

SBAT Annual Training



**Texas A&M University
Office of Research
Compliance**

May 25, 2007

Memorandum

Richard E. Ewing
Vice President for
Research

From: Dr. Richard E. Ewing



Academy for
Advanced
Telecommunications
and Learning
Technologies

To: All employees involved in research using Select Agents

Subject: Mandatory Training

Center for Information
Assurance and Security
Comparative Medicine Program
Institute for
Scientific Computation
Integrative Center for
Homeland Security
Microscopy and Imaging Center
National Center
of Foreign Animal and
Zoonotic Disease Defense
Office of Distance Education
Office of Graduate Studies
Office of Proposal Development
Office of Research Compliance
Office of Sponsored Projects
Professional Development Group
Texas A&M University
Research Park

All institutions and individuals that conduct research using select agents and toxins are required to adhere to federal regulations regarding their possession, use, and transfer. Select Agents are those identified on the HHS and USDA Select Agents and Toxins List and are considered to be agents posing a severe threat to human and/or animal health, plant health, or animal and plant products.

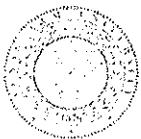
The Centers for Disease Control and Prevention (CDC) regulates and oversees the possession, use, and transfer of select agents and toxins that are used here at Texas A&M University. These regulations establish requirements for registration, risk assessments, access, safety plans, security plans, incident response plans, training, transfers, record keeping, inspections, and reporting.

Texas A&M University is committed to the protection of its staff and the public from the risks of exposure to Select Agents. After investigating recent events involving our Select Agent program, we have recognized the crucial need for training across campus.

In order to proceed in a timely manner to ensure that all employees involved in research using select agents are aware of and understand all of the regulatory requirements, mandatory training will be held on June 1, 2007. Training will begin at 9:00 a.m. and end at 1:00 p.m. It is imperative that you receive this training.

Attached is the agenda.

pc: Dr. Eddie J. Davis
Dr. James A. Calvin
Dr. David Carlson
Dr. Fuller W. Bazer
Mr. Chris M. Meyers
Mr. Charley B. Clark
Ms. Angelia M. Raines
Mr. Brent S. Mattox
Dr. Vernon L. Tesh
Dr. Tom A. Ficht
Dr. L. Garry Adams
Dr. James E. Samuel
Ms. Tiffany M. Agnew



