cylinders secured		
55	floor drains filled at least weekly	No	floor drain log 4-11-02
59	Rooms orderly and free of clutter	No	lab moderately cluttered, overfilled biohazard waste container
60	Areas need cleaning	yes	small bits of paper debris and dirt on floor
61	General		light diffusers missing from 2 fixtures, hanging down from another

Room 309: Used for storage, adjacent to suite B-4. Aisles severely blocked. BSC appears to have been used recently. Light is on, supplies present. Freezer not labeled with agent

Room 310: Animal room: not entered. Appears orderly

Lab 312 Glanders

Item			Notes
23-28	chemical storage		not completelyevaluated
29	hazardous chemicals at or below bench level	No	
30	MSDS available		On computer LAN, not hard copy
31	properly labeled chemicals		
32	safety goggles, etc available	Yes	
33	Protective equipment used for handling hazmat	unknown	
34	Freezers and refrigerators posted with etiologic agents		
35	BSC used for all procedures with agents	unknown	
36	BSC used for aerosol-producing equipment	No	
37	BSC used properly	No	Excess supplies and equipment in BSC
39	Contaminated waste in BSC placed in disinfectant or		

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	closable bags		
43	Needle and syringe disposal		
44	Centrifuges evacuated before opening		evacuator present on centrifuge
53	compressed gas cylinders secured	Yes	
55	floor drains filled at least weekly		last filled 22 FEB 02
59	Rooms orderly and free of clutter	Yes	
60	Areas need cleaning	No	
61	General comments		eyewash on faucet not operational

Room 313

Item			Notes
23-28	chemical storage		not completelyevaluated
29	hazardous chemicals at or below bench level	No	
30	MSDS available		On computer LAN, not hard copy
31	properly labeled chemicals		expired, poorly labeled chemicals, many excess chemicals
32	safety goggles, etc available	Yes	
33	Protective equipment used for handling hazmat	unknown	
34	Freezers and refrigerators posted with etiologic agents	Yes	
35	BSC used for all procedures with agents	unknown	
36	BSC used for aerosol-producing equipment	No	
37	BSC used properly	No	excess material in hood (not noted in attached handwritten notes)
39	Contaminated waste in BSC placed in disinfectant or closable bags	Yes	
43	Needle and syringe disposal	No	sharps container open

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44	Centrifuges evacuated before opening	No	
53	compressed gas cylinders secured	Yes	
55	floor drains filled at least weekly	Yes	29 APR 02
59	Rooms orderly and free of clutter	No	About 1/3 of floor has material from room 19 in bags. Moderate/severe clutter on benchtop with little available bench space. Bench space not cleanable due to clutter
60	Areas need cleaning	Yes	Loose dirt on floor
61	General comments		Room both dirty and cluttered; not as bad as 304

Cold room: very full. No label of etiologic agents on door

Hallway: Freezers and refrigerators not labeled with agent.

Room 303: Administrative Office: Crowded with stored lab equipment and supplies. In addition, chemicals present in storage cabinets over the desk area, including a large bottle of NaOH, many bottles of various K and Na phosphates. Passbox located at far end of the office with functional light. Magnehelic positive 0.1 office to main suite hallway.

5. Suite B-3 summary: There was substantial crowding due to storage of equipment. In addition, there was storage of office contents that had been moved from room 19 when contamination was found there. In addition, however, there were numerous instances of unlabeled or improperly labeled chemical bottles, inappropriate storage of chemicals, benchtop clutter, collections of dirt and debris on the floor, supplies and equipment left in cluttered biosafety cabinets, and improperly handled biohazard waste both within and outside BSCs. Refrigerators, freezers and cold room were not labeled with etiologic agent. Floor drain logs were not up to date. Vacuum line outlets were not protected with HEPA filters or traps. Centrifuge rotors were mostly fixed angle rotors with no seals. These appeared rather heavy for moving and unlikely to fit easily in a BSC. Most centrifuges lacked evacuator capability and were not enclosed in floor hoods. Emergency eyewash was available in the hallway but not in individual laboratories.

6. Bldg 1412 rooms. Most rooms appeared orderly and clean. There was substantial equipment in hallways. Lab 217 was crowded, but neat. No agent was posted on the door. Lab 213 was labeled for anthrax and was clean and orderly. There is a break room on the containment side of the suite. Entry to the break room has a sign instructing that no gloves are to be worn in the room.

7. Bldg 1412 passbox. The passbox from the BSL-3 area of building 1412 contained 2 metal grid shelves with a vertical central grid or divider. Each side of the lower shelf contained 2 plastic test

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tube racks, each with about 50 pins or posts. Test tube racks were placed on end at each side of the passbox with pins facing each other to be used as a means to separate multiple pieces of paper in the passbox. There were no sheets of paper in this apparatus. When several sheets of paper were placed in the apparatus, they did not lie flat, but sagged in the middle from side to side or front to back. In the passbox, there were 3 different piles of paper in stacks. One stack on the floor of the passbox contained about 40 sheets, including data sheets labeled "Little" and animal room environmental records. One stack on the top shelf contained about 15-20 sheets and the other appeared to have less than 10 sheets. Documents included items with "Sgt Dyer" and "SPC Gallagher" on them. In addition, there was a computer diskette, some short pieces of plastic tubing and unidentified metal objects ? spring clamps lying on the floor of the box. Passbox has an interlock that turns the UV light off when the door is opened.

David L Hoover

DAVID L. HOOVER
COL, MC

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: _____ SUITE/POC: _____

DATE: _____ SURVEY BY: _____

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**	✓		
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**	Gone	✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**	✓		
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**	Gone	✓	
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**		X	
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**	✓		
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**	✓		

½ stocked freezer

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b)(2)**			✓
17.	Adequate gowns, shoe covers, and respirators are available inside the suite Ref: **32 CFR 627.25 (a)(1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a)(5)(i)**	✓		
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a)(7)(i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a)(13)**	✓		
21.	Eyewash stations are available where acids or corrosives (caustics are used) in hall Ref: **32 CFR 627.45 (a)(13)**		✓	
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**		✓	
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:			
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:			
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:			
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:			
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:			
28.	Maximum quantity stored in any one laboratory: (LOCATION: _____ Flammables= _____ gallons Acids= _____ gallons CORROSIVES (CAUSTICS)= _____ gallons Ref:			

last heard Jan 01

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

29.	Other hazardous chemicals are stored at or below bench level Ref:			
30.	Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals Ref: **29 CFR 1910.1200 (g)**			
31.	Chemicals stored in other than original containers are properly labeled Ref: **29 CFR 1910.122 (f)(5)(i)&(ii)**			
32.	Safety goggles, face shields, gloves are available for use when handling liquid nitrogen, acid and corrosives Ref: **32 CFR 627.31 (c)**			
33.	Protective equipment is used when handling hazardous materials Ref: **32 CFR 627.31**			
34.	Freezers and refrigerators containing etiologic agents have signs warning fire fighters of hazards Ref: **32 CFR 627.12 (a)(12)**			
35.	Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings Ref: **32 CFR 627.16(a)**			
36.	BSCs are used to contain etiologic agent aerosol producing equipment, e.g., table-top centrifuges If **NO**, face shields and respirators are Worn during areosol-producing operations Ref: **32 CFR 627.16(a)**			
37.	BSCs are used properly IAW USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 h.(1)(a)**			
38.	Procedures are performed to minimize the creation of aerosols Ref: **32 CFR 627.12(b)(1)**			
39.	Contaminated waste materials in BSCs are placed in disinfectant or closable bags Ref: **32 CFR 627.13 (b)**			
40.	Work surfaces of BSCs are decontaminated daily and after agent spills Ref: **32 CFR 627.15 (b)(3)**			
41.	Disinfectant used Ref: **32 CFR 627.12 (a)(13)**			
42.	Sharps and points are eliminated when possible Ref: **USAMRIID Regulation 385-1 a.(1)**			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**			
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**			
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**			
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**			
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**			
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**			
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**			
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**			
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**			
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**			
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**			
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**			
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**			
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**			
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**			
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**			

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~~Use~~ Expired drum.

so much clutter
dirt along cabinet edge in floor
trash in floor
dirt + tube under shaker
clutter in BSC - mat/mild or front screen
no bleach in sharps cntnr (spirit trays in hood)
sharps containers top open to air
aluminum foil over clear cover of shaker
unlabeled bottle

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Building	Room	Description
	cont'd 313	floor clean 2 of RR - OK -0.1 mg/dl
	303	Office - lots of junk 0.1 mg/dl passbook in office
		chemicals on shelf in office
		no OH, lots of supplies
	305	animal room - not entered
	310	animal room not entered
		old room shuttered - noted eggs
		hallway - agent eggs + freezer not labeled

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Building	Room	Description
1425	304	Handles + consumable equip MSDS - on box - no hard copies
	Hood + bubble	no hoods for centrifuge cultures on bench in blood agar - clutter around
		GSA notes - ? valid
		no HEPA gates on vacuum magnetic blocked - negative
	304	light fixtures missing or open door to above study storage doesn't close flammable - 0.01 micron
	Plastic sac over trash	overfilled trash can + gloves not properly labelled chem storage - agent (Bacillus not labelled
		BSC is clean 12-12-01
		floor drain 4-1-02 waste container overfilled vacuum lines not protected lab moderately cluttered, small debris on floor
		no eyewash
	309	used for storage - aisle blocked
		lockable cabinet in use freezer not labelled
	312	flammables odorless in use material on bench incubator on cart/floor
		floor drain ? Tub 02 eyewash no work
	313	clutter from adjacent office moderately cluttered on benchtop agent is labeled floor has 2nd layer dust
		no seal on centrifuge in use chemicals drain enclosure open

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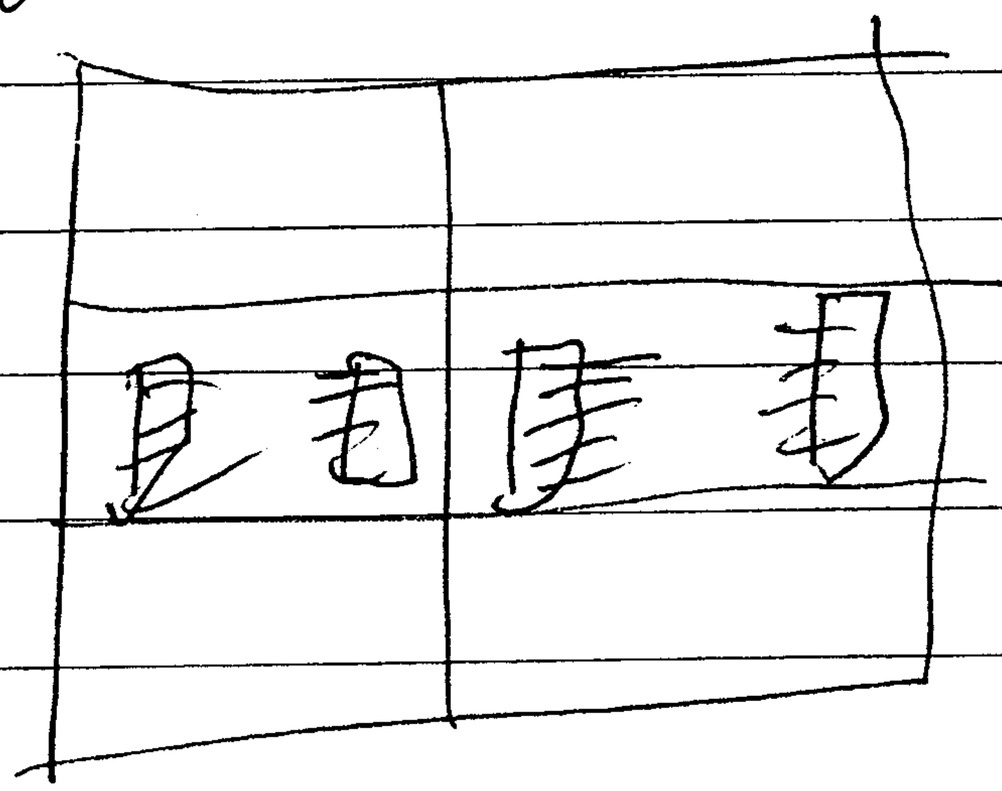
Building	Room	Description
1412	217	wounded, neat no agents or dogs
	213	antibody
	pantry	multiple paper sheets on shelf, pink on bottom
		serial 3 different pulse ox probes: desk, tele, ext Oxy + Epic Gallagher
		"Kettle" data saved animal current read



Building	Room	Description

Released by the US Army Medical Command FOIA/PA Office

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/10	0850	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	

8. ORGANIZATION OR ADDRESS
USAMRIID

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. How do you package anthrax cultures for shipment outside the Institute?
A. I usually ship agar slants, sometimes in Nunc cryovials with caps that go over the threads. I put a larger centrifuge tube in through the passbox from the outside, wipe off (bleach) the small tube with the agar slant, put it in the larger centrifuge tube, close and wipe that off with bleach and take it out through the passbox. We used to take these double tubes to be sealed in "soup cans" in B-505 but now the shipping department uses plastic shipping containers with orange lids and O-rings. The shipping department takes care of the rest of the outer packaging. Of course, prior to shipping anything, even diagnostic reagents that are not infectious, a USAMRIID Form 11 is filled out and signed by all appropriate individuals in the institute. If the material is infectious, the individual requesting the isolates must have already sent an EA101 and a copy of their CDC registration certificate. Those forms are all also coordinated through the safety office.

Q. Are there any of those shipping containers stored in the lab?
A. Yes, there are sometimes some in B313 on top of the refrigerator.

Q. Do you or anyone else ever take the containers from the passbox and put them on their desk while waiting for shipping?
A. No, I usually arrange for the shipping department to be ready so I take them right down there. I haven't seen any shipping containers sitting on desks in the office.

~~Second page top~~
page 2

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
41		

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA V1.00

Released by the US Army Medical Command FOIA/PA Office

STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/10

STATEMENT *(Continued)*

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10th day of MAY, 2002 at USAMRIID

(Signature of Person Administering Oath)

David L. Hoover

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT DLH

PAGE 2 OF 2 PAGES

PAGE 3, DA FORM 2823, DEC 1998

USAPA V1.00

Released by the US Army Medical Command FOIA/PA Office

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/09	10:25	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
Welkos, Susan L.	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. What do you do at USAMRIID?
A. I am a Research Investigator and Staff Scientist in the Division of Bacteriology. I have been at USAMRIID since 1983. I have worked on both anthrax and plague and am now doing about 50% each.

