

Yale *Environmental Health & Safety*

By submitting this form, I acknowledge that I have reviewed the Pathogen Safety Data Sheet and/or my Principal Investigator's Biohazard registration and site-specific Standard Operating Procedure and I am aware of the information below for the pathogen(s) that I will be working with. I have completed one form for each pathogen listed, and will email the document to the Office of Environmental Health and Safety at ehs@yale.edu prior to scheduling the next BSL3 course.

Your Name:	Email:
PATHOGEN:	
Routes of Exposure:	
List all of the diseases caused by the pathogen:	
What are the signs and symptoms of infection with the pathogen you will be working with?	
Pre-exposure or post-exposure prophylaxis (if available):	
If known, what is the infectious dose needed to establish an infection?	
List the disinfectants that are capable of inactivating this pathogen:	
List the concentration of the disinfectant and the contact time needed for inactivation:	
List the emergency phone numbers at Yale for the following sectors.	
Yale Police:	
Yale Security:	
Yale EHS:	
Yale Health Acute Care:	
Yale Health Employee Health (main line):	