Texas A&M
University

112 Administration Building
1112 TAMU
College Station, Texas
77843-1112

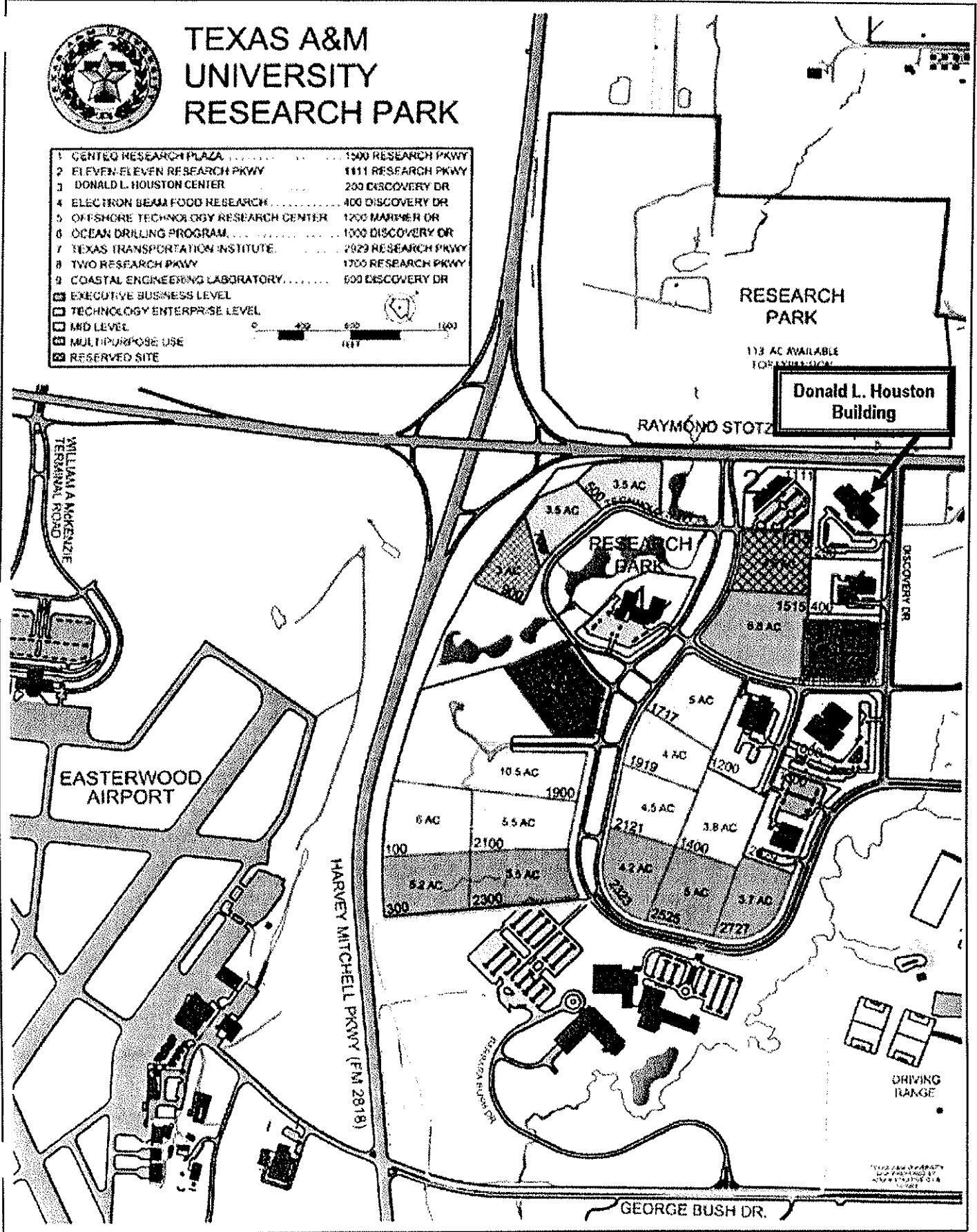
409.241.5851
409.241.5831



TEXAS A&M UNIVERSITY RESEARCH PARK

1	CENTRO RESEARCH PLAZA	1500 RESEARCH PKWY
2	EL EVEN-ELEVEN RESEARCH PKWY	1111 RESEARCH PKWY
3	DONALD L. HOUSTON CENTER	200 DISCOVERY DR
4	ELECTRON BEAM FOOD RESEARCH	400 DISCOVERY DR
5	OFFSHORE TECHNOLOGY RESEARCH CENTER	1200 MARINER DR
6	OCEAN DRILLING PROGRAM	1000 DISCOVERY DR
7	TEXAS TRANSPORTATION INSTITUTE	2029 RESEARCH PKWY
8	TWO RESEARCH PKWY	1700 RESEARCH PKWY
9	COASTAL ENGINEERING LABORATORY	600 DISCOVERY DR

[Pattern]	EXECUTIVE BUSINESS LEVEL
[Pattern]	TECHNOLOGY ENTERPRISE LEVEL
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[Pattern]	MULTIPURPOSE USE
[Pattern]	RESERVED SITE



THIS IS A PRELIMINARY MAP AND SHOULD NOT BE USED FOR CONSTRUCTION PURPOSES WITHOUT THE APPROVAL OF THE UNIVERSITY OF TEXAS AT A&M

**NIEHS HEALTH AND SAFETY BRANCH
STATEMENT OF TRAINING AND EXPERIENCE FOR USE OF HAZARDOUS
CHEMICALS, RADIOISOTOPES, OR BIOLOGICAL AGENTS**

NAME: _____ SUPERVISOR: _____

LAB/BRANCH: _____ BLDG./ROOM: _____ EXT: _____

MAILDROP: _____

HIGHEST ATTAINED ACADEMIC DEGREE: (CIRCLE ONE)

High School Technical School B.S. M.S. Ph.D./M.D./D.V.M.

EMPLOYMENT STATUS: (CIRCLE ONE)

Research Scientist	Visiting Scientist	Expert
Visiting Associate	Staff Fellow	Guest Worker
Visiting Fellow	Senior Staff Fellow	Research Technician
STEP	Graduate Student -	IPA
IRTA Fellow	(P or Q Appointment)	Other

YEARS OF LABORATORY EXPERIENCE PAST ACADEMIC TRAINING: _____ years

GENERAL, OR SPECIALIZED TRAINING IN LABORATORY SAFETY, SAFE HANDLING OF HAZARDOUS COMPOUNDS, RADIATION SAFETY, USE OF RADIOISOTOPES, BIOLOGICAL SAFETY, ETC.

