

**Part IV
 Personnel Information**

Personnel List

Action Type Add - A Delete - D Modify -M	First Name	Last Name	UIN	Will personnel be associated with an AUP? Yes - Y No - N	List all organism(s) (Pathogens, Toxins, rDNA) employees will have access.	Laboratory Buildings	Laboratory Rooms	Position Title	Employee Email Address

(Please reproduce this page as needed.)

FOR INTERNAL USE ONLY
IBC # Click or tap here to
enter text

**Part IV
Personnel Information**

Signature Page

Each employee working in BSL2 and above laboratories must complete this page.

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with _____ in laboratory building _____ and room(s) _____ under the direction of _____.

I further certify that I understand the hazards of working with _____; the indications of infection or intoxication by this biological material; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety level _____ work, in accordance with the Biosafety in Microbiological and Biomedical Laboratories (BMBL) Guidebook and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this biological material will be done in accordance with Texas A&M University-Central Texas rules and procedures and under the supervision of the A&M Central Texas Safety and Risk Management Office. In addition, I ensure that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Signature

Date

Principal Investigator's signature

Date

Personnel Printed/typed name

Position/Title

Laboratory director/Supervisor's printed/typed Name

Have you completed lab-specific training for this research?

Yes No

Date of lab-specific training

(Please reproduce this page as needed.)