



Training responsibility: BSL3 usage

BSL3 user(s) declaration of training responsibility:

By signing this form, I understand that I should undergo a minimum of 20 hrs 40 hrs of supervised training before I am authorized to enter and work in the facility independently.

Name User:

Signed _____

Date _____

Name User:

Signed _____

Date _____

Name User:

Signed _____

Date _____

Name User:

Signed _____

Date _____

Principle Investigator declaration of training responsibility:

I hereby acknowledge that the above user(s) are under my responsibility and that they will receive supervisory training by following a trained user from my research group who has already met the minimum requirement or by following the BSL3 technical operations personnel.

Name PI:

Signed _____

Date _____

Named of assigned trained user(s):

Signed _____

Date _____