**Example: Name of VA Facility Institutional Biosafety Committee**

**Meeting Minutes Template**

*Please note that the below is an example template. It is supplied by ORD as a guide.*

Commonly Used Abbreviations

**IBC:** Institutional Biosafety Committee

**BSO:** Biological Safety Officer

**BSL:** Biosafety Level

**PI:** Principal Investigator

**IACUC:** Institutional Animal Care and Use Committee

**NIH:** National Institutes of Health

**SOP:** Standard Operating Procedure

**(NOTE: Add or Remove Abbreviations as Needed)**

|  |  |
| --- | --- |
| **Date:**  | *Day and Date* *(e.g., Thursday, June 16, 2022)* |
| **Time:**  | *Meeting Time* *(Start Time – End Time)* |
| **Location:** | *Building and Room Number and/or Virtual Platform (e.g., Webex, Microsoft Teams, or Zoom* |
| **Members****Present:** | 1. *Name, Affiliation* (IBC Chair)
 |
|  | 1. *Name, Affiliation* (IBC Vice Chair)
 |
|  | 1. *Name, Affiliation (IBC Member Title/Expertise)*
 |
|  | 1. *Name, Affiliation* (Community Member)
 |
|  | 1. *Name, Affiliation* (Community Member)
 |
|  | 1. **Add Additional Members if Needed**

Note late arrival and early departure of voting members and the impact on the quorum of the committee. |

|  |  |
| --- | --- |
| **Guests****Present:** | 1. Name, Affiliation/Title
 |
|  | 1. **Add Additional Guests if Needed**
 |

***Electronic Recording Disclaimer*** *(Include if needed)*

*This meeting’s video, audio, chat, and transcription are being recorded to support the generation of meeting minutes and for archive purposes by the host’s organization. By continuing to be in the meeting, you are consenting to be recorded.*

1. **Call to Order:** The IBC Chair called the meeting to order at *(Time)*. The IBC has *(number)* voting members, and *(number)* members are required to conduct business. A quorum was *(either present**or not present).*
2. **Conflicts of Interest:** The IBC Chair reminded all members present during the (*Month/Year)* IBC Meeting that no member of an IBC may be involved (except to provide information requested by the Institutional Biosafety Committee) in the review or approval of a project in which he/she has been or expects to be engaged or has a direct financial interest. Committee members with a conflict of interest will be annotated in the “VOTES” section.
3. **Review of Prior Business**
	1. **Approval of previous meeting minutes**

*(Name of the meeting minutes)*

Discussion of the minutes: (*if any – document; if none – state “none”*)

Motion: (*e.g., to approve the minutes as written*)

Votes:

For: *(number of votes)*

Against: *(number of votes)*

Abstain: *(number of votes)*

* 1. ***(Add Additional Prior Business if Needed)***

1. **Protocols and Amendments for Review**
	1. **Protocol Number and Title:** *(Number and Title)*

Primary Reviewer: *(Name)*

Applicable NIH Guidelines: *(List Applicable Guidelines; e.g., III-D-1, D-2, F-8, F-3, other)*

Project Overview: *(Brief Project Description Provided by Primary Reviewer)*

Investigational Study Agent(s)/Toxin(s): (*Name and* *description*)

Discussion of the Protocol: (*if any – document; if none – state “none”*)

NIH Guidelines Section: (Cite applicable section from Section III-A thru III-F)

Biosafety Level Assignment:

* Laboratory: *(e.g., BSL-1, ABSL-2, BSL-2, ABSL-2, BSL-3, and/or ABSL-3)*
* Enhanced Work Practices: *(if any – document; if none – state “none”) (e.g., double gloves, surgical mask, respiratory protection)*

Occupational Health Representative review: *(e.g., vaccination requirements, respiratory protection, medical surveillance, other)*

Training Requirements: *(e.g., Laboratory Biosafety, Chemical Safety, Radiation Safety, OSHA Bloodborne Pathogens, other)*

Motion: *(e.g., A motion was made to approve the protocol as stated or A motion was made to approve the protocol pending the following changes:*

* *Change Description*
* *Add Additional Changes if needed)*

Votes:

For: *(number of votes)*

Against: *(number of votes)*

Abstain: *(number of votes)*

Conflict(s) of Interest: (if any list *Committee Member* *Name(s); if none – state “none”)*

* 1. **Protocol Number and Title:** *(Number and Title)*

Primary Reviewer: *(Name)*

Applicable NIH Guidelines: *(List Applicable Guidelines; e.g., III-D-1, D-2, F-8, F-3, other)*

Project Overview: *(Brief Project Description Provided by Primary Reviewer)*

Investigational Study Agent(s)/Toxin(s): (*Name and* *description*)

Discussion of the Protocol: (*if any – document; if none – state “none”*)

Biosafety Level Assignment:

* Laboratory: *(e.g., BSL-1, ABSL-2, BSL-2, ABSL-2, BSL-3, and/or ABSL-3)*
* Enhanced Work Practices: *(if any – document; if none – state “none”) (e.g., double gloves, surgical mask, respiratory protection)*

Occupational Health Representative review: *(e.g., vaccination requirements, respiratory protection, medical surveillance, other)*

Training Requirements: *(e.g., Laboratory Biosafety, Chemical Safety, Radiation Safety, OSHA Bloodborne Pathogens, other)*

Motion: *(e.g., A motion was made to approve the protocol as stated or A motion was made to approve the protocol pending the following changes:*

* *Change Description*
* *Add Additional Changes if needed)*

Votes:

For: *(number of votes)*

Against: *(number of votes)*

Abstain: *(number of votes)*

Conflict(s) of Interest: (if any – list *Committee Member* *Name(s); if none – state “none”)*

1. **New Business (e.g., safety and security incidents, non-compliance issues;if any – document, if none – state “nothing to report”)**
	1. ***(Topic Title)***

Discussion: *(Document the discussion)*

Motion/Actions: *(Document any motions made, or actions taken)*

Votes:

For: *(number of votes)*

Against: *(number of votes)*

Abstain: *(number of votes)*

Conflict(s) of Interest: (if any – list *Committee Member* *Name(s); if none – state “none”)*

* 1. ***(Topic Title)***

Discussion: *(Document the discussion)*

Motion/Actions: *(Document any motions made, or actions taken)*

Votes:

For: *(number of votes)*

Against: *(number of votes)*

Abstain: *(number of votes)*

Conflict(s) of Interest: (if any – list *Committee Member* *Name(s); if none – state “none”)*

1. **Additional Topics:** (*if any) (e.g., trainings conducted during meeting*)**:**
2. **Adjournment:** The IBC chair moved to adjourn the meeting at *(Time)*.