

TRAINING FOR BSL3 RESEARCHERS

Name: _____

Date: _____

Net ID: _____

The following training is required for all those working directly with BSL3 agents. This document records that training has been received by the undersigned and the Principal Investigator. All new personnel must be registered with the Biosafety Committee prior to initiating work.

1. Read the most current version of the BSL3 Laboratory Safety Manual carefully. Date: _____
2. Review BSL3 Work Practices. Date: _____
3. Attend the EHS BSL3 Training (Biosafety). Date: _____
4. Successfully feed and maintain a suitable uninfected cell line (outside of the BSL3 laboratory). Date: _____
5. Gain two months experience working with pathogens classed at Biosafety Level 2 (BSL2). Date: _____
6. Demonstrate effective use of the biological safety cabinet and centrifuge for containment of aerosols generated during work with BSL3 agents. Date: _____
7. Watch procedures used for BSL3 agents. Date: _____
8. Work with the BSL3 agent under supervision for 15 hours. Date: _____

PREVIOUS LABORATORY EXPERIENCE:

(Signature of Research Participant) Date: _____

I certify that I have examined _____ as described above and he/she has acceptable laboratory experience and knowledge of the required Biosafety Level 3 practices for the safe handling and use of BSL3 agents.

(Signature of an Approved BSL3 Researcher/PI) Date: _____

(Print Name of an Approved BSL3 Researcher/PI) Date: _____