



eFSAP APHIS/CDC Form 1 Amendments

Section 5 Amendment Changes



Form 1 Amendment: Section 5 Changes

Click Form 1 on your entity's landing page.

The screenshot shows a web interface for the University of Select Agents. At the top, there is a navigation bar with tabs for Home, Form 1 (highlighted with a red box), Form 2, Form 3, Form 4, Inspections, and Admin Center. Below the navigation bar, the page title is "University of Select Agents".

The main content area displays the following information:

- LEAD AGENCY:** CDC
- REGISTRATION STATUS:** Approved
- REGISTRATION EXPIRES:** 01/30/2022 (with a download icon)
- Facility Address:** [Redacted]
- Registration #:** 20200130-091620
- Responsible Official Name:** [Redacted]
- Responsible Official Business #:**
- Responsible Official Emergency #:**
- Primary FSAP POC:** [Redacted]
- Primary POC Office #:** 123-456-7890
- Primary POC Mobile #:** 999-124-7891
- Secondary FSAP POC:** [Redacted]
- Secondary POC Office #:** [225-222-2222](tel:225-222-2222)
- Secondary POC Mobile #:** 333-333-3333

Below the entity details is a "Notifications" section with a bell icon. It includes a button for "Archive Selected" and radio buttons for "Current" (selected), "Archived", and "Flagged".

Select All	From	Type	Date And Time	Notification
<input type="checkbox"/>				

Form 1 Amendment: Section 5 Changes

Select “Amend”.

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.

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Use the dropdown menu to select the amendment type.


Note – Sections 5A, 5B and 5C are all amended using the following steps.

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

- Section 1 - Change Entity Name, Abstract, or Type
- Section 1 - Change Entity Physical or Additional Address
- Section 2 - Sign Section 2
- Section 3 - Add Select Agent or Toxin
- Section 3 - Reactivate Select Agent or Toxin
- Section 4 - Add/Remove/Modify/Reapply Personnel
- Section 4 - Change Responsible Official
- Section 5A - Modify Entity-Wide Security Assessment and Incident Response
- Section 5B - Modify Entity-Wide Biosafety/Biocontainment
- Section 5C - Modify Entry Requirements for Federal Select Agent Programs Inspectors
- Section 5C - Add New Building



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Enter cover letter text, and click **OK**.

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

Section 5A - Modify Entity-Wide Security Assessment and Incident Response

Complete your cover letter for this amendment:

Update insider risk assessment to include educational background requirements.

OK

webapp.ipsastest.com says

Proceeding will create the amendment in a draft state. The draft may be withdrawn later from the Amendment Review and Discussion page.

OK Cancel

A dialog box will appear. Click **OK**.

Form 1 Amendment: Section 5 Changes

The current Form 1,
Section 5A will
display

Section 5A - Entity-Wide Security Assessment and Incident Response

1. This facility is: (check all that apply)

- Government owned
- Entity owned
- Rented/leased
- Shared with another entity or program
- Other

2. Does the entity have a security officer or other individual(s) identified to assist the RO in security matters?

Yes No

If yes, does the security plan contain procedures for coordination between the RO and the entity's security professionals?

Yes No

3. A threat assessment has been conducted:

Yes No

a. Were local law enforcement or federal agencies consulted in developing the threat assessment?

Yes No

b. Has there been a break-in at the entity in the last three years?

Yes No

c. Have there been any direct threats against the entity or its scientists in the last three years?

Yes No

d. Have there been protests at the entity in the last three years?

Yes No

If yes to any of the above, describe below.

4940 of 5000 characters left

4. Insider risk assessment

a. As a condition of granting unescorted access, the entity, or another organization on behalf of the entity, verifies (check all that apply):

- Educational background
- Previous work references
- Criminal history (beyond the security risk assessment approved by the Federal Select Agent Program)
- Other

1480 of 1500 characters left

None

b. Does the entity have policies and procedures for self and peer reporting?

Yes No

c. Does the entity have additional requirements for personnel suitability to retain access to select agents or toxins?