<u>COURSE TITLE</u>	<u>INSTITUTION/LOCATION</u>	<u>DATE</u>
---------------------	-----------------------------	-------------

EXPERIENCE IN HANDLING HAZARDOUS COMPOUNDS, RADIOISOTOPES, BIOLOGICAL AGENTS

	AGENT/	AMOUNT (g/mg)	
INSTITUTION			
<u>DATE</u>	<u>COMPOUND/RADIOISOTOPE</u>	<u>ACTIVITY (mCi)</u>	<u>LOCATION</u>

PRIVACY ACT INFORMATION

Under the Privacy Act of 1974, all data of a private nature must be protected from unauthorized disclosure. Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is by management, as required under 10 CFR, part 20 for dose records.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of use of radioactive materials or devices.

send to all those @ training on Friday. (Place "Read Receipt" on outgoing email.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: _____
 First Name: _____
 Middle Initial: _____
 Email: _____

Principal Investigator (PI)
 Check (√) all that apply:
 _____ PI Adams
 _____ Comparative Medicine Program (CMP)
 _____ PI Davis
 _____ PI Ficht
 _____ PI Samuel
 _____ PI Tesh
 _____ N/A

Home Address: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent, unless they have already been approved by the IBC/CDC for to access the agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Signature _____ Date _____

© CDC DOJ -
 Select Agent Training

Texas A&M University
Select Biological Agent and Toxins Program Training
Houston Building - Auditorium
June 1, 2007
9:00 a.m. – 1:00 p.m.

Agenda

Time	Topic	Presenter(s)
9:00 a.m.	Opening Remarks	Fuller Bazer
9:05 a.m.	Agenda Review	Angelia Raines
9:10 – 9:40	Process for New submissions, Amendments and Annual reviews (including risk assessment process and medical surveillance process)	Vernon Tesh/Thomas Ficht and Brent Mattox
9:40 – 9:45	Approval process prior to accessing an SBAT Agent -	Angelia Raines
9:45-9:50	Approval process prior to accessing a facility	Angelia Raines
9:50-10:20	Occupational Health Program including blood borne pathogen training	Brent Mattox
10:20-10:30	Break	
10:30 – 11:10	Research Specific Safety Plan /SOPs	Jim Samuel Thomas Ficht –
11:10-12:00	Overview of the Requirement for Personal Protection Equipment (PPE) including handouts on the Respiratory Protection Program	Brent Mattox
12:00 – 12:10	Intra-Facility Transfers	Brent Mattox
12:00 – 12:20	Inter-facility transfers	Tiffany Agnew
12:20 – 12:50	Incident Response process	Bert Kretzschmar and Brent Mattox
12 :50 -12:55	Bi-monthly monitoring	Angelia Raines
12:50 p.m.	Closing Remarks	Fuller Bazer

Texas A&M University
Select Biological Agent and Toxins Program Training
Houston Building - Auditorium
June 6, 2007
9:00 a.m. – 1:00 p.m.

Agenda

Time	Topic	Presenter(s)
9:00 am	Opening Remarks	Fuller Bazer
9:05 am	Agenda Review	Tiffany Agnew
9:10 - 9:40 am	Process for New submissions, Amendments and Annual reviews (including risk assessment process and medical surveillance process)	Vernon Tesh/Thomas Ficht and Brent Mattox
9:40 - 9:45 am	Approval process prior to accessing an SBAT Agent	Tiffany Agnew
9:45 - 9:50 am	Approval process prior to accessing a facility	Tiffany Agnew
9:50 -10:20 am	Occupational Health Program including blood borne pathogen training	Brent Mattox
10:20 -10:30 am	Break	
10:30 - 11:30 am	Research Specific Safety Plan /SOPs	Jim Samuel Melissa Kahl-McDonough Chris Knowlton
11:30 am - 12:00 pm	Overview of the Requirement for Personal Protection Equipment (PPE) including handouts on the Respiratory Protection Program	Brent Mattox
12:00 - 12:10 pm	Intra-Facility Transfers	Brent Mattox
12:00 - 12:20 pm	Inter-Facility Transfers	Tiffany Agnew
12:20 - 12:50 pm	Incident Response Process	Bert Kretzschmar and Brent Mattox
12 :50 -12:55 pm	Bi-Monthly Monitoring	Tiffany Agnew
12:50 pm	Closing Remarks	Fuller Bazer

