



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## Electronic Federal Select Agent Program (eFSAP) Information System - Updates

(APHIS/CDC Forms 2, 4, Personnel Amendments,  
and Registration Renewals)

Federal Select Agent  
Program Training





# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



1. In eFSAP, recipient Responsible Official (RO) completes Section 1, sub-sections A, B, and C of APHIS/CDC Form-2 and submits.
2. AgSAS and/or DSAT review and approve the transfer request.
3. Sender completes Section 2 of APHIS/CDC Form-2:
  - a) If the sender is an FSAP registered entity, use eFSAP
  - b) If the sender is not a FSAP registered entity:
    - i. Complete the section 2 from the fillable APHIS/CDC Form 2 available on the [FSAP website](#).
    - ii. Provide this information to the recipient
4. In eFSAP, the recipient:
  1. Reviews sender completed section 2 information and reconciles with materials received in the shipment.
  2. If applicable, enters section 2 information received from non-FSAP registered sender.
  3. Enters section 3 information and submits the completed APHIS/CDC Form-2.



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



Recipient initiates a new APHIS/CDC Form 2

Create Form 2

Id	Status	Date Created			
T-F2-010001	Approved Section2 Pending	9/25/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010004	Section3 Pending	9/28/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010008	Transfer In Review	9/29/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010010	Transfer In Review	9/29/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010015	Transfer Completed	10/3/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010032	Section3 Pending	10/13/17	Edit Section 1	Edit Section 2	Edit Section 3



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



Recipient completes Section 1A-C

## SECTION 1 – TO BE COMPLETED BY RECIPIENT

Transfer ID:

### SECTION A – RECIPIENT INFORMATION

1. Principal Investigator name: Michael Adams

Michael Adams



This drop down will be pre-populated with your registered principal investigators to easily choose the correct recipient.



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## SECTION B -- SENDER INFORMATION

### 2. Entity name:

Test Entity

### 3. Entity Registration

Registered Entity

Enter Registration Number \_\_\_\_\_

Clinical/Diagnostic Laboratory

Other

### 4. Address (NOT a post office address):

1234 Main St

### 5. City:

Anytown

### 6. State:

Georgia

### 7. Zip Code:

55555-\_\_\_\_

### 8. Country:

United States

### 9. Responsible Official (RO) or Facility Director:

Adam Adamson

243 of 255 characters left

### 10. RO/Facility Director telephone #:

(555)555-5555ext. \_\_\_\_\_

### 11. RO/Facility Director fax #:

(555)555-5555ext. \_\_\_\_\_

### 12. RO/Facility Director e-mail address:

aadamson@te.com

35 of 50 characters left

13. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample:  Yes  No

14. Is the agent a product of a restricted experiment, as defined in section 13 of the select agent regulations? If yes, provide the description used in the Federal Select Agent Program approval letter for the restricted experiment that produced the agent.

Yes  No

### 15. Name of carrier (If hand-delivered, please provide name of individual)

Carrier

Recipient fills out information regarding the sender.



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## APHIS/CDC Form 2: Section 1C

**SECTION C** – LIST OF SELECT AGENTS AND TOXINS REQUESTED (attach additional sheets if necessary)

**16. Select agents and/or toxins to be transferred:**

Add Agent and/or toxins to save to this form

Botulinum neurotoxins ▼ + Add Agent/Toxin

Agent Toxin Name	
Abrin	<span>Delete</span>
Conotoxins (Short, paralytic alpha)	<span>Delete</span>
Botulinum neurotoxins	<span>Delete</span>

To easily choose the agent(s)/toxin(s) you wish to receive, this drop down is pre-populated with all select agents and toxins for which the recipient is approved.

Multiple agents and toxins can be added to the transfer request.



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



Notification Center displays status of the APHIS/CDC Form 2:

1. Recipient RO/ARO submits the Form 2 for review.

From responsible official on Form2 [Link](#) Form2 (T-F2-010034) was modified (State: Transfer In Review) by responsible official on 10/13/2017 2:28:19 PM. 10/13/2017 2:28:19 PM

2. FSAP approves the Form 2 transfer request (Section 2 is now pending).

From Janet Wilson on Form2 [Link](#) Form2 (T-F2-010034) was modified (State: Approved Section2 Pending) by Janet Wilson on 10/13/2017 4:02:34 PM. 10/13/2017 4:02:34 PM

- If the sender is a registered entity, the approval notification will appear in their notification center as well.
- If the sender is not a registered entity, FSAP will contact the sender and provide the approved APHIS/CDC Form-2 with the unique transfer ID number.



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## Section 2 - Sender

- a) Non-registered senders will use the forms on the FSAP website and continue to use current practices to submit.
- b) Registered senders should use eFSAP:

**SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED**

Add Agent and/or toxins to save to this form

<b>17. Select agents and/or toxins:</b> <input type="text" value="Select Option"/> Abrin Conotoxins (Short, paralytic alpha) Botulinum neurotoxins	<b>18. Characterization of agent</b> <input type="text"/>	<b>19. Number of items (e.g., vial, slant, plant, etc.):</b> <input type="text"/>
<b>20. [Label partially obscured]</b> <input type="text"/>	<b>21. Total volume or weight of item contents (e.g., mL, mg, ng):</b> <input type="text"/>	

Agent Toxin Name	Characterization of agent	Number Of Items	Form	Total Weight Of Contents
------------------	---------------------------	-----------------	------	--------------------------

This drop down is pre-populated only with the agents/toxins for which the transfer is approved. Answer the questions for each agent/toxin in the shipment and click the "Add shipped" button.





# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## Section 2 - Sender

Add Agent and/or toxins to save to this form

17. Select agents and/or toxins:  ▼

18. Characterization of agent

19. Number of items (e.g., vial, slant, plant, etc.):

20. Form (powder/liquid/slant):

21. Total volume or weight of item contents (e.g., mL, mg, ng):

Agent Toxin Name	Characterization of agent	Number Of Items	Form	Total Weight Of Contents	
Abrin	unknown	2 vials	powder	2 g	<input type="button" value="Delete"/>
Conotoxins (Short, paralytic alpha)	unknown	2 vials	powder	2 g	<input type="button" value="Delete"/>
Botulinum neurotoxins	Type A	2 vials	powder	2 g	<input type="button" value="Delete"/>

Once information has been entered for each agent/toxin in the shipment, proceed to question 22.



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## Section 2 - Sender

**SECTION E – RECIPIENT NOTIFICATION INFORMATION**

**22. Name of individual at recipient entity notified of expected shipment:**  
  
242 of 255 characters left

**23. Date of notification:**

**24. Type of notification:**  
 E-mail     Fax     Telephone

**SECTION F – SHIPPING INFORMATION**

**25. Name of individual who packaged shipment:**  
 ▼  
  
238 of 255 characters left

**26. Number of packages shipped:**  
  
9 of 10 characters left

**27. Shipment date:**

**28. Package description (size, shape, description of packaging including number and type of inner packages):**  
  
4875 of 5000 characters left

**29. Airway bill number/bill of lading number/tracking number:**

Answer questions 22 – 29 regarding the recipient and additional information regarding the shipment.