Q. What labs do you work in?
A. I work in the cold lab in 508 and also room 304. Room 304 is shared by almost everyone who works in the suite. They use equipment such as the incubators , centrifuges, shakers, and microscopes.

Q. How do you make spores?
A. I take a colony from blood agar, suspend it in a few mls PBS, add 0.1 – 0.2 mls of the suspension to a flask, screw on the cap completely and then loosen the cap 1/4 turn, cover the cap and top of flask with soaker (lab paper towel) and tape it down. We used to use a shaker in room 312, but we have used the shaker in 304 since the one in 312 broke.

Q. In spore preparation, are the rotors moved to the hood before bottles are taken out?
. Spore centrifugations are done in floor centrifuges. Where possible, the rotors are moved to a hood before the bottles are removed. If this is not possible (eg. due to rotor weight), the tubes are taken out with respirators worn. Whenever the incubator is opened, regardless of whether the rotor is removed or left in place, others present in the lab either wear respirators or they may exit temporarily, until the person taking the tubes out gives to OK to re-enter.

Q. Does the Division have division-level SOPS for lab procedures?
A. There are Institute SOPs. Some SOPs were developed a few years ago, especially for plague. We individually teach new people the MET and do extensive briefing. We have generally agreed-upon procedures that were discussed at a meeting on the 26th of April.

Q. How does data get out of the lab?
A. Single sheets are uv irradiated through the passbox for 20 minutes at least. After individual sheets treated, they can be placed in the bottom of the passbox. If there are many sheets, I can have a technician take sheets out from the outside. However the preferred methods for removing data from the suite are by using the FAX machine or by sending the electronic data file to an office computer over the network.

Q. Do people eat in the office area?
A. No one has eaten there for many years.

Q. Have you ever or anyone who worked for you had any potential exposures to B. anthracis?
A. No, not that I'm aware except once during Desert Shield someone dropped some plates on the way to dispose of them. Several of us were seen at SIP and checked over every day.

Q. Do you now or have you in the past had any concerns about lab operations that might cause risk to lab personnel? Not really.
A. We may need to re-work our SOPs on the shakers and have a clear procedure for inoculation of the flasks and control of the shaker and need to spell out the details. We need to specify every aspect of it.

Q. Do you have any ideas as to where the contamination outside the BSL-3 area might have come from?

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
42	SLW	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA V1.00

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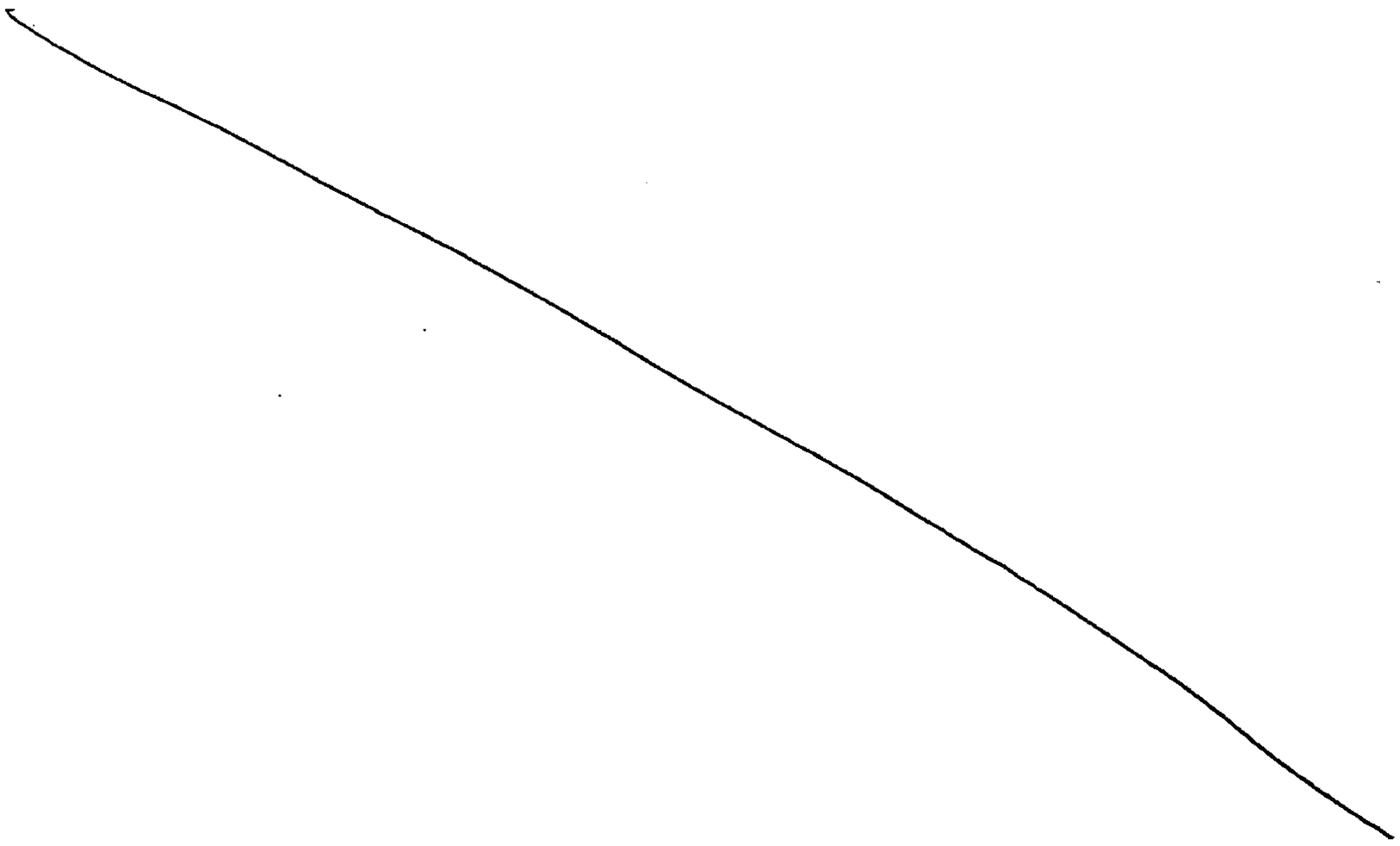
STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/09

STATEMENT *(Continued)*

A. I don't have the faintest idea. We did hundreds of swabs throughout the Institute. It could have happened 30 years ago. I am not aware of anything since I've been here that could have resulted in that.

Q. What is capsule agar? How reliable is it for speciating B. anthracis? Agar with 0.8%bicarbonate. Plate is inoculated, placed in CO2 incubator. Virulent strain grows capsule in 5% CO2. Less virulent stains will not make capsule in 5% CO2, needs higher concentration of CO2. Genes on both plasmids are generally required to make capsule at 5%. Some strains of B. subtilis make capsule used as food "natto." The capsular material they make is secreted instead of forming a morphologically distinct capsule on the cell surface; thus encapsulated colonies would probably not be detected on agar.



AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of MAY, 2002 at USAMRIID

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

David L. Hoover

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT slw

PAGE 2 OF 2 PAGES

PAGE 3, DA FORM 2823, DEC 1998

USAPA V1.00

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EXHIBIT 43

Statement

I am Chief of the Special Pathogens Branch, one of five branches within the Diagnostic Systems Division.

Special Pathogens Branch (SPB) was established to develop, evaluate or identify methods to analyze environmental samples so they will withstand legal, political and scientific scrutiny. It is also used as a lab that could be used as confirmatory for Biological Weapons Convention. The Branch began a formal process functioning since 1998 seeking ISO accreditation. The Branch has a small group for routine operations and surge capacity from within the Institute. All procedures are performed under SOPs maintained by the SPB in an attempt to comply with an ISO 17025 quality standard.

Samples to be analyzed are brought through rear door of Bldg 1425 and are met by SPSTL personnel. Package inprocessing occurs largely in AR105/106 where chain of custody is established, photos are taken, and identification information is copied. Samples are maintained under lock and key in a highly secured area that requires two specific electronic entry access points. Information is usually provided on what is contained in package before package is opened. AR105-6 is BL2+, and has a BSC. The outer container is opened in BSC, photos taken. Liquid environmental samples, such as those from Portal shield units are dispensed in the BSC according to SOPs. Lab coats (button front) are worn during the handling and inprocessing of the samples and they do not leave room. For liquid samples, the dispensed aliquots are sent to molecular, immunology, and microbiology lab personnel under internal chain of custody.

(b)(6)

A2. When we were processing many later samples we brought in workers from other divisions and WRAIR to process samples in up to three 8-hour shifts. There were up to 70 people working. I sent some of the

1 of 2

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letters to the Bacteriology Division for analysis. These were taken to B3, where cultures were set up. Individuals in B-3 were trained by (b)(6) in procedures for handling the material. I received a report that one powder was negative at 24 hr and positive at 48 hr with 3 or 4 colonies. I got the powder and repeated studies. Repeat cultures and PCR were negative. The powder was found later to be talcum powder. I regarded the report as reflecting contamination in the laboratory. There may have been another contamination. At this time, I went into B3. It was like a "rat's nest." The countertops were dirty, the floor was dirty, and the area was disorganized. At that time, I made a decision not to process any more samples in B3. (b)(6) had also been in the adjoining B4 laboratory and expressed concern about housekeeping. These conditions were much worse than in the 1980s, when I worked with *B. anthracis* in that area. We used to do weekly surveillance swabs to detect contamination.

Q. How are documents removed from the BSL-3 suites?
A. Documents that come out are exposed to UV light for at least 15 minutes and some are baked at 320 degrees F for 2 hr in foil wrap. That is industry standard for sterilization. I also did preliminary studies which showed that anthrax inside paper stacks was killed in less than an hour by that method.

Q. Were packages ever opened in the break room area to the left of the rear entrance?
A. No.

(b)(6)

10 May 2002

272

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EXHIBIT 44 mid

X .....(10) Clear aisle space (28 inches) to an emergency exit

.....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
Suite is cluttered, but serviceable (due to renovation of suite B3).

(b)(6)

SIGNATURE BLOCK OF DIVISION SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form

MAC Users:	PC Users:
1. Fill out form Select 'Reply' Select 'Send'	1. Fill out form 2. Press the F10 key 3. Select 'Reply to Sender' 4. Select 'End Addressing' 5. Select 'Send'

(b)(6)

From: (b)(6) USAMRIID
Sent: Thursday, February 01, 2001 1:33 PM
To: (b)(6) USAMRIID; (b)(6) USAMRIID
Cc: Andrews, Gerry P LTC USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID
Subject: RE: FORM 51 FOR B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division

Released by the US Army Medical Command FOIA/PA Office

Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
31 JAN 01 FOR 1-31 JAN 01

2. The following is to be completed by the Division:

A.

YES NO

X .....(1) Floor and sink drains filled weekly and logged

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
Suite B4 is cluttered, but serviceable (due to renovation of suite B3).
Suite B3 is now operational - suite B4 will be prepared for area decon this month.

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Released by the US Army Medical Command FOIA/PA Office

Instructions For Sending Form

MAC Users:

1. Fill out form
2. Select 'Reply'
3. Select 'Send'

PC Users:

1. Fill out form
2. Press the F10 key
3. Select 'Reply to Sender'
4. Select 'End Addressing'
5. Select 'Send'

(b)(6)

From: (b)(6) USAMRIID
Sent: Monday, March 05, 2001 10:03 AM
To: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID
Cc:
Subject: RE: FORM 51 FOR B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4
was conducted on
2 MAR 01 FOR 1-28 FEB 01

2. The following is to be completed by the Division:

A.

YES	NO	
X		.....(1) Floor and sink drains filled weekly and logged
	NA	.....(2) Autoclave filter screens cleaned daily
X		.....(3) Exhaust air filters checked; replaced when dirty
^		.....(4) Disinfectants available
X		.....(5) Insect control measures in effect

Released by the US Army Medical Command FOIA/PA Office

X .....(6) Suite emergency lights operational

— .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
Suite B4 labs are cluttered, but serviceable (preparing for decon this month).

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form

MAC Users:

1. Fill out form
2. Select 'Reply'
3. Select 'Send'

PC Users:

1. Fill out form
2. Press the F10 key
3. Select 'Reply to Sender'
4. Select 'End Addressing'
5. Select 'Send'

Released by the US Army Medical Command FOIA/PA Office

(b)(6)

r (b)(6) Mr USAMRIID
ent: Monday, April 09, 2001 3:22 PM
o: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6)
USAMRIID
c: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6)
USAMRIID
ubject: RE: FORM 51 FOR B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
9 APR 01 FOR 1-31 MAR 01

2. The following is to be completed by the Division:

A.

YES NO
X .....(1) Floor and sink drains filled weekly and logged
NA .....(2) Autoclave filter screens cleaned daily
X .....(3) Exhaust air filters checked; replaced when dirty
X .....(4) Disinfectants available
X .....(5) Insect control measures in effect
X .....(6) Suite emergency lights operational
X .....(7) Suite assistance alarms operational
X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)
X .....(9) Exit signs illuminated

Released by the US Army Medical Command FOIA/PA Office

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
Suite B4 labs are cluttered, but serviceable (still preparing for decon).

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form

MAC Users:

1. Fill out form
2. Select 'Reply'
3. Select 'Send'

PC Users:

1. Fill out form
2. Press the F10 key
3. Select 'Reply to Sender'
4. Select 'End Addressing'
5. Select 'Send'

(b)(6)

From: (b)(6) USAMRIID
Sent: Friday, May 04, 2001 3:34 PM
To: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) Dr
Cc: USAMRIID
Subject: RE: FORM 51 FOR B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

JBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division

Released by the US Army Medical Command FOIA/PA Office

Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
4 MAY 01 FOR 1-30 APR 01

2. The following is to be completed by the Division:

A.

YES NO

X .....(1) Floor and sink drains filled weekly and logged

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

.....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
Suite B4 labs are cluttered, but serviceable (still preparing for decon).

(b)(6)

SIGNATURE BLOCK OF DIVISION

Released by the US Army Medical Command FOIA/PA Office

SAFETY REPRESENTATIVE

SAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form	
MAC Users:	PC Users:
1. Fill out form 2. Select 'Reply' 3. Select 'Send'	1. Fill out form 2. Press the F10 key 3. Select 'Reply to Sender' 4. Select 'End Addressing' 5. Select 'Send'

(b)(6)

From: (b)(6) USAMRIID
Sent: Friday, June 01, 2001 3:25 PM
To: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) Mr (b)(6) USAMRIID
Cc: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID
Subject: RE: FORM 51 FOR B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
1 JUN 01 FOR 1-31 MAY 01

2. The following is to be completed by the Division:

A.