Standard Operating Procedures

Building

Access

(section 1)

- Personnel are allowed access to the BL-3 suite after they receive official DOJ clearance
- Doors to locker rooms are secured with a key lock as well as electronic card mechanism.
 - Cards and keys are not to be transferred or shared
 - Everyone must swipe their card upon entry
 - If a card is left at home, access can only be obtained through the assistance of the P.I.
- Doors to individual labs, equipment rooms, airlock, and animal housing are secured with a Cipher code door lock.
- Doors are to be secured at all times and checked by personnel.

Entry Procedures (section 2)

- Let someone know where you will be
- All personnel must sign the facility access log located in the outer changing room (in first locker)
 - Also sign facility access log when entering airlock from outside
- Street clothes are kept in the clean changing area
- In inner changing room put on scrubs, booties, clogs, facemask, gloves
- When working in BSC add second pair of gloves, tyvek sleeves, lab coat

Procedures while working (section 3)

- Contaminated materials kept in double containers outside of BSC
- sharps
- Spill procedures have been posted

Cleaning and decontamination (section 4)

- Approved disinfectants:
 - 70% ethanol, Wexcide, 10% bleach, 1% virkon-S
- Autoclaving: record all activity
 - Cover biohazard sign with autoclave tape
 - Liquid versus gravity cycles
 - Autoclaved trash is placed inside a non-biohazard bag and thrown out in general trash
- Weekly cleaning

Cleaning and decontamination (section 4)

- Transfer of trash from
 - all trash, surgical utensils, empty feed bags, etc. are bagged and sprayed with bleach before removal and transport to the autoclave.
 - Animal carcasses are triple bagged (bleach sprayed between layers) and brought to the vet school incinerator.

Radioactivity (section 5)

- Treatment of radioactive waste prior to removal
 - All treated waste is plated to ensure non-viability prior to addition to general radiation waste

Decontamination: Spills (section 6)

- Hold breath; signal to others in lab
- Remove clothing and leave in room; post sign on door “hazardous conditions...do not enter”
- Shower
- Notify P.I.
- Wait 1 hour; return to clean

Accidents (section 7)

- In case of spill proceed as previously described
- Notify the P.I.
- Accidents causing breaks in skin: disinfect area with 1% virkon-S
- Make appointment to go to Scott and White
- Notify biological safety officer; file incident report

Exit procedures (section 11)

- When exiting the BSC: remove tyvek sleeves, outer gloves/spray inner gloves with bleach or virkon-S
- Clean all surfaces
- Inner locker room: remove scrubs, facemask, inner gloves. Wash hands
- Outer locker room: put on clothes.
- Sign out facility access log

Storage/Inventory (section 12)

- The -80°C in room is locked at all times.
- All entry and removal of select agent must be properly recorded on the agent access log.
 - Destruction or complete use of a tube must be recorded and immediately reported to the P.I.
- Notebooks must show record of the number of plates grown and date of destruction.
- Electronic copies of the freezer inventory are maintained by the P.I., indicating all strains as well as their box/slot location.
- Entire inventory is reconciled annually
- Inventory reconciliation during yearly IBC/EHSD inspection
- Discrepancies in inventories MUST be immediately reported to the P.I. for investigation

Intrafacility transfer (section 13)

- Correct permits must be obtained prior to shipping or receiving any agent and EHSD must be contacted for approval
- SBAT may be transferred only in IATA approved containers.
- EHSD must approve the packaging prior to shipping any samples.
- Intrafacility transfer forms must be filled out and faxed to EHSD

Experimental protocols (section 14)

- Centrifugation, bacterial growth, tissue culture, mutant construction, microencapsulation, DNA isolation
- Animal infections

Aerosol Infection (section 15)

- File intra-entity transfer forms
- Transport in approved containers
- PAPR and tyvek
- Animal handling
- Decontamination
- Other routes of infection

Electronic Security

- All computers must be password protected
- Passwords should be changed routinely and should contain a combination of letters and numbers/symbols

