**Part IV**

**Personnel Information**

**Personnel List**

*To be completed by the lab director (or PI) for all lab personnel.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Action Type****Add – A****Delete – D****Modify – M** | **Last Name** | **First Name** | **Will employee(s) work with Select Agents?** **Yes – Y****No – N****(*If Yes- attach the FD961 form*)** | **List all organism(s)****(Pathogens, Toxins, rDNA) employee(s) will have access** | **Laboratory****Buildings**  | **Laboratory** **Rooms** | **Position Title** | **Employee Email Address** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**(Please reproduce this page as needed.)**

**Part IV**

**Personnel Information**

**Signature Page**

*Each employee working in a BSL1, BSL2, & BSL3 laboratories must complete this page.*

*Employees working in laboratories containing Select Agents may submit copies of training certificates instead of signature pages.*

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Click or tap here to enter text. In laboratory building Click or tap here to enter text. And room(s) Click or tap here to enter text. Under the direction of Click or tap here to enter text..

I further certify that I understand the hazards of working with Click or tap here to enter text.; the indication 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 laboratory; the special Biosafety practices required for Biosafety level Click or tap here to enter text. Work, in accordance with the Biosafety in microbiological and Biomedical Laboratories Guidebook and the standard operating procedure for this laboratory.

Finally, I certify that any transfer of this biological material will be done in accordance with Tarleton State University policies and regulation. In addition, I ensure that the detailed records of information necessary to account for all activities related to this agent will be maintained.

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Signature Date Laboratory director/ Supervisor’s Signature Date

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Printed Name Position/ Title Laboratory director/ Supervisor’s Printed Name

Have you completed training for this specific laboratory and materials? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Yes** [ ]  **No** Date and Location of training

(**Please reproduce this page as needed.)**