YES	NO	
X		.....(1) Floor and sink drains filled weekly and logged

Released by the US Army Medical Command FOIA/PA Office

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

b. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
B4 is still waiting for decon (B3 cold room not yet operational).

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form

MAC Users:	PC Users:
1. Fill out form	1. Fill out form
2. Select 'Reply'	2. Press the F10 key
3. Select 'Send'	3. Select 'Reply to Sender'
	4. Select 'End Addressing'
	5. Select 'Send'

Released by the US Army Medical Command FOIA/PA Office

(b)(6)

(b)(6) USAMRIID
Thursday, July 05, 2001 8:09 AM
(b)(6) USAMRIID; (b)(6) USAMRIID
(b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6)
USAMRIID
RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
3 JUL 01 FOR 1-30 JUN 01

2. The following is to be completed by the Division:

A.

YES NO
X .....(1) Floor and sink drains filled weekly and logged

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

Released by the US Army Medical Command FOIA/PA Office

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
B4 is still waiting for decon (B3 cold room not yet operational).

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form

MAC Users:

1. Fill out form
2. Select 'Reply'
3. Select 'Send'

PC Users:

1. Fill out form
2. Press the F10 key
3. Select 'Reply to Sender'
4. Select 'End Addressing'
5. Select 'Send'

McKinney, Patrick Mr USAMRIID

From: (b)(6) USAMRIID
Sent: Friday, August 03, 2001 3:50 PM
To: (b)(6) Dr USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID;
Cc: (b)(6) USAMRIID; Adamovicz, (b)(6)
Subject: RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology

Released by the US Army Medical Command FOIA/PA Office

Toxinology Division
Veterinary Medicine Division
Virology Division

afety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
3 AUG 01 FOR 1-31 JUL 01

The following is to be completed by the Division:

A.

YES NO

X .....(1) Floor and sink drains filled weekly and logged

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

.....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
B4 is still waiting for decon (B3 cold room not yet operational).

(b)(6)

IGNATURE BLOCK OF DIVISION
AFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Released by the US Army Medical Command FOIA/PA Office

Instructions For Sending Form

C Users:

1. Fill out form
2. Select 'Reply'
3. Select 'Send'

PC Users:

1. Fill out form
2. Press the F10 key
3. Select 'Reply to Sender'
4. Select 'End Addressing'
5. Select 'Send'

(b)(6)

From: (b)(6) USAMRIID
Sent: Thursday, September 06, 2001 3:09 PM
To: (b)(6) USAMRIID; (b)(6) USAMRIID
Cc: (b)(6) USAMRIID; (b)(6) Dr USAMRIID; Worsham, Patricia L Dr USAMRIID
Subject: RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4
was conducted on
6 SEP 01 FOR 1-31 AUG 01

2. The following is to be completed by the Division:

A.

YES	NO	
X		.....(1) Floor and sink drains filled weekly and logged
	NA	.....(2) Autoclave filter screens cleaned daily
X		.....(3) Exhaust air filters checked; replaced when dirty
X		.....(4) Disinfectants available

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X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note - no action required:
B4 is still waiting for decon (B3 cold room not yet operational).

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form	
MAC Users:	PC Users:
1. Fill out form 2. Select 'Reply' 3. Select 'Send'	1. Fill out form 2. Press the F10 key 3. Select 'Reply to Sender' 4. Select 'End Addressing' 5. Select 'Send'

Released by the US Army Medical Command FOIA/PA Office

(b)(6)

From: (b)(6) Mr USAMRIID
Sent: Friday, October 05, 2001 1:49 PM
To: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) Mr USAMRIID
Cc: (b)(6) USAMRIID; (b)(6) l Dr USAMRIID; Worsham, Patricia L Dr USAMRIID; Adamovicz, Jeffrey J LTC USAMRIID
Subject: RE: FORM 51 FOR B3/B4

Subject: RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
5 OCT 01 FOR 1-30 SEP 01

2. The following is to be completed by the Division:

A.

YES NO

X .....(1) Floor and sink drains filled weekly and logged

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

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X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

B4 is ready for walk-thru inspection prior to suite decon.

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form

MAC Users:	PC Users:
1. Fill out form	1. Fill out form
2. Select 'Reply'	2. Press the F10 key
3. Select 'Send'	3. Select 'Reply to Sender'
	4. Select 'End Addressing'
	5. Select 'Send'

(b)(6)

From: (b)(6) USAMRIID
Sent: Tuesday, October 09, 2001 4:02 PM
To: (b)(6) USAMRIID
Cc: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID
Subject: RE: FORM 51 FOR B3/B4

Chris: Did the Walk-through today with CPT Jeddeloh. All looks good. Ed and I will be in the suite Thursday at 1400 hours to prep for the decontamination which will start at 1700 hours. Thanks, Bob
%%

-----Original Message-----
From: (b)(6) USAMRIID
Sent: Friday, October 05, 2001 1:49 PM
To: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID

Released by the US Army Medical Command FOIA/PA Office

Cc: (b)(6) USAMRIID; (b)(6) Dr USAMRIID; (b)(6) Dr USAMRIID; (b)(6) USAMRIID

Subject: RE: FORM 51 FOR B3/B4

Subject: RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
5 OCT 01 FOR 1-30 SEP 01

2. The following is to be completed by the Division:

A.

YES	NO	
X		.....(1) Floor and sink drains filled weekly and logged
NA		.....(2) Autoclave filter screens cleaned daily
X		.....(3) Exhaust air filters checked; replaced when dirty
X		.....(4) Disinfectants available
X		.....(5) Insect control measures in effect
X		.....(6) Suite emergency lights operational
X		.....(7) Suite assistance alarms operational
X		.....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)
X		.....(9) Exit signs illuminated
X		.....(10) Clear aisle space (28 inches) to an emergency exit
X		.....(11) Fire extinguishers are available, mounted, and fully charged
X		.....(12) Good housekeeping principles are practiced (excess

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material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

B4 is ready for walk-thru inspection prior to suite decon.

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form	
MAC Users:	PC Users:
1. Fill out form 2. Select 'Reply' 3. Select 'Send'	1. Fill out form 2. Press the F10 key 3. Select 'Reply to Sender' 4. Select 'End Addressing' 5. Select 'Send'

(b)(6) **USAMRIID**

From: (b)(6) Mr USAMRIID
Sent: Thursday, November 15, 2001 8:34 AM
To: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID
Cc:
Subject: FW: FORM 51 FOR B3/B4

Subject: RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division

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Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
13 NOV 01 FOR 1-31 OCT 01

2. The following is to be completed by the Division:

A.

YES NO

X .....(1) Floor and sink drains filled weekly and logged

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note (no action required):
Suite B4 is currently not operational.

Inspection performed by Pat Fellows.

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

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Instructions For Sending Form

MAC Users:

1. Fill out form
2. Select 'Reply'
3. Select 'Send'

PC Users:

1. Fill out form
2. Press the F10 key
3. Select 'Reply to Sender'
4. Select 'End Addressing'
5. Select 'Send'

(b)(6) USAMRIID

From: (b)(6) USAMRIID
Sent: Friday, December 07, 2001 3:00 PM
To: (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID
Cc:
Subject: RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
07 DEC 01 FOR 1-30 NOV 01

2. The following is to be completed by the Division:

A.

YES	NO	
X		.....(1) Floor and sink drains filled weekly and logged
NA		.....(2) Autoclave filter screens cleaned daily

Released by the US Army Medical Command FOIA/PA Office

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

X .....(11) Fire extinguishers are available, mounted, and fully charged

X .....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note (no action required):
Suite B4 is currently not operational.

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form	
MAC Users:	PC Users:
1. Fill out form 2. Select 'Reply' 3. Select 'Send'	1. Fill out form 2. Press the F10 key 3. Select 'Reply to Sender' 4. Select 'End Addressing' 5. Select 'Send'

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(b)(6) USAMRIID

(b)(6) USAMRIID
Friday, February 08, 2002 3:17 PM
(b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID; (b)(6) USAMRIID
RE: FORM 51 FOR B3/B4

MCMR-UIZ (385)

MEMORANDUM FOR: Safety Office
U.S. Army Medical Research Institute of Infectious Diseases Fort Detrick, Frederick, MD 21702-5011

SUBJECT: Biocontainment Area Safety Inspection Report

DISTRIBUTION: Bacteriology Division
Diagnostic Systems Division
Medical Division (Clinical Laboratory)
Operational Medicince
OPDRA
Pathology
Toxinology Division
Veterinary Medicine Division
Virology Division

1. Safety Inspection for
BACTERIOLOGY DIVISION BLDG. 1425, SUITE B3, B4

was conducted on
08 FEB 02 FOR 1-31 JAN 02

2. The following is to be completed by the Division:

A.

YES NO
X .....(1) Floor and sink drains filled weekly and logged

NA .....(2) Autoclave filter screens cleaned daily

X .....(3) Exhaust air filters checked; replaced when dirty

X .....(4) Disinfectants available

X .....(5) Insect control measures in effect

X .....(6) Suite emergency lights operational

X .....(7) Suite assistance alarms operational

X .....(8) Appropriate disinfectant placed in airlock (labelled with name, concentration and expiration date)

X .....(9) Exit signs illuminated

X .....(10) Clear aisle space (28 inches) to an emergency exit

Released by the US Army Medical Command FOIA/PA Office

X .....(11) Fire extinguishers are available, mounted, and fully charged

.....(12) Good housekeeping principles are practiced (excess material is removed, rooms are free of clutter and rooms are clean).

B. Identify any problem areas which require attention by the Safety Office or higher management:

Note (no action required):
Suit B3 is crowded, but servicable, due to Suite B4 being non-operational.

(b)(6)

SIGNATURE BLOCK OF DIVISION
SAFETY REPRESENTATIVE

USAMRIID Form 51 (Rev Jul 96)

Instructions For Sending Form	
MAC Users:	PC Users:
1. Fill out form	1. Fill out form
2. Select 'Reply'	2. Press the F10 key
3. Select 'Send'	3. Select 'Reply to Sender'
	4. Select 'End Addressing'
	5. Select 'Send'

Released by the US Army Medical Command FOIA/PA Office

EXHIBIT 4

BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: BACT SUITE/POC: B-3 / (b)(6)

DATE: 29 JAN 2001 SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**		✓	
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**		✓	
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**		✓	
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**		✓	
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**		✓	
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**		✓	
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**			✓
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**			✓
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**			✓
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**			✓

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

29.	Other hazardous chemicals are stored at or below bench level Ref:	✓		
30.	Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals Ref: **29 CFR 1910.1200 (g)**	✓		
31.	Chemicals stored in other than original containers are properly labeled Ref: **29 CFR 1910.122 (f)(5)(i)&(ii)**	✓		
32.	Safety goggles, face shields, gloves are available for use when handling liquid nitrogen, acid and corrosives Ref: **32 CFR 627.31 (c)**	✓		
33.	Protective equipment is used when handling hazardous materials Ref: **32 CFR 627.31**	✓		
34.	Freezers and refrigerators containing etiologic agents have signs warning fire fighters of hazards Ref: **32 CFR 627.12 (a)(12)**	✓		
35.	Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings Ref: **32 CFR 627.16(a)**	✓		
36.	BSCs are used to contain etiologic agent aerosol producing equipment, e.g., table-top centrifuges If **NO**, face shields and respirators are Worn during areosol-producing operations Ref: **32 CFR 627.16(a)**	✓		
37.	BSCs are used properly IAW USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 h.(1)(a)**			
38.	Procedures are performed to minimize the creation of aerosols Ref: **32 CFR 627.12(b)(1)**	✓		
39.	Contaminated waste materials in BSCs are placed in disinfectant or closable bags Ref: **32 CFR 627.13 (b)**	✓		
40.	Work surfaces of BSCs are decontaminated daily and after agent spills Ref: **32 CFR 627.15 (b)(3)**	✓		
41.	Disinfectant used 5% Sodium Hypochlorite Ref: **USAMRIID Regulation 385-69 App. E**	✓		
42.	Sharps and points are eliminated when possible Ref: **USAMRIID Regulation 385-1 a.(1)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓			
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓			
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓			
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓			
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**		✓		Outdated Survey
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓			
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓			
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓			
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓			
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓			
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓			
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓			
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓			
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓			
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓			
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓			1 bulb

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: _____ _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**			
60.	Areas are in need of cleaning If **YES**, those requiring attention are: _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**			
61.	General comments _____ _____ _____ _____ _____ _____ _____ _____			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: BACT SUITE/POC: B 3 (b)(6)

DATE: 3 May 2001 SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**	✓		
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**	✓		
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**	✓		
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**	✓		
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b)(2)**			✓
17.	Adequate gowns, shoe covers, and respiratofs are available inside the suite Ref: **32 CFR 627.25 (a)(1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a)(5)(i)**	✓		
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a)(7)(i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a)(13)**	✓		
21.	Eyewash stations are available where acids or corrosives (caustics are used) Ref: **32 CFR 627.45 (a)(13)**	✓		
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**	✓		
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:			
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:			
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:			
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:			
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:			
28.	Maximum quantity stored in any one laboratory: (LOCATION: _____ Flammables= _____ gallons Acids= _____ gallons CORROSIVES (CAUSTICS)= _____ gallons Ref:			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

29.	Other hazardous chemicals are stored at or below bench level Ref:			
30.	Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals Ref: **29 CFR 1910.1200 (g)**	✓		
31.	Chemicals stored in other than original containers are properly labeled Ref: **29 CFR 1910.122 (f)(5)(i)&(ii)**	✓		
32.	Safety goggles, face shields, gloves are available for use when handling liquid nitrogen, acid and corrosives Ref: **32 CFR 627.31 (c)**	✓		
33.	Protective equipment is used when handling ~~hazardous materials~~ Ref: **32 CFR 627.31**	✓		
34.	Freezers and refrigerators containing etiologic agents have signs warning fire fighters of hazards Ref: **32 CFR 627.12 (a)(12)**	✓		
35.	Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings Ref: **32 CFR 627.16(a)**	✓		
36.	BSCs are used to contain etiologic agent aerosol producing equipment, e.g., table-top centrifuges If **NO**, face shields and respirators are Worn during areosol-producing operations Ref: **32 CFR 627.16(a)**	✓		
37.	BSCs are used properly IAW USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 h.(1)(a)**	✓		
38.	Procedures are performed to minimize the creation of aerosols Ref: **32 CFR 627.12(b)(1)**	✓		
39.	Contaminated waste materials in BSCs are placed in disinfectant or closable bags Ref: **32 CFR 627.13 (b)**	✓		
40.	Work surfaces of BSCs are decontaminated daily and after agent spills Ref: **32 CFR 627.15 (b)(3)**	✓		
41.	Disinfectant used 1:20 Bleach Ref: **32 CFR 627.12 (a)(13)**	✓		
42.	Sharps and points are eliminated when possible Ref: **USAMRIID Regulation 385-1 a.(1)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓		
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓		
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**	✓		
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓		
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓		
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓		
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓		
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓		
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓		
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓		
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓		
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓		
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓		
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: _____ _____ _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**		✓	
60.	Areas are in need of cleaning If **YES**, those requiring attention are: _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**			✓
61.	General comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____.			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: BACT