Incident reporting/security breaches

- Emergency contact numbers are located by the phones in the BL-3 as well as the doors to all laboratories.
- Upon discovery, immediately notify the P. I. of any theft, loss, or release of agent.
 - Theft or loss is reported to UPD; releases (i.e. infections) are reported to EHSD.
 - All research is halted during investigation

Standard Operating Procedures

Building

Room

(Also building , room

Access

- Personnel are only allowed unescorted access to the BL-3 suite after they receive official DOJ clearance
- Doors to locker room is secured with a card lock and finger print.
 - Cards are not to be transferred or shared
 - If a card is left at home, access can only be obtained through the assistance of the P.I.
- Doors to individual labs, equipment rooms, airlock, and animal housing are secured with a Cipher code door lock.
- Doors are to be secured at all times and checked by personnel.

Entry Procedures

- Let someone know where you will be: sign up on board rm
- All entering personnel must sign the facility access log located in the changing room
- In changing room put on scrubs, booties, facemask, gloves
- When working in BSC add second pair of gloves, tyvek sleeves, lab coat

Procedures while working

- All work should be tailored to be performed in BSC, if possible
- Follow SOP for specific protocols when applicable
- sharps
- Spill procedures have been posted

Cleaning and decontamination

- Approved disinfectants:
 - 70% ethanol, Wexcide, 10% bleach

Autoclaving

- Liquid versus trash
- Monthly cleaning of floor drain using 1 gal wex-cide. Log of activity maintained by facilities manager

Decontamination: Spills

- Allow aerosols to settle in the room
- Dress in protective clothing (e.g., lab coat, gloves)
- Gently cover spill with paper towels and apply wex-cide, starting at perimeter and working towards the center
- Allow sufficient contact time (30-60 min) before clean up
- Decontaminate all wastes before disposal: autoclave
- Spill procedure notice displayed in suite

Accidents

- **Notify the P.I.**
- **PI will notify biological safety officer; file incident report**

Exit procedures

- Prior to exiting the BL3: remove tyvek sleeves, lab coat, shoe covers, outer gloves
- Enter locker room
- Locker room: remove facemask, inner gloves outside to inside.
- Wash hands with microbial soap before exit.
- Sign out facility access log
- Return to Rm and wash hands with soap and water to remove microbiccical soap residue

Storage/Inventory

- The -80°C in room and are locked at all times.
- All entry and removal of select agent must be properly recorded on the agent access log.
 - Destruction or complete use of a tube must be recorded
- Notebooks must show record of the number of animals and date of destruction.
- Electronic copies of the freezer inventory are maintained by the P.I. on CD, indicating all strains. No internet connected computer will maintain active inventory.
- Entire inventory is reconciled annually
- Inventory reconciliation during yearly IBC/EHSD inspection
- Discrepancies in inventories **MUST** be immediately reported to the P.I. for investigation

Intrafacility transfer

- Correct permits must be obtained prior to shipping or receiving any agent and EHSD must be contacted for approval
- SBAT may be transferred only in IATA approved containers.
- EHSD must approve the packaging prior to shipping any samples.
- Intrafacility transfer forms must be filled out and faxed to EHSD

Experimental protocols

- Centrifugation, bacterial growth, tissue culture,
- Animal infections
- Animal infections: aerosol experiments conform to CMP protocol

Aerosol Infection (section 15)

- File intra-entity transfer forms
- Transport in approved containers
- PAPP and tyvek
- Animal handling
- Decontamination
- Other routes of infection

Incident reporting/security breaches

- Emergency contact numbers are located by the phones in the BL-3 as well as the doors to all laboratories.
- Upon discovery, immediately notify the P. I. of any theft, loss, or release of agent.
 - Theft or loss is reported to UPD; releases (i.e. infections) are reported to EHSD.
 - All research is halted during investigation

ANIMAL BIOSAFETY LEVEL

3

Working in ABSL-3
areas.