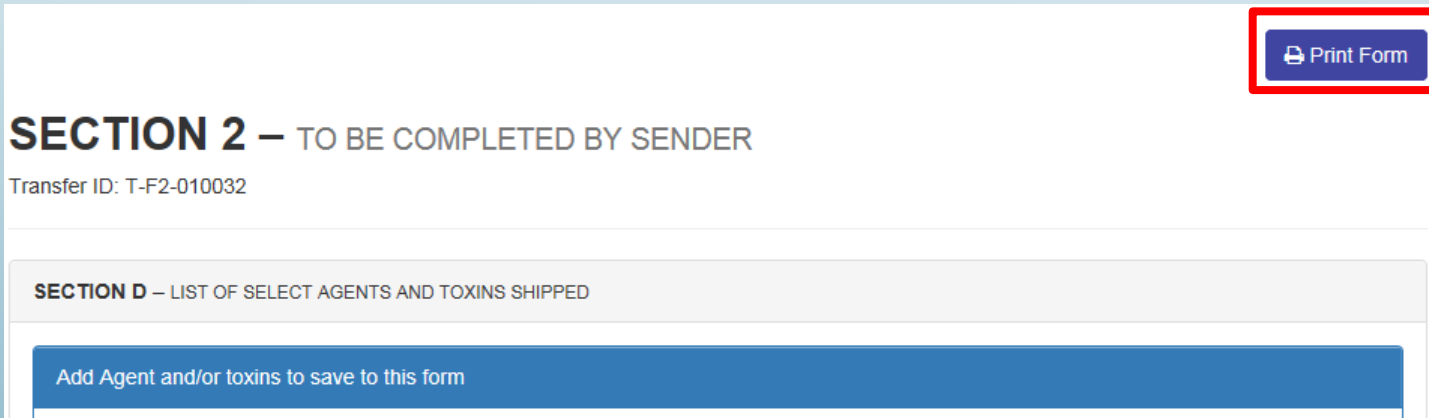
# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## Section 2 - Sender

Shipper submits Form 2.

Shipper prints Form 2 information to include with package.

A screenshot of the APHS/CDC Form 2, Section 2 - Sender. The form is white with a blue header and footer. The main content area is white. The text "SECTION 2 - TO BE COMPLETED BY SENDER" is displayed in bold black font. Below it, the text "Transfer ID: T-F2-010032" is displayed. A blue button with a printer icon and the text "Print Form" is located in the top right corner of the form. Below the main content area, there is a grey header for "SECTION D - LIST OF SELECT AGENTS AND TOXINS SHIPPED". At the bottom of the form, there is a blue bar with the text "Add Agent and/or toxins to save to this form".

**SECTION 2 – TO BE COMPLETED BY SENDER**

Transfer ID: T-F2-010032

**SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED**

Add Agent and/or toxins to save to this form



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)




## APHIS/CDC Form 2: Transfers

Notification Center displays status of Form 2:

3. Sending RO/ARO submitted Form 2 for BSAT shipment (Section 3 is now pending).

From resp official on Form2

[Link](#)

 Form2 (T-F2-010034) was modified (State: Section3 Pending) by resp official on 10/13/2017 4:12:06 PM.

 10/13/2017 4:12:06 PM



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## Section 3 - Recipient

**SECTION 3**

33. Name of individual who received shipment:

Michael Adams

Michael Adams  
242 of 255 characters left

34.

Transfer did not occur       Transfer occurred/date of receipt

10/14/2017

35. The agents/toxins listed in Section 2 were received:

Yes       If no, explain discrepancy.

36. Shipment was packaged, labeled, and shipped in accordance with regulations:

Yes       If no, explain discrepancy.

This drop down is pre-populated with SRA approved personnel at the recipient entity.

RO/ARO can manually enter a name if the recipient is not SRA approved.



# APHIS/CDC Form-2 (Request to Transfer Select Agents and Toxins)



## Transfer Complete

Notification Center displays status of Form 2:

4. Recipient RO/ARO submits Section 3 for receipt of BSAT shipment (Transfer Completed).

From responsible official on Form2

[Link](#)

🔔 Form2 (T-F2-010034) was modified (State: Transfer Completed)  
by responsible official on 10/13/2017 9:15:57 PM.

🕒 10/13/2017 9:15:57 PM



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Identification of BSAT

Create Form 4A - Section A&B

Create Form 4B

Create Form 4C

### Form 4 Section ABs

Id	Select Agent	Status	Date Created
----	--------------	--------	--------------

No Section A & B's have been created

### Form 4A- Section CD's

Id	Select Agent	Status	Date Created
----	--------------	--------	--------------

No Section C & D's have been assigned to this entity

### Form 4B

Id	Select Agent	Status	Date Created
----	--------------	--------	--------------

No 4B's have been created

### Form 4C

Id	Law Enforcement Agency	Status	Date Created
----	------------------------	--------	--------------

No 4C's have been created



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section A

### SECTION A – REFERENCE LABORATORY INFORMATION

1. Name of individual completing Sections A and B

First M Last

2. E-mail address:

3. Telephone #:

( ) - ext.

Complete section A questions 1-3.





# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section A

4.

Registered Entity APHIS or CDC Registration #:

Clinical or Diagnostic Laboratory [non-registered entity (NRE)]

5. Responsible Official or Laboratory Supervisor name (if same as field 1 then skip to field 9):  
  
243 of 255 characters left

6. E-mail address:  40 of 50 characters left

7. Telephone #:

8. Fax #:

9. Entity name:  
  
228 of 255 characters left

10. Address (NOT a post office address):  
  
237 of 255 characters left

11. City:  39 of 50 characters left

12. State:

13. Zip Code:

For registered entities, this information is automatically pulled from your Form 1.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section B

### SECTION B – SELECT AGENT OR TOXIN IDENTIFIED FROM CLINICAL/DIAGNOSTIC SPECIMEN(S)

1. Select Agent or Toxin Identified:

2. Date identified:

mm/dd/yyyy

3. Case/patient/sample ID #(s):

4. # of samples received:

5. Sample type received:

--Select an option--



6. Case/patient origin (zip code):

\_\_\_\_-\_\_\_\_

7. Type of test performed (e.g., PCR, mouse bioassay, ELISA):

Complete section B questions 1-7.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section B

### 8. Dispositions of select agent or toxin by entity listed in Block A9 (complete all that apply):

Must answer at least one of the below

- Transferred
- Destroyed
- Retained

Select the correct disposition of the agent/toxin

Retained

Retained by:

--Select an option--

Tier 1

Michael Adams

Marranda Ayers

Janice James

Louis Pasteur

Non Tier 1

Clint Carson

9. Were any of the sample unintentional release and

If retained, select the correct PI from the pre-populated choices based on the list of approved PIs at the entity.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section B

9. Were any of the samples containing a select agent or toxin handled outside of primary containment which may have led to an unintentional release and/or exposure to the select agent or toxin?

Yes  No

10. Do you anticipate receiving additional samples/specimens for this case/patient that originate from the initial case (e.g., patient, environmental sample)?

Yes  No

11. Has the sender(s) (i.e., sample provider(s)) of the specimen(s) been notified of the identification of the select agent or toxin?

Yes  No  N/A

### Note

Please request completed and signed Sections C & D from each facility that was in possession of the specimen(s).

12. Sample Provider Entity Name:

13. Sample Provider Point of Contact:

First M Last

14. Sample Provider E-mail Address:

15. Sample Provider Contact Number:

( ) - ext. \_\_\_\_\_

Clear

+ Add Row

Complete section B questions 9-15.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section B

### 16. Comments / Notes:

Signature of Responsible Official or Laboratory Supervisor:

responsible official

**i** Please type name as above.

Date Signed:

Choose the desired action →

- Immediate notification – as required by the regulations (must submit name of select agent or toxin, date identified, and whether there was a theft, loss, or release).
- Save – Draft only. This does not fulfill the requirements of the regulations. The Form 4A will not be reviewed by FSAP staff.
- Submit – This option will activate once the Form is filled out in its entirety. Once submitted, the Form 4A will be reviewed by FSAP.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section C/D

After submission by the identifying lab:

- FSAP staff will assign the Section C/D to the supplying laboratory identified in Section A/B for completion.
  - If the supplying laboratory is registered with FSAP then they will receive a notification on their eFSAP homepage.
  - If the supplying laboratory is unregistered, FSAP will contact the entity and they will use the forms on the FSAP website and continue to use current practices to submit.