SUITE/POC: B3 / (b)(6)

DATE: 14 August 2001

SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**	✓		
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**	✓		
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**	✓		
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**	✓		
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b)(2)**			X
17.	Adequate gowns, shoe covers, and respirators are available inside the suite Ref: **32 CFR 627.25 (a)(1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a)(5)(i)**	✓		
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a)(7)(i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a)(13)**	✓		
21.	Eyewash stations are available where acids or corrosives (caustics are used) Ref: **32 CFR 627.45 (a)(13)**	✓		
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**	✓		
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:			
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:			
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:			
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:			
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:			
28.	Maximum quantity stored in any one laboratory: (LOCATION:_____ Flammables=_____gallons Acids=_____gallons CORROSIVES (CAUSTICS)=_____ gallons Ref:			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

29.	Other hazardous chemicals are stored at or below bench level Ref:			
30.	Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals Ref: **29 CFR 1910.1200 (g)**	✓		
31.	Chemicals stored in other than original containers are properly labeled Ref: **29 CFR 1910.122 (f)(5)(i)&(ii)**	✓		
32.	Safety goggles, face shields, gloves are available for use when handling liquid nitrogen, acid and corrosives Ref: **32 CFR 627.31 (c)**	✓		
33.	Protective equipment is used when handling hazardous materials Ref: **32 CFR 627.31**	✓		
34.	Freezers and refrigerators containing etiologic agents have signs warning fire fighters of hazards Ref: **32 CFR 627.12 (a)(12)**	✓		
35.	Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings Ref: **32 CFR 627.16(a)**	✓		
36.	BSCs are used to contain etiologic agent aerosol producing equipment, e.g., table-top centrifuges If **NO**, face shields and respirators are Worn during areosol-producing operations Ref: **32 CFR 627.16(a)**	✓		
37.	BSCs are used properly IAW USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 h.(1)(a)**	✓		
38.	Procedures are performed to minimize the creation of aerosols Ref: **32 CFR 627.12(b)(1)**	✓		
39.	Contaminated waste materials in BSCs are placed in disinfectant or closable bags Ref: **32 CFR 627.13 (b)**	✓		
40.	Work surfaces of BSCs are decontaminated daily and after agent spills Ref: **32 CFR 627.15 (b)(3)**	✓		
41.	Disinfectant used 1:20 Bleach Ref: **32 CFR 627.12 (a)(13)**	✓		
42.	Sharps and points are eliminated when possible Ref: **USAMRIID Regulation 385-1 a.(1)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓		
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓		
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**	✓		
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓		
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓		
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓		
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓		
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓		
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓		
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓		
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓		
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓		
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓		
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: _____ _____ _____ _____ _____ _____ _____ _____ Ref: **32 CFR 627.12 (a)(6)(i)-(v)**	✓		
60.	Areas are in need of cleaning If **YES**, those requiring attention are: _____ _____ _____ _____ _____ _____ Ref: **32 CFR 627.12 (a)(6)(i)-(v)**		✓	
61.	General comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: BACT, DSD, VIR SUITE/POC: 1425 / (b)(6)

DATE: 4 Jan 2007 SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**	✓		
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**	✓		
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**	✓		
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**	✓		
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b)(2)**	✓		
17.	Adequate gowns, shoe covers, and respirators are available inside the suite Ref: **32 CFR 627.25 (a)(1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a)(5)(i)**	✓		
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a)(7)(i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a)(13)**	✓		
21.	Eyewash stations are available where acids or ~~corrosives (caustics~~ are used) Ref: **32 CFR 627.45 (a)(13)**	✓		
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**		X	
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:	✓		
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:			
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:			
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:			
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:			
28.	Maximum quantity stored in any one laboratory: (LOCATION:_____ Flammables=_____gallons Acids=_____gallons CORROSIVES (CAUSTICS)=_____ gallons Ref:			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓		
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓		
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**	✓		
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓		
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓		
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓		
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓		
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓		
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓		
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓		
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓		
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓		
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓		
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**		✓	
60.	Areas are in need of cleaning If **YES**, those requiring attention are: _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**			✓
61.	General comments _____ _____ _____ _____ _____ _____ _____ _____			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: VIR, DSD, BACT SUITE/POC: 1412 (b)(6)

DATE: 2 May 2001 SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**	✓		
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	✓
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**	✓		
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**	✓		
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**	✓		
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b)(2)**			✓
17.	Adequate gowns, shoe covers, and respirators are available inside the suite Ref: **32 CFR 627.25 (a)(1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a)(5)(i)**	✓		
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a)(7)(i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a)(13)**	✓		
21.	Eyewash stations are available where acids or corrosives (caustics are used) Ref: **32 CFR 627.45 (a)(13)**	✓		
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**	✓		
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:			
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:			
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:			
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:			
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:			
28.	Maximum quantity stored in any one laboratory: (LOCATION: _____ Flammables= _____ gallons Acids= _____ gallons CORROSIVES (CAUSTICS)= _____ gallons Ref:			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

29.	Other hazardous chemicals are stored at or below bench level Ref:			
30.	Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals Ref: **29 CFR 1910.1200 (g)**	✓		
31.	Chemicals stored in other than original containers are properly labeled Ref: **29 CFR 1910.122 (f)(5)(i)&(ii)**	✓		
32.	Safety goggles, face shields, gloves are available for use when handling liquid nitrogen, acid and corrosives Ref: **32 CFR 627.31 (c)**	✓		
33.	Protective equipment is used when handling ~~hazardous materials~~ Ref: **32 CFR 627.31**	✓		
34.	Freezers and refrigerators containing etiologic agents have signs warning fire fighters of hazards Ref: **32 CFR 627.12 (a)(12)**	✓		
35.	Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings Ref: **32 CFR 627.16(a)**	✓		
36.	BSCs are used to contain etiologic agent aerosol producing equipment, e.g., table-top centrifuges If **NO**, face shields and respirators are Worn during areosol-producing operations Ref: **32 CFR 627.16(a)**	✓		
37.	BSCs are used properly IAW USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 h.(1)(a)**	✓		
38.	Procedures are performed to minimize the creation of aerosols Ref: **32 CFR 627.12(b)(1)**	✓		
39.	Contaminated waste materials in BSCs are placed in disinfectant or closable bags Ref: **32 CFR 627.13 (b)**	✓		
40.	Work surfaces of BSCs are decontaminated daily and after agent spills Ref: **32 CFR 627.15 (b)(3)**	✓		
41.	Disinfectant used 5% Microchem+ / 1:20 Bleach Ref: **32 CFR 627.12 (a)(13)**	✓		
42.	Sharps and points are eliminated when possible Ref: **USAMRIID Regulation 385-1 a.(1)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓		
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓		
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**	✓		
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓		
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓		
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓		
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓		
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓		
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓		
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓		
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓		
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓		
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓		
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: __________________________ __________________________ __________________________ __________________________ __________________________ __________________________. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**	✓			
60.	Areas are in need of cleaning If **YES**, those requiring attention are: __________________________ __________________________ __________________________ __________________________ __________________________. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**		✓		
61.	General comments __________________________ __________________________ __________________________ __________________________ __________________________ __________________________ __________________________ __________________________ __________________________.				

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: DSA SUITE/POC: AA-3

DATE: 27 Nov 2005 SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**		✓	
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**		✓	
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**		✓	
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**			✓
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**			✓
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**			✓

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b) (2)**			✓
17.	Adequate gowns, shoe covers, and respirators are available inside the suite Ref: **32 CFR 627.25 (a) (1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a) (5) (i)**			✓
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a) (7) (i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a) (13)**	✓		
21.	Eyewash stations are available where acids or corrosives (caustics are used) Ref: **32 CFR 627.45 (a) (13)**	✓		
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**	✓		
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:	✓		
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:	✓		
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:	✓		
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:	✓		
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:	✓		
28.	Maximum quantity stored in any one laboratory: (LOCATION: _____ Flammables= _____ gallons Acids= _____ gallons CORROSIVES (CAUSTICS)= _____ gallons Ref:	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓		
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓		
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**	✓		
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓		
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓		
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓		
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓		
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓		
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓		
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓		
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓		
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓		
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓		
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: _____ _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**			
60.	Areas are in need of cleaning If **YES**, those requiring attention are: _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**			
61.	General comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: D&D SUITE/POC: AA-3 / (b)(6)

DATE: 10 January 2009 SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**	✓		
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**	✓		
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**	✓		
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**	✓		
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b)(2)**			✓
17.	Adequate gowns, shoe covers, and respirators are available inside the suite Ref: **32 CFR 627.25 (a)(1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a)(5)(i)**	✓		
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a)(7)(i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a)(13)**	✓		
21.	Eyewash stations are available where acids or corrosives (caustics are used) Ref: **32 CFR 627.45 (a)(13)**	✓		
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**	✓		
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:			
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:			
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:			
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:			
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:			
28.	Maximum quantity stored in any one laboratory: (LOCATION: _____ Flammables= _____ gallons Acids= _____ gallons CORROSIVES (CAUSTICS)= _____ gallons Ref:			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓		
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓		
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**	✓		
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓		
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓		
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓		
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓		
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓		
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓		
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓		
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓		
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓		
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓		
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**		✓	
60.	Areas are in need of cleaning If **YES**, those requiring attention are: _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**		✓	
61.	General comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____.			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

DIVISION: DSD

SUITE/POC: AA-3 / (b)(6)

DATE: 11 July 2001

SURVEY BY: (b)(6)

Item Number	Description	Yes	No	N/A
1.	Entry door is posted with name and telephone number of suite supervisor **Ref:32 CFR 627.16 (f)**	✓		
2.	Adequate clothing is available (scrub suits, hats, socks, towels, shoes) **Ref: 32 CFR 627.16 (e)**	✓		
3.	Evidence of personnel shaving in internal ("contaminated") change room Ref: **USAMRIID Regulation 385-69 3.c.5.**		✓	
4.	USAMRIID Regulation 385-69 is posted inside suite Ref: **BMBL 4th Ed. Section II BSL-3, B.6.**	✓		
5.	Fire evacuation plan is posted inside suite Ref: **29 CFR 1910.38 (a)(5)(iii)**	✓		
6.	Emergency lights are present Ref: **32 CFR 627.46(b)(5)**	✓		
7.	Room doors posted where radioisotopes are used Ref: **10 CFR 20.1902 (e)**	✓		
8.	Emergency crash door is accessible Ref: **29 CFR 1910.37 (f)**	✓		
9.	Only colored, long-sleeved, front-opening clothing is worn by suite personnel Ref: **32 CFR 627.12(a)(1)**	✓		
10.	Laboratory doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
11.	Animal room doors are kept closed Ref: **32 CFR 627.15(b)(1)**	✓		
12.	Animal room doors are posted in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.c.**	✓		
13.	Posted animal room procedures are followed Ref: **BMBL 4th Ed. Section III, ABSL-3.A.III.**	✓		
14.	Infected or toxic animals are housed in partial containment caging systems If **NO**, personnel wear solid front gowns, Gloves, shoe covers and respirators when Working in infected or toxic animal rooms Ref: **USAMRIID Regulation 385-69 4.(i)(2)(a)**	✓		
15.	Gowns, gloves and shoe covers are left in infected or toxic animal rooms when exiting Ref: **32 CFR 627.25 (a)(i)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

16.	Respirators and face shields are worn in animal rooms housing non-human primates Ref: **32 CFR 627.25 (b) (2)**	✓		
17.	Adequate gowns, shoe covers, and respirators are available inside the suite Ref: **32 CFR 627.25 (a) (1)**	✓		
18.	Surgeons gloves are worn when handling infected or toxic animals and etiological agents Ref: **32 CFR 627.12 (a) (5) (i)**	✓		
19.	Animal room airflows are inward Ref: **32 CFR 627.45 (a) (7) (i)**	✓		
20.	Chemical emergency showers accessible Ref: **32 CFR 627.45 (a) (13)**	✓		
21.	Eyewash stations are available where acids or corrosives (caustics are used) Ref: **32 CFR 627.45 (a) (13)**	✓		
22.	Emergency showers and eyewash stations are tested as required Ref: **ANSI Z 358.1-1990**	✓		
23.	Flammables, corrosives, acids are stored in appropriate storage cabinets Location: Ref:			
24.	Total quantity stored in storage cabinets: FLAMMABLES= _____ gallons ACIDS= _____ gallons CORROSIVES (CAUSTICS) _____ gallons Ref:			
25.	Maximum quantity stored in any one storage cabinet= _____ gallons Ref:			
26.	Chemicals in storage cabinets are segregated by compatibility and hazard type Ref:			
27.	Flammables, corrosives and acids in laboratories are stored below benches and segregated by hazard type Ref:			
28.	Maximum quantity stored in any one laboratory: (LOCATION:_____ Flammables=_____gallons Acids=_____gallons CORROSIVES (CAUSTICS)=_____ gallons Ref:			