Working in ABSL-3 Areas

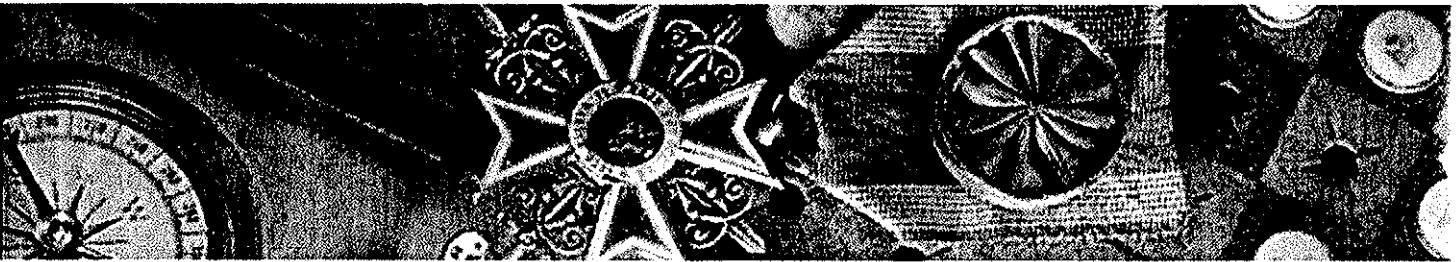
Biosafety is a priority when working in ABSL-3 areas.

- Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is **strictly prohibited**.
- Animals not involved in the work being performed are not permitted into ABSL-3 areas (to include transition areas).



Working in ABSL-3 Areas

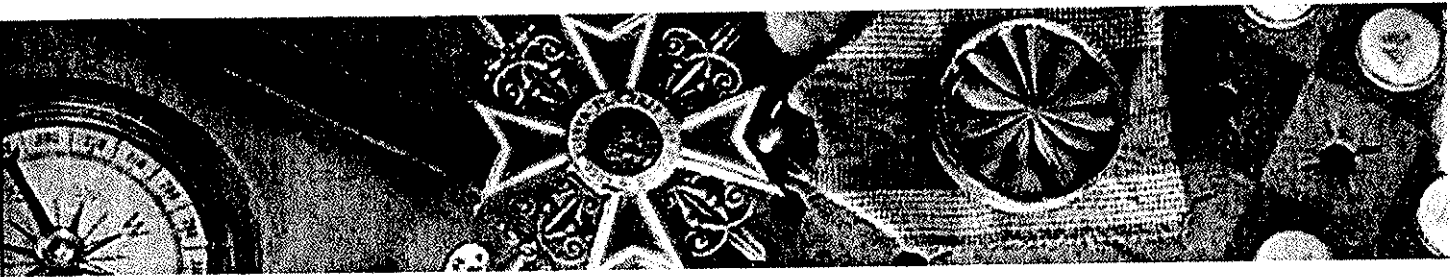
- ◆ Access to ABSL-3 areas is restricted to personnel who have been advised of the potential hazard and who need to enter the area for program or service purposes when infected animals are present.
- ◆ Be sure to sign in and out on the entry/exit log.
- ◆ **Always** check the doors after entry/exit to ensure that they remain secured/locked.



Working in ABSL-3 Areas

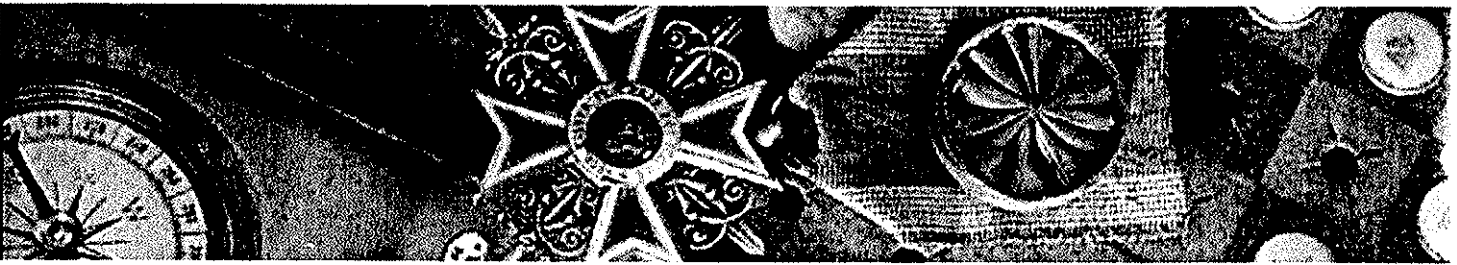
- ◆ Persons who are at increased risk of acquiring infection, or for whom infection might be unusually hazardous, should confer with an occupational medicine physician prior to entering an ABSL-3 area.

- ◆ Persons at increased risk may include:
 - Children
 - Pregnant woman
 - Immunodeficient/Immunosuppressed individuals



Working in ABSL-3 Areas

- ◆ Biological Warning signs are posted on the access doors to the ABSL-3 animal area.
 - Agent information and emergency contact information are included on the signs
- ◆ Laboratory personnel will need to receive appropriate immunizations or tests for the agents handled or potentially present in the work area (e.g., TB skin testing).