Yes No

Form 1 Amendment: Section 5 Changes

4. Insider risk assessment

a. As a condition of granting unescorted access, the entity, or another organization on behalf of the entity, verifies (check all that apply):

- Educational background
- Previous work references
- Criminal history (beyond the security risk assessment approved by the Federal Select Agent Program)
- Other

Current Data

address verification

1480 of 1500 characters left

None

b. Does the entity have policies and procedures for self and peer reporting?

Yes No

c. Does the entity have additional requirements for personnel suitability to retain access to select agents or toxins?

Yes No

4. Insider risk assessment

a. As a condition of granting unescorted access, the entity, or another organization on behalf of the entity, verifies (check all that apply):

- Educational background
- Previous work references
- Criminal history (beyond the security risk assessment approved by the Federal Select Agent Program)
- Other

Amended Data

address verification

1480 of 1500 characters left

None

b. Does the entity have policies and procedures for self and peer reporting?

Yes No

c. Does the entity have additional requirements for personnel suitability to retain access to select agents or toxins?

Yes No

Enter the
required
changes.

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Click **Save and Proceed** at the bottom of the page.

Yes No

10. Is permission required to conduct select agent and/or toxin work after established work hours?

Yes No

If yes, who grants permission?

RO/ARO

PI

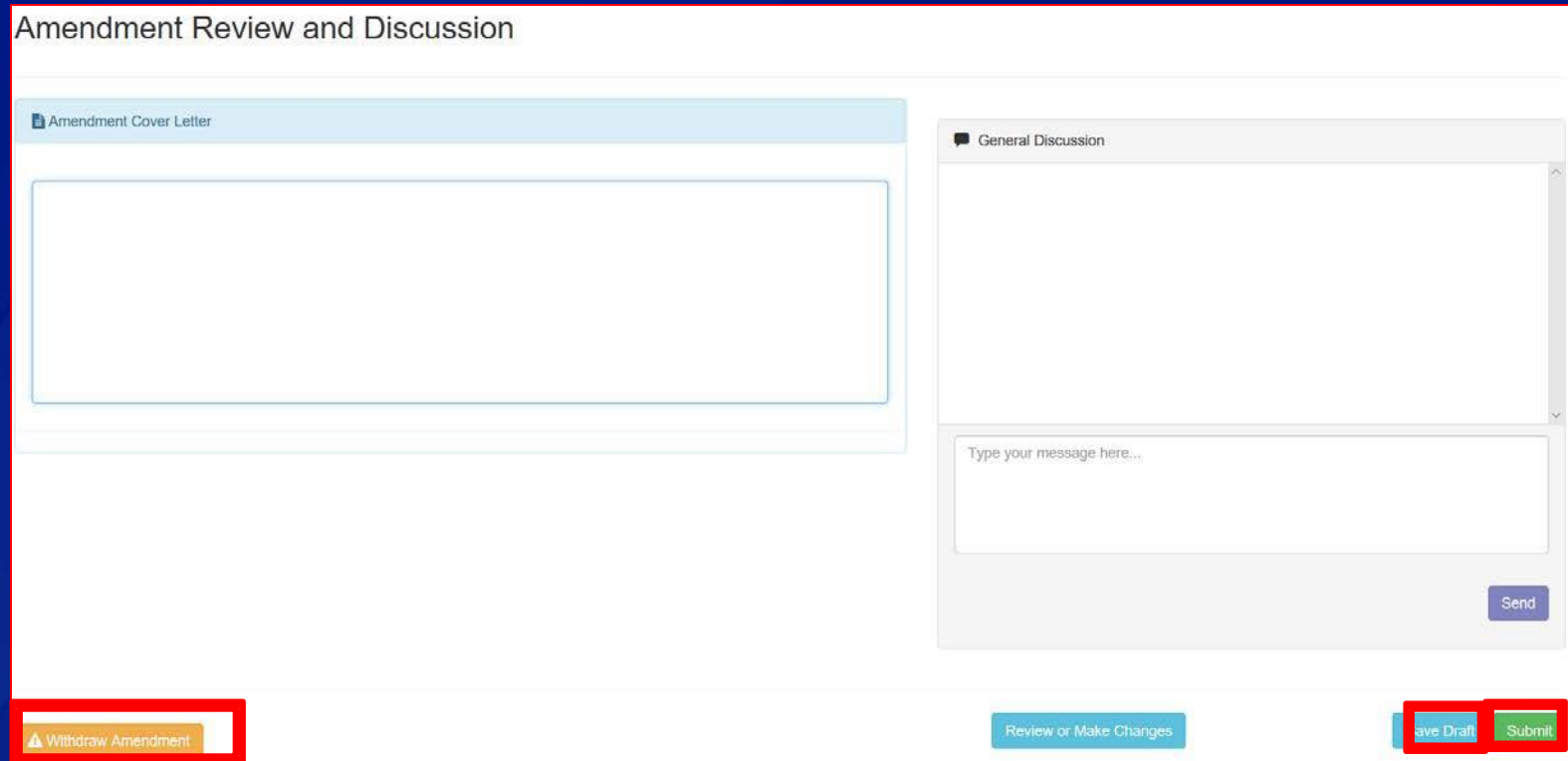
Other

Cancel Save and Proceed Save

A message will display indicating that data has been updated. Click **OK** to return to the cover letter and discussion page for the amendment.