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

29.	Other hazardous chemicals are stored at or below bench level Ref:			
30.	Material safety data sheets (MSDS) are available in the laboratory for hazardous chemicals Ref: **29 CFR 1910.1200 (g)**	✓		
31.	Chemicals stored in other than original containers are properly labeled Ref: **29 CFR 1910.122 (f)(5)(i)&(ii)**	✓		
32.	Safety goggles, face shields, gloves are available for use when handling liquid nitrogen, acid and corrosives Ref: **32 CFR 627.31 (c)**	✓		
33.	Protective equipment is used when handling hazardous materials Ref: **32 CFR 627.31**	✓		
34.	Freezers and refrigerators containing etiologic agents have signs warning fire fighters of hazards Ref: **32 CFR 627.12 (a)(12)**	✓		
35.	Biological safety cabinets (BSC) are used for all procedures with etiologic agents, except animal inoculations and bleedings Ref: **32 CFR 627.16(a)**	✓		
36.	BSCs are used to contain etiologic agent aerosol producing equipment, e.g., table-top centrifuges If **NO**, face shields and respirators are Worn during areosol-producing operations Ref: **32 CFR 627.16(a)**	✓		
37.	BSCs are used properly IAW USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 h.(1)(a)**	✓		
38.	Procedures are performed to minimize the creation of aerosols Ref: **32 CFR 627.12(b)(1)**	✓		
39.	Contaminated waste materials in BSCs are placed in disinfectant or closable bags Ref: **32 CFR 627.13 (b)**	✓		
40.	Work surfaces of BSCs are decontaminated daily and after agent spills Ref: **32 CFR 627.15 (b)(3)**	✓		
41.	Disinfectant used 1:20 Bleach Ref: **32 CFR 627.12 (a)(13)**	✓		
42.	Sharps and points are eliminated when possible Ref: **USAMRIID Regulation 385-1 a.(1)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

43.	Syringes and needles are disposed of in accordance with USAMRIID Regulation 385-1 Ref: **USAMRIID Regulation 385-1 (a)(1)**	✓		
44.	Centrifuges are evacuated before opening when centrifuging infectious or toxin containing substances not in safety containers Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
45.	Centrifuge safety containers containing infectious or toxin-containing materials are opened only in BSCs Ref: **USAMRIID Regulation 385-69 4.h.4.a.**	✓		
46.	Infectious or toxin-containing materials within the suite are transported in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.g.7.**	✓		
47.	Airlock operation procedures are in accordance with USAMRIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 4.d.**	✓		
48.	Waste materials are autoclaved from the suite for a minimum of 15 minutes at 121 °C Ref: **32 CFR 627.33 (a)**	✓		
49.	Autoclave record sheets are used regularly Ref: **32 CFR 627.33 (b)**	✓		
50.	Sterilization indicators are used in each load Ref: **32 CFR 627.33 (b)**	✓		
51.	Procedures for eating and drinking are in accordance with USMARIID Regulation 385-69 Ref: **USAMRIID Regulation 385-69 c.**	✓		
52.	Eating and drinking and storage of food and drinks are prohibited in laboratories Ref: **32 CFR 627.12 (a)(2)**	✓		
53.	Compressed gas cylinders are secured Ref: **32 CFR 627 Appendix C-2(f)(6)**	✓		
54.	Compressed gas cylinders are transported by hand trucks Ref: **32 CFR 627 Appendix C-2(f)(9)**	✓		
55.	Floor drains are filled at least weekly Ref: **USAMRIID Regulation 385-69 4.j.1.b.**	✓		
56.	House vacuum outlets are protected by HEPA filters and/or liquid disinfectant traps Ref: **32 CFR 627.46 (a)(17)(i)(ii)&(iii)**	✓		
57.	All suite personnel have been oriented in use of the emergency call box Ref: **32 CFR 627.46 (b)(5)**	✓		
58.	Ultraviolet light (UV) Passbox is operational Ref: **32 CFR 627.33 (f)**	✓		

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BIOSAFETY LEVEL 3 CONTAINMENT AREA SAFETY SURVEY

59.	Rooms are orderly and free of clutter If **NO**, areas in need of attention are: _____ _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**		✓	
60.	Areas are in need of cleaning If **YES**, those requiring attention are: _____ _____ _____ _____ _____ _____. Ref: **32 CFR 627.12 (a)(6)(i)-(v)**			✓
61.	General comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

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EXHIBIT 46

USAMRIID Regulation Number 385-40

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
FORT DETRICK, FREDERICK, MARYLAND 21702-5011

2 January 1991

USAMRIID Regulation
Number 385-40*

ACCIDENT/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE - REPORTING, RECORDS AND INVESTIGATIONS

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1. PURPOSE

To establish procedures for the reporting, recording, and investigation of accidents, illnesses, and incidents of potential hazard exposure at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID).

2. APPLICABILITY

This regulation applies to all military, civilian and other authorized personnel working at USAMRIID.

3. POLICY

All accidents, illnesses, and incidents of potential hazard exposure will be investigated, analyzed, recorded and reported in accordance with the requirements of AR's 385-40, 70-65, 40-5 and this regulation.

*This regulation supersedes USAMRIID Regulations No. 40-17, MEDICAL SERVICE - PROCEDURE FOR REPORTING OCCUPATIONAL ILLNESS & ACCIDENTS, dated 12 March 1990, No. 40-29, MEDICAL SERVICE - PROCEDURES FOR SICK CALL AND EMERGENCY CARE INCLUDING OCCUPATIONAL ILLNESS AND INJURIES, dated 6 March 1990, and No. 385-40, ACCIDENT/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE REPORTING, RECORDS AND INVESTIGATIONS, dated 1 November 1989.

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a. Planning for accident prevention is the responsibility of every individual.

b. No task will be considered so important that it cannot be accomplished safely.

c. Research involving infectious microorganisms and toxic materials will employ facilities, equipment and procedures designed to prevent occupational illness and injury among the workforce.

d. The Safety Office will be informed of any activity which deviates from a Standing Operating Procedure (SOP) that may require special equipment or surveillance.

e. All occupational injuries, illnesses, and incidents of potential hazard exposure, except those requiring emergency medical care, will be evaluated at the U.S. Army Health Clinic, Bldg 1425 (see reference, "Policy Letter on Reporting Occupational Injury/Illness/Incident of Chemical or Biological Hazard Exposure," Fort Detrick, HSHD-HS (40-5a) 21 May 1990). Those occurring in mission biohazardous settings will be evaluated in the Clinical Research Ward, Medical Division, Building (Bldg) 1425.

f. The occurrence of all recordable accidents will be communicated immediately, telephonically, to the Commander or his designated representative by the cognizant division chief or his designated representative.

4. RESPONSIBILITIES

a. Commander: The Commander, USAMRIID has jurisdictional responsibility for all accidents involving USAMRIID personnel, vehicles, equipment, and property where such accidents may result in personal injuries, property damage, claims against the United States Government or unfavorable public relations, insofar as personnel, real or personal property, and equipment are concerned.

b. Supervisor:

(1) All supervisors have a legal responsibility to educate their employees in the reporting process, to initiate and complete the necessary report forms, and to direct their employees to seek medical attention. Following initial evaluation (see paragraph 3.e.), civilian personnel have the option to seek medical attention from the Occupational Health Service, U.S. Army Health Clinic, their private physician, or from a hospital.

(2) For military and civilian personnel, initiate a Fort Detrick Record of Occupational Injury/Illness/Incident of Potential Hazard Exposure (FD Form 1326-R, 1 Mar 89) by completing Sections I, III, and IV. In an emergency when documentation does not accompany the injured person, forward the form to the attending physician as soon as possible following the accident.

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(3) For civilian personnel, initiate an Authorization for Examination And/Or Treatment (Form CA-16, Rev. 6/84). Complete "Part A - Authorization" of CA-16, "Authorization For Examination And/Or Treatment". The form should accompany the injured person to the treatment facility (U.S. Army Health Clinic or Clinical Research Ward). In an emergency when documentation does not accompany the injured person, the form will be initiated by the Attending Physician and should be completed by the supervisor within 48 hours following the accident.

(4) To facilitate physician recording of care in urgent situations, the aforementioned forms (Form FD 1326-R and Form CA-16) may be initiated by the treatment facility and then returned to the supervisor for completion and disposition.

c. Employee:

(1) Military personnel or the person responsible for escorting the individual will handcarry an Individual Sick Slip (DD Form 689, 1 Mar 63), to the attending physician for completion. When completed, the original of the Individual Sick Slip will be provided to the patient and the duplicate will be maintained by the patient's Company Commander.

(2) Civilian personnel initiate a Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1, Rev. 3/86). Forward the form to the Office of Workers' Compensation Programs representative in the Fost Detrick Civilian Personnel Office (OWCP-CPO), Building 810 (extension 2176) within 48 hours following the accident.

(3) Civilian personnel initiate a Federal Employee's Notice of Occupational Disease and Claim for Compensation (Form CA-2, Rev. May 1975), if applicable. Forward the form to your supervisor within 30 days after you become aware of the disease or illness and its possible relationship to your employment. Your supervisor should forward the completed form to OWCP-CPO within 10 working days following receipt.

d. Attending Physician: In an emergency treatment situation precluding prior notification of the supervisor or division chief, advise these individuals and the Senior Medical NCO (for enlisted personnel only) of the name and status of the injured person. Both the USAMRIID and Fort Detrick Directors of Security will be notified when a person is being treated for any injury or accident requiring legal investigation. In addition, initiate or complete the forms listed below, provide emergency notification as applicable, and distribute forms as described in paragraph 11.

(1) Complete Fort Detrick Record of Occupational Injury/Illness/Incident of Potential Hazard Exposure (FD Form 1326-R, 1 Mar 89), Section II.

(2) Complete Authorization for Examination And/Or Treatment (Form CA-16, Rev.6/84), Part B.

(3) Initiate Statement of Medical Examination and Duty Status (DA Form 2173, Oct 72), Section I, for military personnel incurring injury,

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death, or disease.

(4) Copies of completed forms should be returned to the supervisor for completion and distributed as described in paragraph 11.

(5) Initiate a report of unusual occurrence (DA Form 4106). Completeness and authenticity will be assured by an onduty Army Nurse Corps (ANC) service member or registered nurse. The completed form will be submitted through channels IAW USAMRIID Regulation 40-7 to the Commander, USAMRIID.

e. Adjutant: Complete Statement of Medical Examination and Duty Status (DA Form 2173, Oct 72), Section II, and distribute in accordance with procedures for military officer personnel.

f. Commander, Medical Company: Complete Statement of Medical Examination and Duty Status (DA Form 2173, Oct 72), Section II, and distribute in accordance with procedures for military enlisted personnel.

g. Medical Services Accountable Officer: Initiate Report of Treatment Furnished Pay Patients, Hospitalization Furnished (Part A) (DD Form 7, 1 Apr 50), for injured civilians placed in an inpatient status and distribute in accordance with procedures for civilian personnel.

h. Safety Office: The Safety Office will initiate a U.S. Army Accident Investigation Report (DA Form 285, Aug 80) which is used to record an occurrence that results in a back injury or lost time from work (military) resulting from accidents involving disabling injuries, or military or civilian property and/or equipment damage in excess of $2,000. The Safety Office will investigate all accidents involving military and/or civilian government personnel. Distribute form as described in paragraph 11.f.

i. Military Vehicle Drivers: The Government operator completes Operator's Report of Motor Vehicle Accident (Standard Form 91, Rev. 11-76) at the time and scene of the accident, if possible, and the completed form is forwarded to the Motor Pool Dispatch Office. An Accident-Identification Card (DD Form 518, 1 Oct 78) is also completed at the scene of the accident and given to the other party(s) involved. The purpose of DD Form 518 is to provide persons involved in an accident with a Department of Defense (DOD) owned/leased vehicle the identity of the person with the authority to act on the matter.

5. FIRE

a. When a possible fire condition exists, the Fort Detrick Fire Department (FDFD) will be notified either by activation of a manual fire alarm break station or by telephoning the Fort Detrick Fire Emergency Number 7333 or 7334, and reporting the location and nature of the emergency. The USAMRIID Security Guard (Bldg 1425, telephone extension (X) 2257) will also be notified. An attempt will be made to inform the Division Chief or his designated representative or, for containment suites, the individual designated on the emergency cards posted outside each containment suite.

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b. Upon arrival, FDFD personnel will report to the area of the location indicated by the alarm, i.e., of Bldg 1425. The building Fire Warden, or Security Guard (during other than normal duty hours), will give fire fighting personnel information concerning the exact location of the fire and any unusual or particular hazard existing in the area. In the absence of the building Fire Warden, a member of the safety staff may assume this duty relative to biological safety.

c. The Fort Detrick Fire Department will provide the names of individuals involved in fire fighting who have entered any containment suite(s) to the USAMRIID Safety Office as soon as possible following the incident.

d. In case of fire in an area approved for radioactive materials, additional notification must be given to USAMRIID Health Physics Office and to the Principal User of the radioactive material.

e. Investigation and reporting on a fire incident will be conducted in accordance with AR 385-40.

6. RADIATION ACCIDENT/INCIDENT

a. Any personnel involved in incidents or spills of materials containing radionuclides will immediately notify persons in the area that a spill has occurred and then call the Radiation Safety Officer, X7335. After duty hours, spill(s) must be reported to the Security Guard located in Bldg 1425, X2257, who will contact Health Physics personnel.

b. Personnel not involved in the spill will vacate the room but not leave the area until they have been surveyed for contamination.

c. For other record keeping, investigation, recording and reporting associated with radiation exposure and monitoring, see USAMRIID Regulations 385-11 and 385-12 with attached SOPs.

7. ACCIDENTAL/POTENTIAL EXPOSURE TO AN INFECTIOUS MICROORGANISM OR BIOLOGICAL TOXIN

a. An employee who is accidentally exposed to an infectious agent during normal duty hours (Monday through Friday, 0745-1630 hours) will begin appropriate disinfection/decontamination procedures (e.g., immediate eye wash). The individual will report without delay to their immediate supervisor and Division Chief or the Division Chief having jurisdiction over the area in which the exposure occurred. The supervisor will direct disinfecting procedures and will see that the employee reports without delay to the Clinical Research Ward, Medical Division, Bldg 1425.

b. All incidents occurring in potentially contaminated areas during other than normal duty hours will be reported to the Security Guard, Bldg 1425, telephone X2257, as soon as possible following the occurrence.

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c. All potential exposures:

(1) Will be immediately reported telephonically to the Safety Office, telephone extension 2246, by the attending physician in the Medical Division, or Security Guard. The supervisor will initiate a FD Form 1326-R (all personnel) and a Form CA-16 (civilian personnel). Civilian personnel will initiate a Form CA-1 (Form CA-1 is necessary when a Form CA-16 is used) and Form CA-2 (applicable upon diagnosis of an occupational illness).

(2) Within 48 hours of the potential exposure, and within 48 hours after establishment of a final diagnosis, a written report (Memorandum For Record (MFR)) will be prepared by the Medical Division and copies delivered to the:

(a) Safety Office

(b) Deputy Commander for Administration

(c) Deputy Commander

(d) Commander

(e) U.S. Army Health Clinic Occupational Health Nurse

(f) Division Chief

(3) The Commander, USAMRIID (or his representative), will telephonically notify HQ, USAMRDC of all admissions to the Clinical Research Ward or local hospitals for potential exposure or illness related to such exposure that requires observation and/or health care.