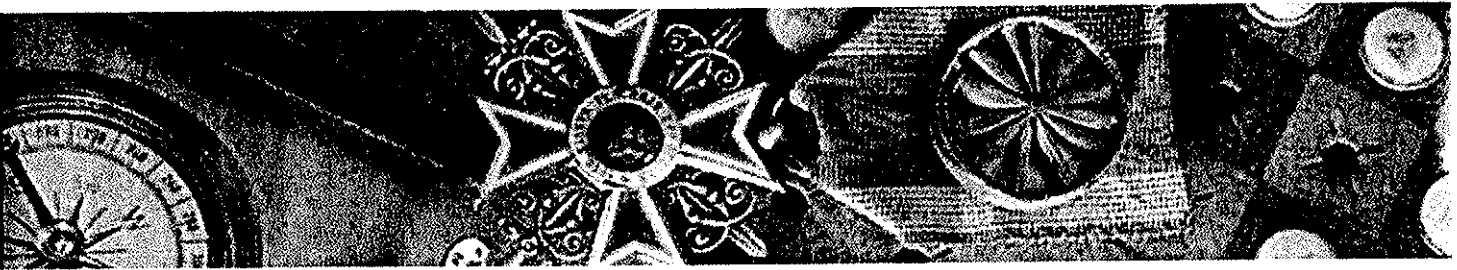
Working in ABSL-3 Areas

- ◆ Be aware that you are in an area in which you are placed at risk.
- ◆ Anyone that is lax about the procedures followed in this area is creating risk to not only himself/herself, but also to other individuals and animals therein.
- ◆ Your health and safety are dependant not only on your behavior, but that of all individuals using the area.



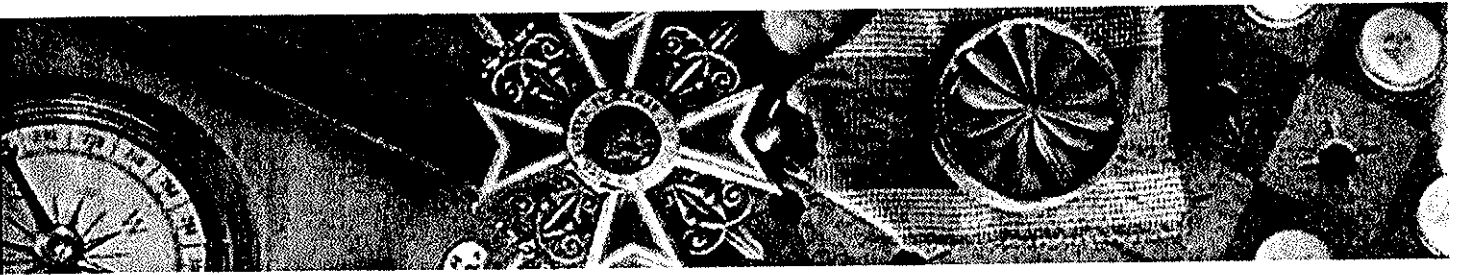
Working in ABSL-3 Areas

- ◆ Be sure to work in a manner which will assure both containment of the hazardous agent and safety of personnel.
- ◆ Do not enter any room in which you have not been authorized to enter.
- ◆ Adhere to all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.



Working in ABSL-3 Areas

- ◆ Should any questions arise while working in the biohazard area always consult with the area supervisor.
- ◆ Report any breaks in protocol that you commit or observe to the area supervisor.
 - Reporting is intended to ensure the safety of all personnel.



Select Agents in ABSL-3 Areas

- ◆ All individuals entering into an ABSL-3 area where select agents are used/stored must be:

1. Cleared by the IBC and CDC and be select agent cleared by the Department of Justice (DOJ).

2. Cleared to access the facility in which the agent is kept.

Note: If the individual has not been cleared to work with the agent or has not been cleared to access the facility, then that individual must be with (AT ALL TIMES) an individual who has been cleared to work with the agent and has been cleared to access the facility.

- ◆ Personnel who have been cleared to work with select agents will be issued a personal access card and codes for each select agent ABSL-3 area.