# APHIS/CDC Form-4

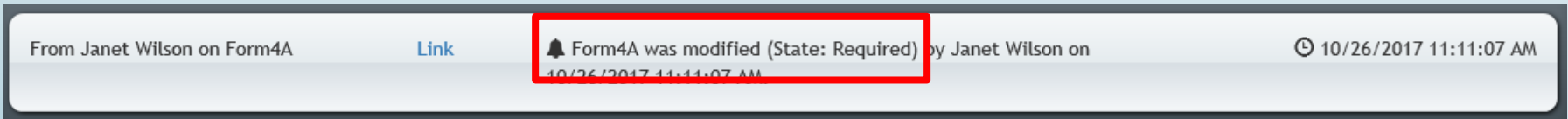
(Report of the identification of a Select Agent or Toxin)



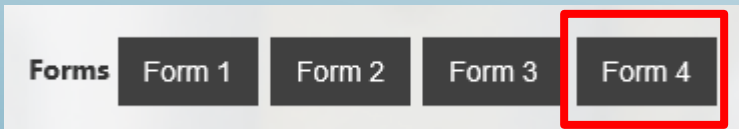
## APHIS/CDC Form 4A – Section C/D

If your entity was the supplying lab:

- A notification will appear in your notification center informing you that a Form 4A is required.



- To see all required Form 4As you can use your Form 4 tab.



**Form 4A- Section CD's**

Id	Select Agent	Status	Date Created	
CID-F4-010073	Peronosclerospora philippinensis (Peronosclerospora sacchari)	Required	10/26/2017	<a href="#">View</a>
CID-F4-010074	Peronosclerospora philippinensis (Peronosclerospora sacchari)	Required	10/26/2017	<a href="#">View</a>



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section C/D

To enter the information for this Form 4A, click the View button.

### Form 4A- Section CD's

Id	Select Agent	Status	Date Created	View
CID-F4-010073	Peronosclerospora philippinensis (Peronosclerospora sacchari)	Required	10/26/2017	View
CID-F4-010074	Peronosclerospora philippinensis (Peronosclerospora sacchari)	Required	10/26/2017	View





# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section C

### SECTION C – SAMPLE PROVIDER INFORMATION

**1. Name of individual completing Sections C and D:**

First M Last

**2. E-mail Address:**

**3. Telephone #:**

( ) - ext.

Complete section C questions 1-3.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section C

4.

Registered Entity      APHIS or CDC Registration #:

Clinical or Diagnostic Laboratory

5. Responsible Official or Laboratory Supervisor name (if same as field 1 then skip to field 9):

6. E-mail address:      7. Telephone #:      8. Fax #:  
              
40 of 50 characters left

9. Entity Name:  
  
228 of 255 characters left

10. Address (NOT a post office address):  
  
237 of 255 characters left

11. City:      12. State:      13. Zip Code:  
           

39 of 50 characters left

For registered entities, this information is automatically pulled from your Form 1.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section D

### SECTION D – SPECIMEN(S) CONTAINING SELECT AGENT OR TOXIN PROVIDED TO REFERENCE LABORATORY

1. Select Agent or Toxin Identified:

Peronosclerospora philippinensis (Peronosclerospora sacc ▼

2. Date notified of select agent or toxin identification:

mm/dd/yyyy

3. Case/patient/sample ID #(s):

4. # of samples shipped:

5. Sample type provided:

--Select an option-- ▼

6. Case/patient/sample origin (zip code):

\_\_\_\_-\_\_\_\_

7. Date sample(s) shipped to Reference Laboratory:

mm/dd/yyyy

8. Name of Reference Laboratory:

Question 1 is pre-populated with the agent indicated by the identifying laboratory that filled out section B.

Clear

+ Add Row

Complete questions 2-8.



# APHIS/CDC Form-4

(Report of the identification of a Selective Agent or Toxin)



## APHIS/CDC Form 4A – Section D

### 9. Disposition of any remaining select agent or toxin by entity listed in Block C9:

Must answer at least one of the below

- Destroyed
- Retained
- Not applicable, the entire specimen was transferred to the Reference Laboratory.

Retained

#### Retained by:

--Select an option--

##### Tier 1

Michael Adams  
Marranda Ayers  
Janice James  
Louis Pasteur

##### Non Tier 1

Clint Carson

Were any of the sample  
unintentional release and

This is a list of approved PIs at the entity.



# APHIS/CDC Form-4

## (Report of the identification of a Select Agent or Toxin)



### APHIS/CDC Form 4A – Section D

10. Were any of the samples containing a select agent or toxin handled outside of primary containment which may have led to an unintentional release and/or exposure to the select agent or toxin?

Yes  No

11. Was your entity the source of the sample(s)?

Yes  No

12. Do you anticipate receiving additional samples/specimens for this case/patient that originate from the initial case (e.g., patient, environmental sample)?

Yes  No

13. Has the sender(s) (i.e., sample provider(s)) of the specimen(s) been notified of the identification of the select agent or toxin?

Yes  No

**Note**

Please request completed and signed Sections C & D from each facility that was in possession of the specimen(s).

14. Sample Provider Entity Name:

15. Sample Provider Point of Contact:

16. Sample Provider E-mail Address:

17. Sample Provider Contact Number:

Clear

+ Add Row

Complete questions 10-17.



# APHIS/CDC Form-4

(Report of the identification of a Select Agent or Toxin)



## APHIS/CDC Form 4A – Section D

**Signature of Respondent:**

**Date Signed:**

**responsible official**

**i** Please type name as above.

Choose the desired action → Save Submit

- Save – Draft only. The completed Form 4A will not be reviewed by FSAP staff.
- Submit – This option will activate once the Form is filled out in its entirety. Once submitted, the Form 4A will be reviewed by the FSAP.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

The screenshot shows the user interface of the Federal Select Agent Program Portal. At the top, there are logos for APHIS, CDC, and USDA. The user is logged in as 'responsible.official4@dev.cdcpisas.com' and has a 'Sign Out' button. The main header includes 'Home' and 'Notifications'. The main content area displays the 'Federal Select Agent Program Portal' for the 'Entity: eFSAP Test Entity'. Key information includes: LEAD AGENCY: CDC; REGISTRATION STATUS: Approved; REGISTRATION EXPIRES: 10/10/2019. Facility Address: 1020 Valley Drive, Atlanta, GA 303291234. Responsible Official Name: Stevenson Steve; Responsible Official Title: Director of Science; Responsible Official Address: 1020 Valley Drive, Atlanta, GA 30329. Registration #: 20161010-1852; Application #: c0c7e336-f01e-e711-80cf-001dd8003fe2; Type Status: Commercial - Profit. A 'Forms' menu is visible with 'Form 1', 'Form 2', 'Form 3', and 'Form 4' options. A red arrow points to 'Form 1'. Below the main content is a 'Notifications' section with a 'View All Notifications' link. A notification is shown: 'From responsible.official4 on Form1 Link Stevenson Steve with DOJ number SS070166 was modified by responsible.official4 on 11/8/2017 8:54:39 AM.' The notification timestamp is 11/8/2017 8:54:39 AM.

From your entity's home screen, select Form 1.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

The screenshot displays the APHIS/CDC Form 1 application interface. A modal dialog box titled "Select an Action" is open, providing instructions and action options. The dialog text reads: "Select an action for the APHIS/CDC FORM 1 APPLICATION FOR REGISTRATION FOR POSSESSION, USE, AND TRANSFER OF SELECT AGENTS AND TOXINS. An entity will complete APHIS/CDC Form 1 to apply to possess, use, or transfer select agents and toxins (as described in 7 CFR part 331, 9 CFR part 121, and 42 CFR part 73). The APHIS/CDC Form 1 is also used to amend an approved registration." Below the text are three buttons: "View", "Amend", and "Amendment History". A red arrow points to the "Amend" button. In the background, the application details are visible, including the entity name "Entity: eF...", lead agency, facility address "1020 Valley Drive, Atlanta, GA 303291234", responsible official "Stevenson Steve", application number "c0c7e336-f01e-e711-80cf-001dd8003fe2", and type status "Commercial - Profit". A notification at the bottom states: "From responsible official4 on Form1 Link Stevenson Steve with DOJ number SS070166 was modified by responsible official4 on 11/8/2017 8:54:39 AM."