(4) In addition to the reporting requirements of AR 385-40 and AR 40-5, serious or potentially serious accidents or exposures involving Controlled Hazardous Biological Substances (CHBS) will be promptly reported in accordance with AR 70-65. As soon as they are known, the following events will be reported to HQ, USAMRDC:

(a) Probable exposure of personnel to a toxin or pathogen designated as a CHBS.

(b) Suspected or confirmed release of any pathogenic microorganism or toxin from a containment facility.

(c) Verified disease or illness produced by any pathogen or toxin where there is reasonable grounds to suspect that infection was or may have been related to CHBS activities.

8. <u>FIRST AID/MEDICAL TREATMENT (military or civilian personnel)</u>

a. Non-critical event (injury or illness) in a non-containment area:

Injured personnel not working in a biocontainment suite who suspect an

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occupational illness or have a work-related injury not requiring immediate medical care, will report to their supervisor and division chief. Following initial evaluation (see paragraph 3.e.), civilian personnel have the option to seek medical attention from the Occupational Health Service, U.S. Army Health Clinic, their private physician, or from a hospital. Civilian personnel requiring emergency care (resulting from work that does not involve biocontainment suite operations) have an option to seek medical care from the OHN, U.S. Army Health Clinic (Bldg 1425), their private physician, or from a hospital. Preparation of necessary documents will be secondary to obtaining medical care. The division chief will report the injury or illness to the Safety Office.

b. Non-critical event (injury or illness) in a containment area:

If an individual incurs an injury not involving exposure to an etiologic agent while working in a biocontainment area, he should

(1) immediately apply first aid or seek assistance to apply first aid,

(2) notify his supervisor of the injury,

(3) report the injury to his division office so that the proper forms can be initiated, and

(4) exit the suite in accordance with appropriate procedures and secure treatment from the Occupational Health Nurse at the U.S. Army Health Clinic, Bldg 1425.

Copies of applicable accident report forms (see paragraph 11.a. and 11.d.) are to be placed in the health record by medical support staff at the time care is given and a report of incident made to the Occupational Health Nurse at the U.S. Army Health Clinic for documenting in the Injury/Illness/Incident of Hazard Exposure Log. The division chief will report the injury or illness to the Safety Office.

c. Life-threatening event (injury or illness) in a biocontainment or non-containment area:

Notify the Fort Detrick Fire Department (FDFD), X7333 or 7334, of the situation and location. The FDFD will activate the Frederick County Emergency Medical Services (EMS) and the Fort Detrick Security Guard by radio. Notify the USAMRIID Security Guard (X2257) and the Clinical Research Ward (Ward 200), X2225, (see USAMRIID Regulation 40-30). The incident will be reported by the supervisor of the individual, within 24 hours, to the Occupational Health Service, U.S. Army Health Clinic, X7175 or 7673. The division chief will report the injury or illness to the Safety Office.

d. Animal-related injuries (see USAMRIID Regulation 40-5):

All laboratory animal bites will be reported promptly to the responsible supervisor and division chief. Individuals bitten by laboratory animals will be sent to the Clinical Research Ward, Medical Division, for examination and treatment. After arranging for treatment, the division chief will notify the

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Chief, Veterinary Medicine Division, for examination and management of the animal involved. If the animal is under a research protocol the Chief, Veterinary Medicine Division, will consult with the principal investigator for information on the research-related health status of the animal. The Chief, Veterinary Medicine Division, will inform the attending physician of results of the examination of the animal involved. The attending physician will report the injury to the Safety Office.

e. Suspected occupational illness:

Employees assigned to biocontainment suites or areas who have performed duties during the past 21 days in an area containing infectious or toxic materials and who develop a fever greater than 100.5 degrees F (or any other criteria as may be applied by the suite supervisor in consultation with the Chief, Medical Division) will attempt to notify their immediate supervisor and division chief before reporting to the nurse's station, Clinical Research Ward, Bldg 1425. If the attending physician feels the illness is not related to an occupational exposure or condition, civilian personnel should be treated by a community physician of his/her choice. Military personnel should report to sick call. Long distance collect telephone calls are authorized for the purpose of reporting suspected or actual occupational illness. The attending physician will report the suspected occupational illness to the Safety Office.

f. Immunization-related illness:

Persons in the Special Immunizations Program who develop an illness during <u>normal duty hours</u> (Monday through Friday, 0745-1630 hours) which they suspect is immunization-related will report to the Special Immunizations Nurse (Bldg 1425, Room 500). During <u>other than normal duty hours</u>, the incident will be reported to the Security Guard, Bldg 1425, telephone X2257 (outside of Fort Detrick dial (301) 663-2257) as soon as possible.

9. <u>ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS</u>

a. Employees may report IAW AR 385-10 unsafe or unhealthful working conditions on DA Form 4755 (Employee Report of Alleged Unsafe or Unhealthful Working Conditions (ERAUUWC)) directly to the installation safety and occupational health official, to the USAMRIID Safety Office or through supervisory and command channels. Names of submitting individuals who request anonymity will not be revealed by the installation safety and occupational health official to anyone other than necessary members of his or her staff or other appropriate installation level personnel.

b. All reports will be investigated by safety or health personnel. The originator, if known, will be notified in writing of the results of the investigation within 10 working days of receipt of the ERAUUWC report. If the 10 working days suspense cannot be met, the originator will be provided an interim response. If it is determined that a hazard exists, the reply will include a summary of the actions to be taken and anticipated date for corrective action. If it is determined that a hazardous condition does not exist, the reply will include the basis for that determination. If a ERAUUWC

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report also involves a grievance action, the USAMRIID Safety Office will determine if there is need for a priority action for safety or health reasons.

10. DEFINITIONS

a. ACCIDENT: An unplanned event or series of events that result in one or more of the following:

(1) Damage to Army property to include Army motor vehicles (AMV) and other vehicles, equipment, or facilities.

(2) Injury to on or off duty military personnel.

(3) Injury to on duty civilian personnel.

(4) Occupational injury or illness to military or civilian personnel or other authorized personnel working in the Institute.

(5) Injury or illness to non-Army personnel or damage to non-Army property as a result of Institute operations.

(6) A spill or release of a biological, chemical or radiological hazard.

(7) Potential or known unplanned exposure of animals or personnel to a hazardous substance.

b. RECORDABLE ACCIDENT: Any disabling injury (military lost time) or any accident resulting in a back injury (to military personnel), occupational illness, or equipment and/or property damage in excess of $2,000.

c. NON-RECORDABLE ACCIDENT: Any injury, regardless of severity, that does not result in a lost duty day or permanent disability, or any property damage less than $2,000.

d. REPORTABLE ACCIDENT:

(1) Accidents occurring on or off post and/or on or off duty to military personnel; accidents occurring to on duty civilian personnel or civilian personnel participating in official activities; illnesses or suspected illness attributable to mission activities; and damage or destruction of government furnished property or equipment, greater than $2,000., or damage to non-government property.

(2) Accidents resulting in spills of a controlled hazardous biological substance (CHBS) that result in probable exposure of personnel; suspected or confirmed release from a containment facility; or verified disease or illness where there are reasonable grounds to suspect that the cause was or may have been related to research, development, test, and evaluation (RDTE) activities.

e. NON-REPORTABLE INJURIES: Injuries associated with non-occupational

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diseases where the disease itself, not the injury, is the proximate cause of the lost time; deliberate self-inflicted injuries; injuries that result from criminal activity where the intent to inflict injury was present; an illness caused by a specific organism or toxin that is not related to or the result of the worker's employment.

f. NON-REPORTABLE HOSPITALIZATION: Hospitalization of a person solely for observation and subsequent release.

g. DISABLING INJURY: An injury to civilian personnel which precludes the individual's return to duty on any subsequent duty day or an injury to military personnel which precludes the individual's return to duty by 2400 hours on the day following the day of the injury, or on the day following entry on a sick-in-hospital status or sick-in-quarters status where disability does not begin on the date of injury.

h. OCCUPATIONAL ILLNESS (recordable and reportable as a disabling injury): An illness or suspected illness attributable to mission activities. The date of contraction of the illness is determined by the diagnostic date. This will be the "Date of Occurrence" of the "accident" to be used as the beginning date from which the reporting time is established.

i. INTERPRETATION OF TERMS: Chapter II, AR 385-40 serves as a guide to insure uniformity of interpretation and use of terms in connection with accident reporting. Questions will be referred to the USAMRIID Safety Office for resolution.

11. REPORT FORMS

a. Fort Detrick Record of Occupational Injury/Illness/Incident of Potential Hazard Exposure (FD Form 1326-R, 1 Mar 89). Initiated by the supervisor. Completion, distribution, and communication is the responsibility of the supervisor. Distribution: Photocopy placed into health record of the injured employee at time of treatment. Original is returned to the supervisor for completion if needed, then forwarded to the Safety Office. This form is used to record all occurrences, even those that do not result in lost time from work.

b. Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1, Rev. 3/86). Initiated by the employee (or person acting on the employee's behalf) within 30 days of injury. The form is completed by the supervisor and forwarded to the Office of Workers' Compensation Programs/Civilian Personnel Office (OWCP/CPO) within two working days following receipt from the employee.

c. Federal Employee's Notice of Occupational Disease and Claim for Compensation (Form CA-2, Rev. May 1975). Initiated by the employee (or person acting on the employee's behalf) within 30 days after becoming aware of the disease or illness and its possible relationship to their employment. The form is completed by the supervisor and forwarded to the OWCP/CPO within 10 working days following receipt from the employee.

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d. Authorization for Examination And/Or Treatment (Form CA-16, Rev.6/84). Initiated by the supervisor. Completion of report is the responsibility of the supervisor. A Photocopy of Part B (page 2) is placed into the health record of the injured employee at time of treatment. The original is returned to the supervisor for completion if needed, then forwarded to the OWCP/CPO representative. Form CA-16 is valid for up to sixty days from date of issuance.

e. Statement of Medical Examination and Duty Status (DA Form 2173, Oct 72). Section II is completed by the Commander, Medical Company, and distributed in accordance with procedures for enlisted personnel.

f. United States Army Accident Investigation Report (DA Form 285, Aug 80). Form initiated by the Safety Office. Distribution: A photocopy is retained in the USAMRIID Safety Office. The original is forwarded to the Safety Officer, U.S. Army Medical Research and Development Command (USAMRDC, ATTN: SGRD-SF), Fort Detrick. A copy is furnished to the Fort Detrick Safety Office.

g. Operator's Report of Motor Vehicle Accident (Standard Form 91, Rev. 11-76). Completed by the Government operator at the time and scene of the accident, if possible, and the completed form forwarded to the Motor Pool Dispatch Office.

h. Report of Treatment Furnished Pay Patients, Hospitalization Furnished (Part A) (DD Form 7, 1 Apr 50). Initiated by the Medical Services Accountable Officer for injured civilians placed in an inpatient status and distributed in accordance with procedures for civilian personnel.

i. Individual Sick Slip (DD Form 689, 1 Mar 63). Handcarried by the military patient, or by an individual responsible for escorting the patient, to the Attending Physician for completion. When completed, the original of the Individual Sick Slip will be provided the patient and the duplicate will be maintained by the patient's commander.

j. Report of unusual occurrence (DA Form 4106) will be initiated by the medical staff first involved. Completeness and authenticity will be assured by an on duty ANC officer or registered nurse. The completed form will be submitted through channels IAW USAMRIID Regulation 40-7 to the Commander, USAMRIID.

12. REFERENCES

a. AR 40-3, 15 February 1985. Medical, Dental, and Veterinary Care.

b. AR 40-5, 1 June 1985. Preventive Medicine.

c. AR 40-330, 26 February 1988. Rates Codes Expense and Performance Reporting Systems, Centralized Billing, and Medical Services Accounts.

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d. AR 70-65, 1 September 1979. Management of Controlled Substances, Ethyl Alcohol, and Hazardous Biological Substances in Army Research, Development, Test, and Evaluation Facilities.

e. AR 385-10, 23 May 1988. Army Safety Program.

f. AR 385-40, 1 April 1987. Accident Reporting and Records.

g. AR 600-6, 30 April 1985. Individual Sick Slip (DD Form 689).

h. DA PAM 385-1, 15 March 1973. Unit Safety Management.

i. FD PAM 385-6, 18 October 1988. Equipment and Machinery Lockout/Tagout Program.

j. HSHD-HS (40-5a), Fort Detrick, 21 May 1990. Policy Letter on Reporting Occupational Injury/Illness/Incident of Chemical or Biological Hazard Exposure.

k. USAMRIID Regulation 40-5, 6 December 1989. Medical Services - Animal-Related Injuries to Personnel.

l. USAMRIID Regulation 40-7, 27 July 1989. Report of Unusual Occurrence.

m. USAMRIID Regulation Number 40-30, 2 January 1991. Medical Services - Response to Medical Emergencies.

n. USAMRIID Regulation 385-11, 13 October 1989. Health Physics Regulation for Utilization of Ionizing Radiation.

o. USAMRIID Regulation 385-12, 13 October 1989. Health Physics Regulation for Gammacell Irradiators.

p. USAMRIID Regulation 385-69, 1 December 1990. Biocontainment Laboratory Operations (Biosafety Levels 3 & 4).

q. USAMRIID Regulation 420-6, 28 August 1989. Fire Regulation and Evacuation Plan.

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SGRD-UIM

FOR THE COMMANDER:

OFFICIAL:

EDMOND J. ENLOE, JR.
LTC, MS
Deputy Commander for Administration

JEROME K. MAULTSBY
CPT, MS
Military Personnel Officer

DISTRIBUTION:
A

The proponent agency of this regulation is the Safety Office, USAMRIID. Users are invited to send comments or suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, U.S. Army Medical Research Institute of Infectious Diseases, ATTN: SGRD-UIA-A, Fort Detrick, Frederick, Maryland 21702-5011.

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/09	10:15	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6) _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I am the Chief, Medical Division. My division mission includes management of the Special Immunizations Program (SIP), maintenance of the clinical record and institute vaccine repository in the Institute. We are also setting up a clinical studies department to perform non-SIP clinical trials. My participation in the anthrax contamination issue in mid-MAY 02 is accurately described in the attached "Memorandum for Record dated 29 APR 2002 SUBJECT: Building 1425 Anthrax Contamination." A record of the exposure evaluations is provided in the attached spreadsheet "Evaluation of suspected anthrax exposures."