Form 1 Amendment: Section 5 Changes

You may
withdraw,
save draft or
submit
amendment.



Amendment Review and Discussion

Amendment Cover Letter

General Discussion

Type your message here...

Send

Withdraw Amendment

Review or Make Changes

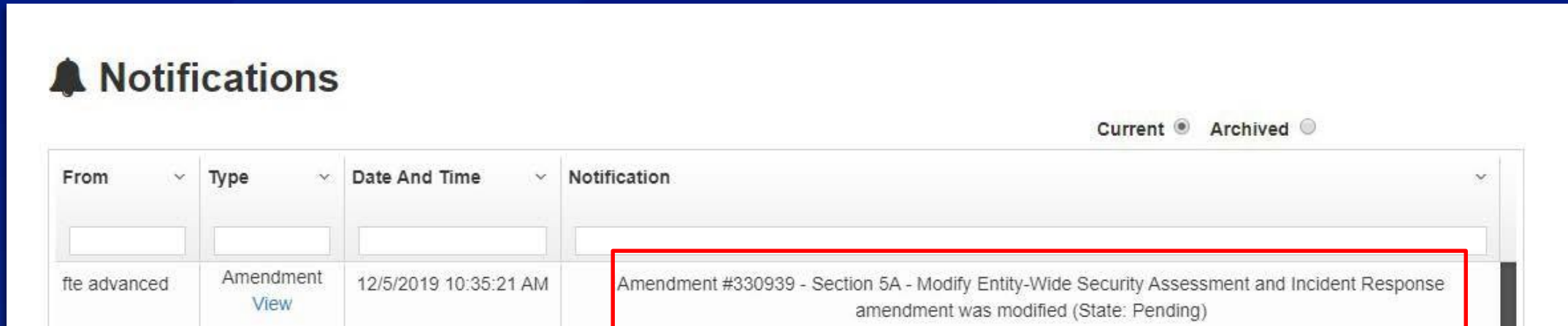
Save Draft

Submit

- Withdraw Amendment – Exit the amendment without submitting or saving changes (amendment will show as deactivated)
- Save Draft –The amendment will be saved as a draft only and will not be reviewed by FSAP staff.
- Submit –Submit the amendment for review by the FSAP.

Form 1 Amendment: Section 5 Changes

A notification will appear indicating an amendment was submitted. To view the amendment, click view in the “type” section.



The screenshot shows a 'Notifications' section with a bell icon and a toggle for 'Current' (selected) and 'Archived'. Below is a table with columns for 'From', 'Type', 'Date And Time', and 'Notification'. A red box highlights the notification text.

From	Type	Date And Time	Notification
fte advanced	Amendment View	12/5/2019 10:35:21 AM	Amendment #330939 - Section 5A - Modify Entity-Wide Security Assessment and Incident Response amendment was modified (State: Pending)

Additional Assistance

- ❑ The [eFSAP Resource Center](#) has resources to assist with the use of eFSAP.
- ❑ For technical assistance with eFSAP, or for assistance with the Secure Asset Management System (SAMS), please submit a help request ticket at [eFSAP Customer Support Request Form](#), email eFSAPSupport@cdc.gov, or call 1 (877) 232-3322.
- ❑ For all other inquiries regarding your entity's registration, please contact your designated FSAP point of contact (POC).