Select "Amend".





# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

**Amendment Selection**

Welcome to the Form 1 Amendment page. Before we get started we need a little information. Below are the types of Amendments available for this form and actions specific to the Amendment.

Select the type of Amendment you would like to perform

- All Other Amendments
- Renewal
- Section 4 Amendment
- Sign Section 2

**LEAD AGENCY:** CDC      **REGISTRATION STATUS:** Approved      **REGISTRATION EXPIRES:** 10/10/2019

**Facility Address:** 1020 Valley Drive, Atlanta, GA 303291234

**Responsible Official Name:** Stevenson Steve      **Responsible Official Title:** Director of Science      **Responsible Official Address:** 1020 Valley Drive, Atlanta, GA 30329

**Registration #:** 20161010-1852      **Application #:** c0c7e336-f01e-e711-80cf-001dd8003fe2      **Type Status:** Commercial - Profit

**Notifications**      [View All Notifications](#)

From responsible official4 on Form1      [Link](#)      Stevenson Steve with DOJ number SS070166 was modified by responsible official4 on 11/8/2017 8:54:39 AM.      11/8/2017 8:54:39 AM

Select the type of change you would like to make.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

The screenshot shows a web application interface with a modal dialog box titled "Amendment Selection". The dialog box contains the following text:

Welcome to the Form 1 Amendment page. Before we get started we need a little information.  
Below are the types of Amendments available for this form and actions specific to the Amendment.

Select the type of Amendment you would like to perform

A dropdown menu is open, showing "Section 4 Amendment" as the selected option. An "Ok" button is visible at the bottom right of the dialog box.

The background of the screenshot shows the main page of the application, which includes a navigation bar with "Home", "Form 3", and "Form 4" buttons. The main content area displays the following information:

- LEAD AGENCY: CDC
- REGISTRATION STATUS: Approved
- REGISTRATION EXPIRES: 10/10/2019
- Facility Address: 1020 Valley Drive, Atlanta, GA 303291234
- Responsible Official Name: Stevenson Steve
- Responsible Official Title: Director of Science
- Responsible Official Address: 1020 Valley Drive, Atlanta, GA 30329
- Registration #: 20161010-1852
- Application #: c0c7e336-f01e-e711-80cf-001dd8003fe2
- Type Status: Commercial - Profit

At the bottom of the screenshot, there is a "Notifications" section with a "View All Notifications" link. A notification is displayed:

From responsible official4 on Form1 [Link](#) Stevenson Steve with DOJ number SS070166 was modified by responsible official4 on 11/8/2017 8:54:39 AM. 11/8/2017 8:54:39 AM

Select "Section 4 Amendment" and click "Ok".



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

### Section 4 - Entity Personnel

All  RO/ARO Personnel  Science Personnel  Support Personnel



Add new personnel

All

Options

Show Active Users  Show Inactive Users

Search Users:

Text

SRA Options

All  Unrestricted  Withdrawn  Pending  Cancelled

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator
<input checked="" type="checkbox"/>	Beck	Britney	BB070202	02/28/1982	Edit

SRA Status: Unrestricted Assignment Status: Active SRA Initial Date: **10/12/2017** SRA Approved Date: **10/26/2017**  
SRA Expiration Date: **10/26/2020**

Roles: **PI**

Click "Add new personnel".



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

New Person

Last Name: **1**  95 of 100 characters left

First Name: **2**  93 of 100 characters left

DOJ Number:

Generate new DOJ number

Date of Birth:  **3**

Business E-mail Address:

Title:

Tier 1 Access  Inventory

Business Telephone #:

Business Fax #:

Emergency Telephone #:

Mailing Address (NOT a post office box):

City:

State:

Zip:

Enter Last name, first name, DOB, then click “generate new DOJ number”. Indicate if the person has Tier 1 access and/or is responsible for inventory.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Assign Roles

**Primary Roles**

RO

ARO

Owner/Controller

PI

Laboratorian

Animal Care Staff

Unescorted visitors

**Support Roles**

Maintenance

Janitorial

Administrative

IT

Other

Safety

Security

Shipping/Receiving

Select a primary and/or support role.  
(At this time changing Responsible Officials still requires a  
Section 1 to be uploaded into eFSAP.)



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

**Assign Roles**

**Primary Roles**

RO

ARO

Owner/Controller

PI

Laboratorian

Animal Care Staff

Unescorted visitors

**Assigned PI:**

**Tier 1**  
Britney Beck  
Killian Lopez  
Sam Samuelson

**Support Roles**

Maintenance

Janitorial

Administrative

IT

Other

Safety

Security

Shipping/Receiving

If “Laboratorian” is selected, choose the supervising PI(s) from the drop down choices (auto-populated based on your current PIs).



# APHIS/CDC Form-1 (Section-4, Personnel changes)




## Section 4 personnel changes

**Signature Required**

I certify that information and training on safety, security, and incident response for working with select agents and toxins has been or will be provided to the individuals listed above before they have access to select agents and toxins. Training will address the needs of the individual, the work being performed, and risks posed by the select agents and/or toxins. Annual refresher training will be provided for these individuals. Written records and the means used to verify that the individuals understood the training will be maintained for at least three years.

---

**RO Signature:**  

**Date:**

**responsible official4**

Please type name as above.

When adding a laboratorian, animal care staff, support staff, or an unescorted visitor, the RO or ARO will need to electronically sign the document to verify the person has been trained.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

<b>Business E-mail Address:</b> <input type="text" value="wsmith@efsap.com"/> 238 of 254 characters left	<b>Title:</b> <input type="text" value="Biosafety Officer"/> 83 of 100 characters left	<input checked="" type="checkbox"/> Tier 1 Access <input type="checkbox"/> Inventory
<b>Business Telephone #:</b> <input type="text" value="(404)555-5555 x_____"/>	<b>Business Fax #:</b> <input type="text" value="(404)555-5556 x_____"/>	<b>Emergency Telephone #:</b> <input type="text" value="(404)321-1234 x_____"/>
<b>Mailing Address (NOT a post office box):</b> <input type="text" value="1020 Valley Drive, Atlanta, GA "/> 170 of 200 characters left	<b>City:</b> <input type="text" value="Atlanta"/> 43 of 50 characters left	<b>State:</b> Georgia <input type="button" value="v"/> <b>Zip:</b> 30329-1234
<b>Assign Roles</b>		
<b>Primary Roles</b>		
<input type="checkbox"/> RO	<input checked="" type="checkbox"/> ARO	<input type="checkbox"/> Owner/Controller
<input type="checkbox"/> Laboratorian	<input type="checkbox"/> Animal Care Staff	<input type="checkbox"/> PI
<input type="checkbox"/> Unescorted visitors		

If ARO is selected, you will need to enter contact information for the individual.






# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

<input checked="" type="checkbox"/>	<b>Samuelson Sam</b>	SS070062	03/18/1985		<a href="#">Edit</a>	
		SRA Status: <u>Unrestricted</u>	Assignment Status: <u>Active</u>	SRA Initial Date <b>09/26/2017</b>	SRA Approved Date <b>09/26/2017</b>	SRA Expiration Date <b>09/26/2020</b>
						Roles: <b>PI</b>
<input checked="" type="checkbox"/>	<b>Smith William</b>	WS070238	12/25/1980	Britney Beck	<a href="#">Edit</a>	
		 SRA Status: <u>Pending</u>	SRA Initial Date <b>11/08/2017</b>	SRA Approved Date <b>Not Set</b>	SRA Expiration Date <b>Not Set</b>	
						Roles: <b>Laboratorian</b>
<input checked="" type="checkbox"/>	<b>Steve Stevenson</b>	SS070166	10/23/1994		<a href="#">Edit</a>	
		SRA Status: <u>Unrestricted</u>	SRA Initial Date <b>10/25/2017</b>	SRA Approved Date <b>10/25/2017</b>	SRA Expiration Date <b>10/25/2018</b>	
						Roles: <b>Responsible Official</b>

After clicking “Add Personnel” at the bottom of the previous screen, the new person will show up in a “Pending” status in your list of active users.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

<input checked="" type="checkbox"/>	<b>Samuelson Sam</b>	SS070062	03/18/1985		<a href="#">Edit</a>
		SRA Status: <u>Unrestricted</u>	Assignment Status: <u>Active</u>	SRA Initial Date <b>09/26/2017</b>	SRA Approved Date <b>09/26/2017</b> SRA Expiration Date <b>09/26/2020</b>
					Roles: <b>PI</b>
<input checked="" type="checkbox"/>	<b>Smith William</b>	WS070238	12/25/1980	Britney Beck	<a href="#">Edit</a>
		SRA Status: <u>Pending</u>	SRA Initial Date <b>11/08/2017</b>	SRA Approved Date <b>Not Set</b>	SRA Expiration Date <b>Not Set</b>
					Roles: <b>Laboratorian</b>
<input checked="" type="checkbox"/>	<b>Steve Stevenson</b>	SS070166	10/23/1994		<a href="#">Edit</a>
		SRA Status: <u>Unrestricted</u>	SRA Initial Date <b>10/25/2017</b>	SRA Approved Date <b>10/25/2017</b>	SRA Expiration Date <b>10/25/2018</b>
					Roles: <b>Responsible Official</b>



The “SRA Initial Date” will be the date that the person was added.






# APHIS/CDC Form-1 (Section-4, Personnel changes)







## Section 4 personnel changes



### Notifications



[View All Notifications](#)

From responsible official4 on Form1 [Link](#)  William Smith with DOJ number WS070238 was modified by responsible official4 on 11/8/2017 12:36:40 PM.   11/8/2017 12:36:40 PM

From responsible official4 on Form1 [Link](#)  John Johnson with DOJ number JJ070063 was modified by responsible official4 on 11/8/2017 11:19:51 AM.  11/8/2017 11:19:51 AM

From responsible official4 on Form1 [Link](#)  John Johnson with DOJ number JJ070063 was reapplied by responsible official4 on 11/8/2017 11:19:17 AM.  11/8/2017 11:19:17 AM

From responsible official4 on Form1 [Link](#)  John Johnson with DOJ number JJ070063 was removed by responsible official4 on 11/8/2017 10:58:15 AM.  11/8/2017 10:58:15 AM

From responsible official4 on Form1 [Link](#)  Stevenson Steve with DOJ number SS070166 was modified by responsible official4 on 11/8/2017 8:54:39 AM.  11/8/2017 8:54:39 AM

The action will show in your notification center.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

<input checked="" type="checkbox"/>	<b>Samuelson Sam</b>	SS070062	03/18/1985		<a href="#">Edit</a>							
SRA Status:		<u>Unrestricted</u>	Assignment Status:	<u>Active</u>	SRA Initial Date	09/26/2017	SRA Approved Date	09/26/2017	SRA Expiration Date	09/26/2020	Roles:	PI
<input checked="" type="checkbox"/>	<b>Smith William</b>	WS070238	12/25/1980	Britney Beck	<a href="#">Edit</a>							
SRA Status:		<u>Unrestricted</u>	SRA Initial Date	11/08/2017	SRA Approved Date	11/13/2017	SRA Expiration Date	11/13/2020	Roles:	Laboratorian		
<input checked="" type="checkbox"/>	<b>Steve Stevenson</b>	SS070166	10/23/1994		<a href="#">Edit</a>							
SRA Status:		<u>Unrestricted</u>	SRA Initial Date	10/25/2017	SRA Approved Date	10/25/2017	SRA Expiration Date	10/25/2018	Roles:	Responsible Official		

After successful background investigation, the person becomes unrestricted, FSAP will update the “SRA Approved” and “SRA Expiration” dates, the person’s SRA status will change to “unrestricted”.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

<input checked="" type="checkbox"/>	<b>Dowell</b>	<b>David</b>	DD070203	09/03/1987	Britney Beck	<a href="#">Edit</a>		
SRA Status:		<u>Unrestricted</u>	SRA Initial Date	10/25/2017	SRA Approved Date	11/05/2017	SRA Expiration Date	11/05/2020
				Roles:		Laboratorian		
<input checked="" type="checkbox"/>	<b>Erickson</b>	<b>Erica</b>	EE070193	01/24/1978		<a href="#">Edit</a>		
SRA Status:		<u>Unrestricted</u>	SRA Initial Date	10/24/2017	SRA Approved Date	10/25/2017	SRA Expiration Date	10/25/2020
				Roles:		Alternate Responsible Official		
<input type="checkbox"/>	<b>Franklin</b>	<b>Frank</b>	FF070194	04/05/1960		<a href="#">Edit</a>		
SRA Status:		<u>Unrestricted</u>	SRA Initial Date	10/25/2017	SRA Approved Date	11/02/2017	SRA Expiration Date	11/02/2020
				Roles:		Safety		



To remove a person, click the edit button to the right of the person's information.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

**SRA Information**

SRA Status: Unrestricted

SRA Initial Date: 10/25/2017

SRA Approved Date: 11/02/2017

SRA Expiration Date: 11/02/2020

Close Remove Update

**Reason for Removal**

Person no longer requires access to select agents due to job reassignment.

3926 of 4000 characters left

Finalize

After clicking the “Remove” button,  
type the reason for removal, and click “Finalize.”  
(RO/ARO signature is not required.)



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

**Options**

Show Active Users  **Show Inactive Users**

Search Users:

**SRA Options**

All  Unrestricted  Withdrawn  Pending  Cancelled

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator
<input type="checkbox"/>	Franklin	Frank	FF070194	04/05/1960	<a href="#">View</a>

SRA Status: Withdrawn    SRA Initial Date **10/25/2017**    SRA Approved Date **11/02/2017**    SRA Withdrawn Date **11/08/2017**

Roles: **Safety**



The removed person will immediately show up on your entity's list of inactive personnel, the "SRA Withdrawn Date" will be the same date the removal action was executed.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator	
<input checked="" type="checkbox"/>	Beck	Britney	BB070202	02/28/1982		<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	Assignment Status: <u>Active</u>	SRA Initial Date: 10/12/2017	SRA Approved Date: 10/26/2017 SRA Expiration Date: 10/26/2020
						Roles: <a href="#">PI</a>
<input type="checkbox"/>	Carson	Carl	CC070214	08/03/1981	Sam Samuelson Britney Beck	<a href="#">Edit</a>
			SRA Status: <u>Pending</u>	SRA Initial Date: 10/26/2017	SRA Approved Date: Not Set	SRA Expiration Date: Not Set
						Roles: <a href="#">Laboratorian</a>
<input checked="" type="checkbox"/>	Dowell	David	DD070203	09/03/1987	Britney Beck	<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	SRA Initial Date: 10/25/2017	SRA Approved Date: 11/05/2017	SRA Expiration Date: 11/05/2020
						Roles: <a href="#">Laboratorian</a>

At this time, removing a PI still requires uploading the correct sections of the paper version of the Form 1 into eFSAP.





# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator	
<input checked="" type="checkbox"/>	Beck	Britney	BB070202	02/28/1982		<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	Assignment Status: <u>Active</u>	SRA Initial Date: 10/12/2017	SRA Approved Date: 10/26/2017 SRA Expiration Date: 10/26/2020
						Roles: <a href="#">PI</a>
<input type="checkbox"/>	Carson	Carl	CC070214	08/03/1981	Sam Samuelson Britney Beck	<a href="#">Edit</a>
			SRA Status: <u>Pending</u>	SRA Initial Date: 10/26/2017	SRA Approved Date: <u>Not Set</u>	SRA Expiration Date: <u>Not Set</u>
						Roles: <a href="#">Laboratorian</a>
<input checked="" type="checkbox"/>	Dowell	David	DD070203	09/03/1987	Britney Beck	<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	SRA Initial Date: 10/25/2017	SRA Approved Date: 11/05/2017	SRA Expiration Date: 11/05/2020
						Roles: <a href="#">Laboratorian</a>

However, you can use eFSAP to automatically disassociate staff from PIs no longer at the entity and reassign them to other PIs.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator
<input checked="" type="checkbox"/>	Beck	Britney	BB070202	02/28/1982	<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	Assignment Status: <u>Active</u>	SRA Initial Date: 10/12/2017
					SRA Approved Date: 10/26/2017
					SRA Expiration Date: 10/26/2020
					Roles: PI
<input type="checkbox"/>	Carson	Carl	CC070214	08/03/1981	Sam Samuelson Britney Beck
			SRA Status: <u>Pending</u>	SRA Initial Date: 10/26/2017	SRA Approved Date: Not Set
					SRA Expiration Date: Not Set
					Roles: Laboratorian
<input checked="" type="checkbox"/>	Dowell	David	DD070203	09/03/1987	Britney Beck
			SRA Status: <u>Unrestricted</u>	SRA Initial Date: 10/25/2017	SRA Approved Date: 11/05/2017
					SRA Expiration Date: 11/05/2020
					Roles: Laboratorian

In this instance, pretend you have uploaded an amendment to remove PI Beck. Below, see that Carl Carson works for PI Beck and PI Samuelson. David Dowell only works for PI Beck.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator	
<input checked="" type="checkbox"/>	Beck	Britney	BB070202	02/28/1982		<a href="#">Edit</a>
SRA Status: <u>Unrestricted</u> Assignment Status: <u>Active</u> SRA Initial Date: 10/12/2017    SRA Approved Date: 10/26/2017    SRA Expiration Date: 10/26/2020						
Roles: <a href="#">PI</a>						
<input type="checkbox"/>	Carson	Carl	CC070214	08/03/1981	Sam Samuelson Britney Beck	<a href="#">Edit</a>
SRA Status: <u>Pending</u> SRA Initial Date: 10/26/2017    SRA Approved Date: Not Set    SRA Expiration Date: Not Set						
Roles: <a href="#">Laboratorian</a>						
<input checked="" type="checkbox"/>	Dowell	David	DD070203	09/03/1987	Britney Beck	<a href="#">Edit</a>
SRA Status: <u>Unrestricted</u> SRA Initial Date: 10/25/2017    SRA Approved Date: 11/05/2017    SRA Expiration Date: 11/05/2020						
Roles: <a href="#">Laboratorian</a>						



Select the “edit” button.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes


Assign Roles

**Primary Roles**

<input type="checkbox"/> RO	<input type="checkbox"/> ARO	<input type="checkbox"/> Owner/Controller	<input checked="" type="checkbox"/> PI
<input type="checkbox"/> Laboratorian	<input type="checkbox"/> Animal Care Staff	<input type="checkbox"/> Unescorted visitors	<input type="button" value="Remove As Supervisor from All Personnel"/>

**Support Roles**

<input type="checkbox"/> Maintenance	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Administrative	<input type="checkbox"/> IT	<input type="checkbox"/> Other
<input type="checkbox"/> Safety	<input type="checkbox"/> Security	<input type="checkbox"/> Shipping/Receiving		



Using this button, you can automatically remove people from PI Beck.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

**Date of Birth:**  
02/28/1982

**Business E-mail Address:**  
e.g. user@website.com

**Business Telephone #:**  
( ) - x

**Mailing Address (NOT a post office address):**

Inventory

**Telephone #:**

**Zip:**

**Assign Roles**

**Primary Roles**

<input type="checkbox"/> RO	<input type="checkbox"/> ARO	<input type="checkbox"/> Owner/Controller	<input checked="" type="checkbox"/> PI
<input type="checkbox"/> Laboratorian	<input type="checkbox"/> Animal Care Staff	<input type="checkbox"/> Unescorted visitors	


**Support Roles**

Inventory

Telephone #:

Zip:

**Message from webpage** [X]

 This PI is the last supervisory PI for some personnel. Please update the following personnel manually:  
David Dowell, DOJ: DD070203

Because David Dowell works only for PI Beck, you will get a reminder message that you need to update the PI for him.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator
<input checked="" type="checkbox"/>	Beck	Britney	BB070202	02/28/1982	<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	Assignment Status: <u>Active</u>	SRA Initial Date: 10/12/2017
				SRA Approved Date: 10/26/2017	SRA Expiration Date: 10/26/2020
				Roles: <a href="#">PI</a>	
<input type="checkbox"/>	Carson	Carl	CC070214	08/03/1981	Sam Samuelson Beck was removed <a href="#">Edit</a>
			SRA Status: <u>Pending</u>	SRA Initial Date: 10/26/2017	SRA Approved Date: Not Set
				SRA Expiration Date: Not Set	
				Roles: <a href="#">Laboratorian</a>	
<input checked="" type="checkbox"/>	Dowell	David	DD070203	09/03/1987	Britney Beck <a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	SRA Initial Date: 10/25/2017	SRA Approved Date: 11/05/2017
				SRA Expiration Date: 11/05/2020	
				Roles: <a href="#">Laboratorian</a>	

PI Beck was removed from Carl Carson because he also works for PI Samuelson. Because David Dowell only works for PI Beck, you will have to assign him to another PI.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Assign Roles

**Primary Roles**

RO

ARO

Owner/Controller

PI

Laboratorian

Animal Care Staff

Unescorted visitors

**Assigned PI:**

Tier 1  
Britney Beck  
Killian Lopez  
Sam Samuelson

Click on “edit” next to David Dowell, assign David Dowell to a PI other than Britney Beck, sign as the RO/ARO, and click “update” at the bottom of the page.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator	
<input checked="" type="checkbox"/>	Beck	Britney	BB070202	02/28/1982		<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	Assignment Status: <u>Active</u>	SRA Initial Date: 10/12/2017	SRA Approved Date: 10/26/2017 SRA Expiration Date: 10/26/2020
						Roles: <b>PI</b>
<input type="checkbox"/>	Carson	Carl	CC070214	08/03/1981	Sam Samuelson	<a href="#">Edit</a>
			SRA Status: <u>Pending</u>	SRA Initial Date: 10/26/2017	SRA Approved Date: Not Set	SRA Expiration Date: Not Set
						Roles: <b>Laboratorian</b>
<input checked="" type="checkbox"/>	Dowell	David	DD070203	09/03/1987	Killian Lopez	<a href="#">Edit</a>
			SRA Status: <u>Unrestricted</u>	SRA Initial Date: 10/25/2017	SRA Approved Date: 11/05/2017	SRA Expiration Date: 11/05/2020
						Roles: <b>Laboratorian</b>

David Dowell now works for PI Lopez.





# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

### Notifications

[View All Notifications](#)

From responsible official4 on Form1 [Link](#) David Dowell with DOJ number DD070203 was modified by responsible official4 on 11/8/2017 2:37:48 PM. 11/8/2017 2:37:49 PM

From responsible official4 on Form1 [Link](#) Britney Beck with DOJ number BB070202 was modified by responsible official4 on 11/8/2017 2:31:43 PM. 11/8/2017 2:31:44 PM

From responsible official4 on Form1 [Link](#) Carl Carson with DOJ number CC070214 was modified by responsible official4 on 11/8/2017 2:31:43 PM. 11/8/2017 2:31:43 PM

From responsible official4 on Form1 [Link](#) William Smith with DOJ number WS070238 was modified by responsible official4 on 11/8/2017 2:29:33 PM. 11/8/2017 2:29:33 PM

From responsible official4 on Form1 [Link](#) Frank Franklin with DOJ number FF070194 was removed by responsible official4 on 11/8/2017 2:10:05 PM. 11/8/2017 2:10:05 PM

All the changes will show up in your entity's notification center.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Show Active Users    Show Inactive Users

Search Users:

### SRA Options

All   
  Unrestricted   
  Withdrawn   
  Pending   
  Cancelled

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator
<input type="checkbox"/>	Franklin	Frank	FF070194	04/05/1960	<a href="#">View</a>
SRA Status: <u>Withdrawn</u> SRA Initial Date: <b>10/25/2017</b> SRA Approved Date: <b>11/02/2017</b> SRA Withdrawn Date: <b>11/08/2017</b>					
Roles: <b>Safety</b>					
<input type="checkbox"/>	Hanson	Hank	HH070191	03/16/1998	<a href="#">View</a>
SRA Status: <u>Withdrawn</u> SRA Initial Date: <b>07/23/2015</b> SRA Approved Date: <b>08/05/2015</b> SRA Withdrawn Date: <b>08/15/2016</b>					
Roles: <b>Security</b>					

RO/AROs now also have the ability to reactivate personnel (other than past ROs).



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Show Active Users  Show Inactive Users

Search Users:  
Text

SRA Options

All  Unrestricted  Withdrawn  Pending  Cancelled

Tier 1 Access	Last Name	First Name	DOJ Unique Identifier Number	Date of Birth (mm/dd/yyyy)	Supervising Principal Investigator
<input type="checkbox"/>	Franklin	Frank	FF070194	04/05/1960	<a href="#">View</a>
SRA Status: <u>Withdrawn</u> SRA Initial Date <b>10/25/2017</b> SRA Approved Date <b>11/02/2017</b> SRA Withdrawn Date <b>11/08/2017</b>					
Roles: <b>Safety</b>					
<input type="checkbox"/>	Hanson	Hank	HH070191	03/16/1998	<a href="#">View</a>
SRA Status: <u>Withdrawn</u> SRA Initial Date <b>07/23/2015</b> SRA Approved Date <b>08/05/2015</b> SRA Withdrawn Date <b>08/15/2016</b>					
Roles: <b>Security</b>					



From the list of inactive users, click “View” for the person you wish to reactivate. Here, we will reactive Hank Hanson.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

SRA Information

Reason Removed: Hank no longer works at this facility.

SRA Status: Withdrawn

SRA Initial Date 07/23/2015      SRA Approved Date 08/05/2015      SRA Withdrawn Date 08/15/2016

Close      Reapply



Simply click "Reapply".



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

<input type="checkbox"/>	<b>Hanson</b>	<b>Hank</b>	HH070191 ←	03/16/1998	<a href="#">Edit</a>				
SRA Status:		<u>Pending</u>	SRA Initial Date	11/08/2017	SRA Approved Date	Not Set	SRA Expiration Date	Not Set	<a href="#">Roles:</a>

The person's role and Tier 1 status is reset, as is their past SRA approval date and SRA withdrawn date (they are saved hidden in the database).


Their SRA initial date is reset to the date you click reapply and their status is set as pending. Their past DOJ number and DOB are auto-populated.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

<input type="checkbox"/>	<b>Hanson</b>	<b>Hank</b>	HH070191	03/16/1998		<a href="#">Edit</a>			
		SRA Status: <u>Pending</u>		SRA Initial Date	11/08/2017	SRA Approved Date	Not Set	SRA Expiration Date	Not Set
Roles:									

**Important note** – RO/ARO must click edit and reassign their role or add a new role. FSAP cannot set a person’s SRA status as unrestricted if there is no role indicated for the individual.



# APHIS/CDC Form-1 (Section-4, Personnel changes)



## Section 4 personnel changes

Notifications

[View All Notifications](#)

From responsible official4 on Form1	<a href="#">Link</a>	Hank Hanson with DOJ number HH070191 was reapplied by responsible official4 on 11/8/2017 3:38:37 PM.	11/8/2017 3:38:37 PM
From Benjamin Hasselbring on Form1	<a href="#">Link</a>	Hank Hanson with DOJ number HH070191 was modified by Benjamin Hasselbring on 11/8/2017 3:30:12 PM.	11/8/2017 3:30:12 PM
From responsible official4 on Form1	<a href="#">Link</a>	David Dowell with DOJ number DD070203 was modified by responsible official4 on 11/8/2017 2:37:48 PM.	11/8/2017 2:37:49 PM
From responsible official4 on Form1	<a href="#">Link</a>	Britney Beck with DOJ number BB070202 was modified by responsible official4 on 11/8/2017 2:31:43 PM.	11/8/2017 2:31:44 PM
From responsible official4 on Form1	<a href="#">Link</a>	Carl Carson with DOJ number CC070214 was modified by responsible official4 on 11/8/2017 2:31:43 PM.	11/8/2017 2:31:43 PM

The notification center will update to reflect that Hank Hanson was just reapplied.



# APHIS/CDC Form-1 (Registration Renewal)



## Registration Renewals

**Select an Action**

Select an action for the APHIS/CDC FORM 1 APPLICATION FOR REGISTRATION FOR POSSESSION, USE, AND TRANSFER OF SELECT AGENTS AND TOXINS.

An entity will complete APHIS/CDC Form 1 to apply to possess, use, or transfer select agents and toxins (as described in 7 CFR part 331, 9 CFR part 121, and 42 CFR part 73). The APHIS/CDC Form 1 is also used to amend an approved registration.

[View](#) [Amend](#) [Amendment History](#)

[Exit](#)

**Home**

**Federal Program**

Entity: eF

**LEAD AGENCY:**

Facility Address: 1020 Valley Drive, Atlanta, GA 303291234

**Responsible Official Name:** Stevenson Steve      **Responsible Official Title:** Director of Science      **Responsible Official Address:** 1020 Valley Drive, Atlanta, GA 30329

**Registration #:** 20161010-1852      **Application #:** c0c7e336-f01e-e711-80cf-001dd8003fe2      **Type Status:** Commercial - Profit

**Notifications** [View All Notifications](#)

From responsible official4 on Form1 [Link](#)      Stevenson Steve with DOJ number SS070166 was modified by responsible official4 on 11/8/2017 8:54:39 AM.

From your entity's landing page, select Form 1 then "Amend".





# APHIS/CDC Form-1 (Registration Renewal)



## Registration Renewals

The screenshot shows a web application interface for APHIS/CDC Form-1. A modal dialog box titled "Amendment Selection" is open, displaying a list of amendment types. The background page shows registration details for a facility in Atlanta, GA, with a registration status of "Approved" and an expiration date of 10/10/2019. A notification at the bottom indicates a modification to the form by Stevenson Steve on 11/8/2017.

**Amendment Selection**

Welcome to the Form 1 Amendment page. Before we get started we need a little information. Below are the types of Amendments available for this form and actions specific to the Amendment.

Select the type of Amendment you would like to perform

- All Other Amendments
- Renewal
- Section 4 Amendment
- Sign Section 2

**LEAD AGENCY:** CDC      **REGISTRATION STATUS:** Approved      **REGISTRATION EXPIRES:** 10/10/2019

**Facility Address:** 1020 Valley Drive, Atlanta, GA 303291234

**Responsible Official Name:** Stevenson Steve      **Responsible Official Title:** Director of Science      **Responsible Official Address:** 1020 Valley Drive, Atlanta, GA 30329

**Registration #:** 20161010-1852      **Application #:** c0c7e336-f01e-e711-80cf-001dd8003fe2      **Type Status:** Commercial - Profit

**Notifications**      [View All Notifications](#)

From responsible official4 on Form1      [Link](#)      Stevenson Steve with DOJ number SS070166 was modified by responsible official4 on 11/8/2017 8:54:39 AM.