Q. What happened during the time of the (b)(6) letter?
A. This was during the October 15/16 2001 time period. The investigator who first opened the (b)(6) letter under biosafety level 3 came to the SIP for evaluation and was given proplylaxis. At the request of the division chief, we evaluated 17 individuals who were involved in some way with processing of diagnostic samples. We evaluated each as if they were potential exposures and sent 16 reports forward. We also performed nasal swabs on 16. Prophylaxis was initiated on ~~XXX~~ until we could make an assessment of the general risk. In the end, we believed the general risk to be low and we left only those individuals on 30 day prophylaxis if they had worked in the BSL-3 lab where the letter was opened at the time it was opened or the day after. We also used the opportunity of seeing the individuals to give them a booster vaccine if they were late for one. The list is provided in the attached spreadsheet "Potential Occupational Exposures 9/11-01-12/31/01."

Q. What is the procedure for reporting mishaps?
A. The individual is supposed to inform their supervisor, who then accompanies the individual to the SIP clinic after appropriate decontamination of any potential wounds. A 1326 safety report is either brought with the patient or is generated. When the patient presents to the clinic, if safety has not yet been informed, then we would inform them. The Medical Division evaluates the patient, then fills out their portion of the 1326, writes a note in the SF600 and makes a typewritten summary as a memorandum for record. A copy of the 1326 is made for our records and the patient takes the original 1326 to safety. The initial potential exposure summary is distributed to Safety, Occupational Health and the Commander. A follow-up report is done in 30 days. All reports are reviewed by the USAMRIID Quality Assurance (QA) committee that meets approximately monthly. The QA committee includes representatives from safety, Chief SIP, Barquist Army Health Clinic occupational health nurse, physicians from outside the Medical Division, representatives from the USAMRIID internal QA, and the clinical laboratory chief. It was formerly chaired by (b)(6) from Operational Medicine, and the current interim chair is (b)(6) from Virology Division. The QA reports are eventually sent down to WRAMC QA Committee. In March 01 I began revising the process for evaluation of exposures. The attached SOP from November 2001 generally reflects the process as of September/October 2001. I am continuing to revise this to best reflect the current practices.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
47	MGK	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/09

9. STATEMENT *(Continued)*

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of May, 2002 at USAMRIID

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

David L. Hoover
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT MGK

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Potential Occupational Exposures 9/11/01-12/31/01

Possible Exposure	Number	Physician	Date of Incident	Date of Initial Report	Date of Interim Report	Date of Final Report
Anthrax	ID MED 01-20	(b)(6)	16-Oct-01	18-Oct-01		
Anthrax	ID MED 01-21		16-Oct-01			
Anthrax	ID MED 01-22		16-Oct-01	22-Oct-01		19-Dec-01
Anthrax	ID MED 01-23		16-Oct-01	18-Oct-01		19-Dec-01
Anthrax	ID MED 01-24		16-Oct-01	18-Oct-01		07-Nov-01
Anthrax	ID MED 01-25		15-Oct-01	18-Oct-01		
Anthrax	ID MED 01-26		16-Oct-01	18-Oct-01		03-Dec-01
Anthrax	ID MED 01-27		15-Oct-01	26-Oct-01		03-Jan-02
Anthrax	ID MED 01-28		15-Oct-01	29-Oct-01		09-Jan-02
Unknown	ID MED 01-29		29-Oct-01	29-Oct-01		
Anthrax	ID MED 01-30		16-Oct-01	17-Oct-01		
Anthrax	ID MED 01-31		16-17 Oct 01	5-Nov-01		
Anthrax	ID MED 01-32		16-Oct-01	5-Nov-01		
Anthrax	ID MED 01-33		6-Nov-01	8-Nov-01		19-Dec-01
Anthrax	ID MED 01-34		15-Oct-01	19-Nov-01		
Anthrax	ID MED 01-35		15-Oct-01	16-Nov-01		
Anthrax	ID MED 01-36		15-Oct-01	19-Nov-01		
Unknown	ID MED 01-37		4-Oct-01	11-Oct-01		
Unknown	ID MED 01-38		14-Dec-01	21-Dec-01		30-Jan-01

EXHIBIT 48

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Potential Occupational Exposures 2002

Possible Exposure	Number	Physician	Date of Incident	Date of Initial Report	Date of Interim Report	Date of Final Report
VEE	ID MED 02-01	(b)(6)	25-30 Jan 01	5-Feb-02		
Herpes B	ID MED 02-02		22-Feb	1-Mar-02		
Unknown	ID MED 02-03		19-Mar	27-Mar		
Anthrax	ID MED 02-04		8-Apr	9-Apr		
Hantaan DNA	ID MED 02-05		25-Mar	10-Apr		
Anthrax	ID MED 02-06		8-Apr	9-Apr		
Unknown	ID MED 02-07		24-Apr	26-Apr		
Unknown	ID MED 02-08		24-Apr	26-Apr		

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EXHIBIT 49

POTENTIAL EXPOSURES

09/01/01 TO 04/30/02

SAFETY LOG NUMBER	ID-MED NUMBER	DATE OF INCIDENT	ACCIDENT TYPE	ESTIMATED RISK OF EXPOSURE/DISEASE	OUTCOME
01 - 217	01-19	9/18/2001	NEEDLESTICK	NE/NE	
01 - 235	01-20	10/15/2001	EXPOSURE - BIOLOGICAL	NE/NE	
01 - 236	01-21	10/15/2001	EXPOSURE - BIOLOGICAL	NE/NE	
01 - 237	01-23	10/15/2001	EXPOSURE - BIOLOGICAL	MI/NE	MI/NE
01 - 238	01-24	10/15/2001	EXPOSURE - BIOLOGICAL	MI/NE	MI/NE
01 - 239	01-25	10/15/2001	EXPOSURE - BIOLOGICAL	MI/MO	
01 - 240	01-26	10/15/2001	EXPOSURE - BIOLOGICAL	HI/HI	MI/MO
01 - 235	01-26	10/15/2001	EXPOSURE - BIOLOGICAL	MI/MO	
01 - 241	01-27	10/15/2001	EXPOSURE - BIOLOGICAL	NE/NE	NE/NE
01 - 242	01-28	10/15/2001	EXPOSURE - BIOLOGICAL	MI/NE	
01 - 228	01-29	10/29/2001	NEEDLESTICK	NE/NE	
01 - 243	01-30	10/15/2001	EXPOSURE - BIOLOGICAL	MI/MI	
01 - 256	01-31	10/15/2001	EXPOSURE - BIOLOGICAL	NE/NE	
01 - 244	01-32	10/15/2001	EXPOSURE - BIOLOGICAL	MI/MO	
01 - 245	01-33	10/15/2001	EXPOSURE - BIOLOGICAL	NE/NE	NE/NE
01 - 255	01-34	10/15/2001	EXPOSURE - BIOLOGICAL	NO/NO	
01 - 257	01-35	10/15/2001	EXPOSURE - BIOLOGICAL	NE/NO	
01 - 246	01-36	10/15/2001	EXPOSURE - BIOLOGICAL	NE/MI	

NO = NONE (NOT SIGNIFICANT)
NE = NEGLIGIBILE (NOT SIGNIFICANT)
MI = MINIMAL (NOT SIGNIFICANT) (LOW)
MO = MODERATE (SIGNIFICANT) (GREAT)
HI = HIGH (SIGNIFICANT)
NI = NO ILLNESS

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POTENTIAL EXPOSURES

09/01/01 TO 04/30/02

SAFETY LOG NUMBER	ID-MED NUMBER	DATE OF INCIDENT	ACCIDENT TYPE	ESTIMATED RISK OF EXPOSURE/DISEASE	OUTCOME
01 - 252	01-38	12/14/2001	NEEDLESTICK	HI/MI	
02 - 250	02-01	1/31/2002	EXPOSURE - BIOLOGICAL	MI/HI	
01 - 253	02-02	12/22/2001	NEEDLESTICK	HI/MI	

NO = NONE (NOT SIGNIFICANT)
NE = NEGLIGIBILE (NOT SIGNIFICANT)
MI = MINIMAL (NOT SIGNIFICANT) (LOW)
MO = MODERATE (SIGNIFICANT) (GREAT)
HI = HIGH (SIGNIFICANT)
NI = NO ILLNESS

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/09	0745	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6) _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. In the past, are reports of potential exposures to etiologic agents in the MRMC laboratories made to the MRMC safety office or directly to the DA?
A. Reports are made to the MRMC Safety Office.

Q. How has decision been made as to whether to send report to DA?
A. I have relied on the recommendation of (b)(6)

Q. Would you please provide hard copy reports of potential exposures to live etiologic agents from USAMRIID 2001-2002?
A. Copies have been provided.

Q. Does the MRMC Safety Office annually inspect BSL-3 areas of laboratories?
A. MRMC conducts an annual, and each unit conducts periodic inspection routinely BSL-3 labs are not inspected by us if the laboratories are active. We inspect internal(conducted by safety staff of the RIID) laboratory inspection records of BSL # 1-3 and interview personnel. We also do extensive programmatic review. At the last annual staff assistance visit, (b)(6) did walk-thru inspection, and (b)(6) did a review of procedures (SOPs, policies and regulation, laboratory training, etc.)

Q. Who is the MRMC biosafety officer?
A. (b)(6) has been the Biosafety Officer since last summer.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
50	K.S	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/09

9. STATEMENT *(Continued)*

AFFIDAVIT

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(b)(6)

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of MAY, 2002 at USAMRIID

David L. Hoover

(Signature of Person Administering Oath)

David L. Hoover

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT K.S

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Received from (b)(6) 9 May 02 Offline

DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
504 SCOTT STREET
FORT DETRICK, MARYLAND 21702-5012

REPLY TO
ATTENTION OF:

MCMR-RCQ-S

3 April 2002

(b)(6) 3 April 2002

MEMORANDUM THRU Commander, U.S. Army Medical Research and Materiel Command (MCMR-RCQ), 504 Scott Street, Fort Detrick, MD 21702-5012

FOR Commander, U.S. Army Medical Research Institute of Infectious Diseases (MCMR-UIZ-A), 1425 Porter Street, Fort Detrick, MD 21702-5011

SUBJECT: Staff Assistance Visit Report - Safety and Occupational Health Program at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID)

1. Purpose. A USAMRMC staff assistance visit to the USAMRIID was performed by (b)(6), Safety and Occupational Health Manager and (b)(6), Safety and Occupational Health Specialist on 22 February 2002 and by Mr. William (b)(6), Biosafety Officer and (b)(6), Radiation Protection Officer on 4 March 2002. The purpose of the visit was to evaluate the safety and occupational health and radiation safety programs and provide guidance and assistance to the Commander and his safety staff.

2. Summary. No deficiencies were noted which could adversely affect the safety and occupational health of the USAMRIID staff. The USAMRIID staff has demonstrated enthusiasm for conducting biological research operations in a safe and responsible manner. (b)(6), the USAMRIID Safety and Occupational Health Manager, has done an excellent job managing the safety programs for an institution with such specialized research. (b)(6) and the other USAMRIID safety staff are commended for their good work.

3. Findings and Recommendations:

a. Review of the USAMRIID safety regulations revealed that some of the safety regulations need to be updated. The current Army Biological Defense Safety Program regulation was published on 31 December 1993. However, most of the USAMRIID regulations are dated from 1990 to 1992.

(1) RIID Reg, 385-1, Needle, Syringes and Other Sharp Objects, dated 1 Nov 1990.

(2) RIID Reg, 385-3, Microbiology Safety, dated 1 Nov 1990.

(3) RIID Reg, 385-4, Institutional Biosafety Committee on rDNA , dated 1 Nov 1990.

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MCMR-RCQ-S
SUBJECT: Staff Assistance Visit Report – Safety and Occupational Health Program at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID)

(4) RIID Reg, 385-6, Autoclave and Waste management Procedure, dated 1 Nov 1990.
(5) RIID Reg, 385-9, Biosafety Level 2 Operation, dated 1 Dec 1990.
(6) RIID Reg, 385-14, Infectious Diseases Safety Policy, dated 3 Jun 1991.
(7) RIID Reg, 385-15, Respiratory Protection Program, dated 20 Jan 1992.

Recommendation: Update the regulations cited above to meet current safety and occupational health requirements. Refer to AR 385-69, DA Pam 385-69 and NIH Guidelines for Research Involving Recombinant DNA Molecules. Forward a timeline for completion of these actions to MCMR-RCQ-S.

b. A review was conducted of the BSL-1 through BSL-4 laboratory waste stream processes located within building 1425 by (b)(6), Biosafety officer. Subject areas reviewed include biological waste, medical waste, decontaminations, dunk tanks, ultraviolet pass boxes, and sharps. The intent was to ensure all waste leaving the USAMRIID facility is handled appropriately and IAW local, state, and federal laws.

Recommendations: None

c. The radiation protection program was reviewed by (b)(6) and there were no non-compliant areas identified. It is suggested that you coordinate with the WRAMC Radiation Protection Officer before NRC inspections.

Recommendations: None

d. Walk-Through: The walk-through inspection of the facility conducted by Mrs. (b)(6) was impressive. Hazardous materials were stored appropriately. Material Safety Data Sheets were maintained in compliance with Occupational Safety and Health Administration standard 1910.1200. Personal protective equipment was available and appropriate. Throughout the facility, working staff were knowledgeable concerning the various safety programs in place. Worker knowledge is a sure sign that information is not only conveyed but also being understood and applied by the staff.

Recommendations: None

e. Building and laboratory evacuation procedures: The last evacuation drill was conducted in November 2000.

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MCMR-RCQ-S
SUBJECT: Staff Assistance Visit Report – Safety and Occupational Health Program at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID)

Recommendations: All aspects of the building evacuation procedure should be tested semiannually with a practice drill in accordance with DA Pam 385-69, Biological Defense Safety Program.

4. Periodic laboratory inspections were conducted and well documented. The safety committee meetings were held quarterly. Information on safety topics, including security issues, was discussed at these meetings. The overall safety and occupational health programs are Green. It is requested that the Commander ensure that the recommendations in this report regarding updating regulations and testing evacuation procedures are addressed. (b)(6) will gladly provide guidance and assistance regarding the safety and occupational health and radiation safety programs as needed.

5. Point of contact is the undersigned at (b)(6), or email (b)(6)

(b)(6)
Safety & Occupational Health Manager
Office of Regulatory
Compliance and Quality

CF:
MCMR-SGS

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/09	0815	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. What is your job at USAMRIID? What is the scope of your responsibilities? How long have you been in that position? I have been Chief of Staff since August 2001. I primarily coordinate personnel actions and staff. I am also involved in security and day to day operation of the Institute. Safety is everyone's responsibility but I have no direct responsibility for safety.

Q. Have you ever been in the BSL-3 suites since you have been in your present position?
A. No.

Q. Do you have a summary that describes your involvement in the anthrax contamination issue?
A. Yes. Attached Memorandum for Record 19 Apr 02 "Subject: Area Surveys of USAMRIID for B. anthracis Conducted in Bacteriology Division 15-17 Apr 02" is an accurate record of the events.

Q. When you were notified on 16 April by (b)(6) that colonies suspicious for B. anthracis had been found by Dr. Ivins, how did you decide on the subsequent course of action?
A. We decided to gather more information and to continue with more confirmatory assays.

Q. On the 16th, did you notify anyone up the chain of command of the potential contamination?
A. No. I wanted to confirm it first. There was no prior data on surveillance and didn't know what the significance of it was in terms of whether it was an environmental contaminant.

Q. Did you notify the Safety Office? Why or why not?
A. No. I did not want to panic the workforce if it was just an environmental contaminant.

Q. Did you think it likely that (b)(6) had made an error in his assessment of the cultures? A. No. He is an experienced scientist. However we were hoping that it might have been a simulant.

Q. Why was PCR analysis of the putative positives delayed until 18 APR?
A. We were hoping it was a false positive. In retrospect, it would have been better to do the PCR sooner.

Q. How much of the Institute was cordoned off?

A. We cordoned off the hallways on both sides of B-3 and the office 19. This was based on findings of negative cultures from 18 April of other Bacteriology Division common areas and areas adjacent to office 19.

Q. How does the Institute handle incidents of potential exposure to agents?
A. There is a 2 pronged routing. The individual reports to the medical division and the safety office. Reports are generated from both of those. A determination is made if the exposure is significant. If there is a significant exposure, it's reported to DA safety and up the MRMC chain to MEDCOM. It is considered a significant exposure if it is expected that illness will result.

Q. Who reports them?
A. Reports outside the Institute are made from the Safety Office to MRMC Safety and the Installation Safety Officer. They are not made by the commander. He may generate a serious incident report if he feels it is warranted. These include loss of life, limb, 24 hours hospitalization.

KWO

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
51	KWO	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/09

9. STATEMENT *(Continued)*

Q. Have there been any discussions of reporting them
A. Discussions took place after the contamination incident between safety offices at MEDCOM and MRMC reviewing AR385-40, section 12. We are going to report all potential exposures from now on.

Q. Do you have any ideas as to where the contamination outside the BSL-3 area might have come from?
A. Just speculations, no hard facts

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?

A. No. The only concern we had was during the events of the fall because of the volume of samples handled. However after observing I didn't think there was a cause for alarm.

Nothing follows

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL I[illegible]

(b)(6)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of MAY, 2002 at USAMRIID

(Signature of Person Administering Oath)

David L. Hoover
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

USAPA V1.00

PAGE 3, DA FORM 2823, DEC 1998

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EXHIBIT 52

Hoover, David L COL WRAIR-Wash DC

From: (b)(6) USAMRIID
Sent: Monday, May 6, 2002 4:03 PM
To: Hoover, David L COL WRAIR-Wash DC
Subject: RE: statement

Small corrections made.

-----Original Message-----
From: Hoover, David L COL WRAIR-Wash DC
Sent: Monday, May 06, 2002 3:45 PM
To: (b)(6) USAMRIID
Subject: statement

This is text of revised statement.
I will get it put into witness statement form, but in meantime, please review and send back concurrence.
Thanks.
David Hoover

Q. What is your job at USAMRIID?
A. I am Chief, Diagnostics Systems Division.

Q. Do you have an executive summary or memo for record that describes your involvement in the anthrax contamination issue last month?
A. All information was given to (b)(6) Her Memorandum for the Record of the timeline is accurate.

Q. How was the decision reached on how much of the Institute to cordon off?
A. On Thursday night April 18th, I coordinated with (b)(6) to do additional surveys for contamination and to decontaminate the B3 alleyway again. COL Eitzen was briefed by phone Thursday evening. He returned Friday night and was briefed by telephone on our progress. Although (b)(6) data suggested that alleyway near the B-3 passbox was clean, we cordoned off that area on Friday morning after consultation with the USAMRMC and USAMRIID HQs staff. The corridor where the office was located was not blocked off, but the office B-19 was closed and locked. There was no data to think that there was more widespread contamination. I discussed the issue with MG Martinez on Friday morning. He was most concerned about employees' safety.

Q. How much of the building was cordoned off?
A. I believe that the Security Office put tape across the B3 alleyway. The office B-19 was locked and remained locked. The office corridor was not blocked off to the best of my knowledge.

Q. Did you consider reporting this episode as a potential exposure to DA?
A. I understood that a report was made to our Safety Office and that it would be reported through safety channels in accordance with USAMRIID policy and Army regulation. Thursday evening (b)(6) and I made a report to COL (b)(6), who was our senior USAMRMC point of contact that evening, and agreed with her that a Serious Incident Report would be filed on Friday. There was no discussion of filing a separate report to DA. We had no evidence on Thursday or Friday that anyone was exposed to aerosolized spores from the contamination discovered in the B3 change rooms, the B3 alleyway or office B-19.

Q. What do you consider a potential exposure?
A. I consider a potential serious exposure occurs if there is evidence of spore aerosolization. For example, if a flask or tube breaks or other event where agents are released into the air. In this case, we were dealing with a localized

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environmental surface contamination. We didn't know when the contamination had occurred. It could have occurred 10 years ago. The level of contamination was low and below the published infecious dose for anthrax.

Q. Where do you think the contamination came from?
A. I don't know. It could have come from any number of ways. It is difficult to know whether it was coming in or out of the suite B3. The juxtaposition with the passbox suggested that someone may have had it on their fingertips.

(b)(6)

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EXHIBIT 53

Review of EA101a - LTC Carr's Office
David D Stone

Date	Strain	From	To
10.22.99	Stone	(b)(6)	
10.27.99 10.29.99	Vollum 1B		
11.3.99	Ames, Stone		
1-19.99	Vollum 1B		
3.11.99	delta stone		
4.9.99	Stone, Zinbobwe		
4.22.99	Ames		
5.24.99	Vollum 1B		
6.16.99	Zimbobwe, Vollum Vollum		
2.15.99	Vollum Zimbobwe		
2.2.98 ~~4.3.99~~	Stone delta		
4.22.98	Vollum, Zimbobwe		
3.3.98	Ames, Vollum		
4.22.98	Vollum, Zimbobwe		
5.27.98	Vollum 1B		
6.24.97	Ames		
7.9.97	Ames		
7.22.97	Vollum		
9.6.97	Ames		
12/16/97	Ames, Vollum, Stone		
6.24.97	Ames		
6.1.00	Vollum 1B		
9.17.00	Vollum 1B		

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Review of EA101 & p2 9 MAY 02

Date	Strain	From	To
4.30.00	~~[redacted]~~ same anes,		
9.12.00	anes + Steve		
3.7.01	anes		
5-4-01	anes		
6-4-01	anes		
6-27-01	Steve + anes		
10-4-01	Steve		

(b)(6)

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PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/10	0843	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Q. How is material (e.g., Vollum 1B, Ames) shipped out of Institute?
A. Material in polypropylene tubes is put into shipping containers in B313. The shipping containers have an O-ring seal. Empty containers are either stored in a cabinet in B313 or are brought in directly from B504. After material in polypropylene tubes is placed in them, the containers are bleached off and brought out through the passbox. They are then taken to B504. The inner tubes (containing the material) are removed from the shipping container and sealed in shipping cans like soup cans. EA101 paperwork and a USAMRIID Form 11 are filled out for each shipment.
Q. How do you bleach it?
A. I soak a paper towel with dilute bleach from a squirt bottle. First, the tube containing the material is wiped off before putting into the shipping container. Then, after putting the top onto the shipping container, I hold it in my left hand in the air, wipe it off on all sides and bottom, then take the container and put it in the passbox. I don't set it down first.
Q. How do you decide how much to dilute the bleach?
A. We use at least 1:20 bleach solution, but I try to make it more concentrated. To make it up, I usually take a squirt bottle, "eyeball it" add an inch of bleach and no more than 8 or 9 inches of water. Diluted bleach is used until the squirt bottle is about empty, then we add more bleach and water. We don't keep a record of when the bleach is made up.
Q. Do you ever stop by your office with the shipping containers before they are sealed in the soup cans?
A. Sometimes I set the containers (on ice or dry ice) in an ice bucket on my desk so I remember to get them shipped or to fill in paperwork. They may stay there for a few hours or sometimes overnight so that I will remember to can them and to ship them in the morning.
Q. When you take B. anthracis to 1412, do you ever stop by your desk?
A. I may have, but not usually. I either take it over directly or store it in the refrigerator just outside of B504 until I am ready to go to 1412.
Q. What are Sterne, Vollum 1B and Ames used for?
A. The Sterne strain is the live spore veterinary vaccine strain. We use it for vaccination of animals as well as for a "negative control" on capsule agar plates. We have used it in B3 (in mouse and guinea pig studies) and in 1412 (in rabbit studies). We periodically grow up the Sterne strain on sheep blood agar plates or in broth. In the summer of 2001 (b)(6) made Sterne spores in B313 for (b)(6). The Vollum 1B strain was the standard challenge B. anthracis strain used at USAMRIID for years until we started using the Ames strain as the standard challenge strain over 10 years ago. We have made up Vollum 1B spores in B313 several times in the past. From the late 1990s until last year we did a lot of collaborative work with and for BioPort involving shipments of various lots of Vollum 1B back and forth. I do not remember if any challenges with Vollum 1B were performed in 1412 during this time period. The Ames strain of B. anthracis is currently the standard challenge strain for many experiments here at USAMRIID. We currently use Ames spores prepared at Dugway Proving Ground in 1997 for our challenges. Ames spores have been sent to Dugway, first in 1992, then in 1996 or 1997. I do not remember having sent Vollum 1B spores to Dugway. USAMRIID actually received Vollum 1B spores from Dugway back in 1981 or 1982.
Q. If live B. anthracis is received from outside the Institute, is the outer shipping container ever opened in the office?
A. No. It is taken into the BSL-3 suite to open.
I have some additional possibilities on where contamination may have come from. When we exit the suite, we are supposed to wash our hair unless we wear hair covering. The current hair coverings are like a bouffant hair net rather than a thick covering like the Tyvek ones we used to wear. It might be better to use a more impervious cap. Also might be a good idea to wear shoe covers over the shoes while inside the suite.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
54	BEZ	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA V1.00

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/10

9. STATEMENT *(Continued)*

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10th day of MAY, 2002 at USAMRIID

(Signature of Person Administering Oath)

David L. Hoover
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT BEH

PAGE 2 OF 2 PAGES

USAPA V1.00

PAGE 3, DA FORM 2823, DEC 1998

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Frederick, MD	2002/05/09	1110	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)	(b)(6)	(b)(6)

8. ORGANIZATION OR ADDRESS
USAMRIID

9.
I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

What is your position at USAMRIID and what do you do?
A. I am a contract lab technician. I have been here 3 years in July. I am a general lab technician. I worked in Bacteriology until last fall. Now I am in DSD. In Bacteriology, I grew up spores, streaked strains for biochemical tests. There were aerosol challenges 3-4 times a year. Bacteriology shares a lab with aerobiology in 1412. I worked with (b)(6) verifying the challenge inoculum over there. Material was taken from B-3 to 1412 for spraying. No agent came back. Data sheets with counts on them came out through the passbox in 1412. There is an interlock on that passbox that activates when the switch is turned on. You can put multiple sheets in the box because there are comb-like holders. The UV light stayed on about 15 minutes before I would remove documents. You can verify that the light is on. It has always worked. I always used the UV light.

Q. Did you have any concerns about the way things were handled in DSD?
A. I began working with DSD on September 23, and worked from then until January. The (b)(6) letter was first brought into AF105-106. I was in the hallway, and saw a tech (b)(6) come out of the room with one glove on carrying a slide in a small ziplock. I was concerned about why she had a glove on and asked her about it. (b)(6) (b)(6) later told me it was safe.

(b)(6)

Q. How was later evidence handled?
A. Letters, possible powders or anything of other suspicious nature was taken into BSL-3 containment, generally went into AA-3. They automatically went into the hot suite for processing. (b)(6) would make decision on whether to open other evidence in BL-3. Certain liquid samples were also received. These were aliquoted in AR105, 106, then went to culture in 410 or AR 101 (BL2 labs). I both entered specimens and took them to the lab and cultured them, especially on weekends.

Q. Since September 11, have you moved samples that may have contained live agent (e.g., letters, diagnostic samples, or known live agent) into or out of the BSL-3 area?
A. Not out of AA3.

Q. How are exposures reported?
A. I would go to Bruce first, then go to the ward to be seen. The supervisor notifies safety.

Q. Did you see anyone about receiving prophylactic antibiotics?
A. Yes, the same week the (b)(6) was brought here. I did not seek that out. It was recommended that I go because I had been in AR105-106 and also AA3 during that time. Several individuals were asked to go to the ward for a potential risk assessment.

Q. Do you have any ideas as to where the contamination outside the BSL-3 area might have come from?
A. It probably came from letters. I have no idea how they came into the office.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

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STATEMENT OF (b)(6) TAKEN AT USAMRIID DATED 2002/05/09

9. STATEMENT *(Continued)*

Q. Does anyone else use your computer? Is it password protected? People sit there, but I don't think they use it. It is password protected. The computer was (b)(6) until 2 years ago when he got a new one and I got his old one. People often must sit at my desk. They were always playing practical jokes, like I would come back and find my box of tissues all taped up.

Q. Do you now or have you in the past had any concerns about the lab operations that might cause risk to lab personnel?
A. I was concerned that samples were being processed initially in a BL-2 lab, but I did not raise this as a huge issue that I was scared or other people were threatened.

Q. Have you observed anyone taking stacks of paper out of BSL-3 labs using the passbox? If so, who and when was it observed?
A. No

Q. Did you work at your desk with paperwork that other people gave you from BSL-3 labs?
A. Yes – aerosol plate count forms from 1412 that were passed out individually day by day when we would do aerosol experiments, and general lab data that would be collected from B3 when doing animal challenges and other lab experiments.

AFFIDAVIT

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(b)(6)

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of MAY, 2002 at USAMRIID

David L. Hoover

(Signature of Person Administering Oath)

David L. Hoover

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT KJ

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