Select "Renewal" from the drop down list.



# APHIS/CDC Form-1 (Registration Renewal)



## Registration Renewals

### Amendment Selection

Welcome to the Form 1 Amendment page. Before we get started we need a little information. Below are the types of Amendments available for this form and actions specific to the Amendment.

**Select the type of Amendment you would like to perform**

Renewal

**Complete your cover letter for this amendment:**

We would like to request a 3 year renewal for our entity|

Ok

Responsible Official Name: Stevenson Steve

Responsible Official Title: Director of Science

Responsible Official Address: 1020 Va

Type your cover letter and click "Ok."  
You will be directed to Section 2 automatically.



# APHIS/CDC Form-1 (Registration Renewal)



## Registration Renewals

### Section 2 - Responsible Official Certification of Personnel and Facility Activities

I certify that the following requirements are in effect and contain all information required by the Select Agent regulations (7 CFR 331, 9 CFR 121, and 42 CFR 73):

#### Security, Biosafety and Incident Response

There is a written, site-specific security plan designed according to a site-specific risk assessment that provides graded protection in accordance with the risk of the select agent and/or toxin.

There is a written, agent-specific, and site-specific biosafety plan commensurate with the risk of the select agent and/or toxin that contains sufficient information and documentation to describe the biosafety and containment procedures.

There is a written, site-specific incident response plan commensurate with the hazards of the select agent and/or toxin that fully describe the entity's response procedures to include the theft, loss or release of a select agent and/or toxin, inventory discrepancies, security breaches, natural disasters and emergencies.

The security, biosafety and incident response plans are reviewed annually and revised as necessary, including after any drill or exercise and after any incident.

Laboratory specific drills or exercises are conducted at least annually to validate or test the effectiveness of the security, biosafety and incident response plans.

#### Training

Individuals with access approval, authorized visitors, and escorted personnel are provided training on safety, security, and incident response for select agents and/or toxins, as appropriate for their role, as defined in 7 CFR 331.15, 9 CFR 121.15, and 42 CFR 73.15.

#### Records

Complete records are maintained for at least 3 years that include but are not limited to: an accurate, current inventory for each select agent and/or toxin possessed, information about all entries into areas containing select agent and/or toxin, and a current list of all individuals that have been granted access approval.

#### Responsible Official Duties & APHIS/CDC Program Notification

The Responsible Official will:

Ensure annual inspections are conducted for each registered space where select agent and/or toxins are stored or used in order to assess compliance with the requirements of the select agent regulations.

Submit an amendment for any change in circumstances to the certificate of registration, including but not limited to: adding or removing individuals, addition of a suite/room prior to use or storage of select agent and/or toxin and any changes to Responsible or Alternate Responsible Official contact information.

Submit an amendment requesting approval to conduct a restricted experiment as defined in 7 CFR § 331.13, 9 CFR § 121.13 or 42 CFR § 73.13.

Ensure inventory audits are conducted as defined in 7 CFR Part 331.11, 9 CFR Part 121.11 or 42 CFR Part 73.11.

Request authorization from the Federal Select Agent Program using APHIS/CDC Form 2 prior to inter-entity transfer of a select agent and/or toxin, as put forth within Section 16 of the Select Agent regulations.

Upon discovery of a theft or loss, immediately notify the Federal Select Agent Program and appropriate Federal, State, or local law enforcement agencies. Immediate notification is also required upon discovery of a release of a select agent or toxin causing occupational exposure or a release of a select agent and/or toxin outside the primary barriers of the containment area. An APHIS/CDC Form 3 must be submitted to the Federal Select Agent Program within seven calendar days upon discovery of a theft, loss, or release.

Immediately report the identification of any APHIS select agent as defined in 9 CFR § 121.5, or the identification of any Tier 1 select agent and/or toxin, to the Federal Select Agent Program and other appropriate authorities when required by Federal, State, or local law. Submit APHIS/CDC Form 4 for the identification and final disposition of any select agent or toxin contained in a specimen presented for diagnosis or verification within seven calendar days of identification and/or in a specimen presented for proficiency testing within 90 calendar days of receipt of the sample.

Responsible Official Name:

Date:

Please type name as above.

Read and agree to the certification statement by signing in the lower left corner.



# APHIS/CDC Form-1 (Registration Renewal)



## Registration Renewals

Upon discovery of a theft or loss, immediately notify the Federal Select Agent Program and appropriate Federal, State, or local law enforcement agencies. Immediate notification is also required upon discovery of a release of a select agent or toxin causing occupational exposure or a release of a select agent and/or toxin outside the primary barriers of the containment area. An APHIS/CDC Form 3 must be submitted to the Federal Select Agent Program within seven calendar days upon discovery of a theft, loss, or release

Immediately report the identification of any APHIS select agent as defined in 9 CFR § 121.5, or the identification of any Tier 1 select agent and/or toxin, to the Federal Select Agent Program and other appropriate authorities when required by Federal, State, or local law. Submit APHIS/CDC Form 4 for the identification and final disposition of any select agent or toxin contained in a specimen presented for diagnosis or verification within seven calendar days of identification and/or in a specimen presented for proficiency testing within 90 calendar days of receipt of the sample.

Responsible Official Name:

responsible official4 ×

1. Sign

Date:

11/08/2017

responsible official4

✓ Signature confirmed, please click **SAVE** to sign this document.

✓ Previously signed by **responsible official4** on **11/08/2017**

Navigate to Amendment

3. Navigate to Amendment

2. Save

SAVE

After signing, click “Save” then “Navigate to Amendment”.



# APHIS/CDC Form-1 (Registration Renewal)



## Registration Renewals

Amendment

AMENDMENT COVER LETTER Draft

We would like to request a 3 year renewal for our entity

19944 of 20000 characters left

Section 2 signed




Form 1 Section 2 last signed by responsible official4 on 11/08/2017

General Discussion

**responsible official4** 11/8/2017 3:56:17 PM  
responsible official4 signed Form 1 section 2

Type your message here...

Send

[Withdraw Amendment](#) [Save](#) [Submit](#)

Save as a Draft, Withdraw, or Submit the renewal amendment.



# APHIS/CDC Form-1 (Registration Renewal)



## Registration Renewals

### Notifications

[View All Notifications](#)

From responsible official4 on Amendment	<a href="#">Link</a>	Amendment with Cover Letter: We would like to request was modified (State: SubmittedAmendment) by responsible official4 on 11/8/2017 4:01:21 PM	11/8/2017 4:01:21 PM
From responsible official4 on Amendment	<a href="#">Link</a>	responsible official4 signed Form 1 section 2	11/8/2017 3:56:17 PM
From responsible official4 on Form1	<a href="#">Link</a>	Hank Hanson with DOJ number HH070191 was reapplied by responsible official4 on 11/8/2017 3:38:37 PM.	11/8/2017 3:38:37 PM
From Benjamin Hasselbring on Form1	<a href="#">Link</a>	Hank Hanson with DOJ number HH070191 was modified by Benjamin Hasselbring on 11/8/2017 3:30:12 PM.	11/8/2017 3:30:12 PM
From responsible official4 on Form1	<a href="#">Link</a>	David Dowell with DOJ number DD070203 was modified by responsible official4 on 11/8/2017 2:37:48 PM.	11/8/2017 2:37:49 PM

The notification center will show that the RO/ARO who requested the renewal signed the Section 2, and also that an amendment was submitted.