Select Agents in ABSL-3 Areas

- ◆ Access cards and codes are only to be used by the person to which they have been assigned.
- ◆ The loss of an access card to a select agent biohazard area is to be immediately reported to the area supervisor and to the University Police Department (UPD).



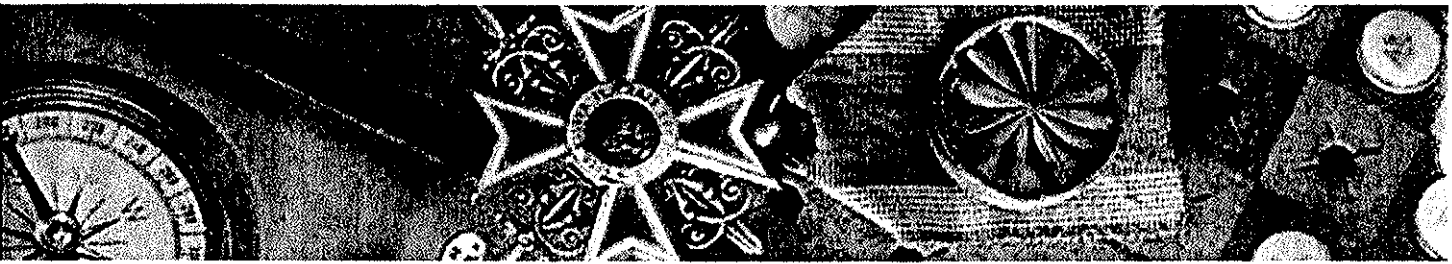
Working in ABSL-3 Areas

- ◆ Personal protective equipment is used for all activities involving manipulations of infectious materials or infected animals.
- ◆ All persons entering the ABSL-3 area are required to wear a Tyvek suit (with scrubs underneath), appropriate face/eye protection, appropriate respiratory protection, 2 pair of latex gloves and a pair of approved, area maintained foot wear.



Working in ABSL-3 Areas

- ◆ If using a biological safety cabinet:
 - Turn the blower and light switches to the “ON” position.
 - Clean the biological safety cabinet with an appropriate disinfectant solution prior to using (be sure to wait proper contact time).
- ◆ Begin your tasks.



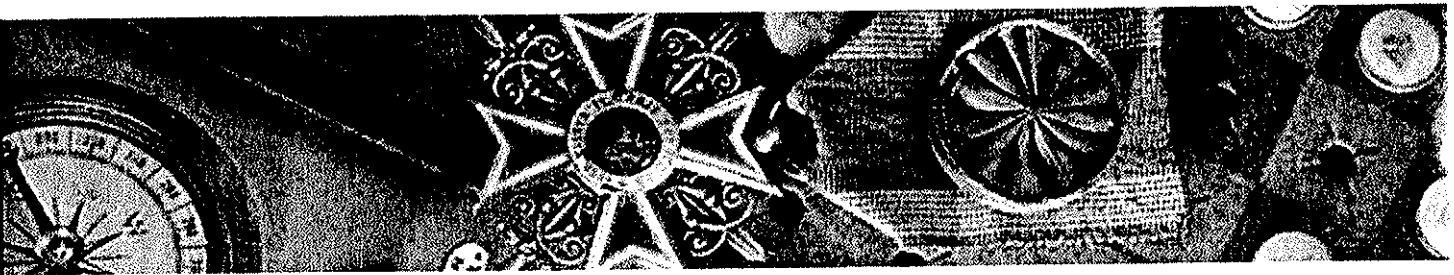
Working in ABSL-3 Areas

- ◆ All animals will be housed in cages topped with a filtered micro-isolator lid.
- ◆ Always ensure that the micro-isolator lid rests securely on the cage top (no gaps between lid and cage).
- ◆ Be sure that the lid filter is clean and free of debris, rips or holes.

Working in ABSL-3 Areas

- ◆ Cages are to be opened and/or changed out inside of an operating certified Class I or Class II biological safety cabinet.
- ◆ Avoid quick or sudden movements that may cause increased aerosolization when working with infected animals or biological agents in a biological safety cabinet.





Working in ABSL-3 Areas

- ◆ All items placed inside of an operating biological safety cabinet are to be disinfected before being removed from the cabinet.
- ◆ Equipment and work surfaces are to be decontaminated with an appropriate disinfectant, especially after overt spills, splashes, or other contamination by infectious material.



Working in ABSL-3 Areas

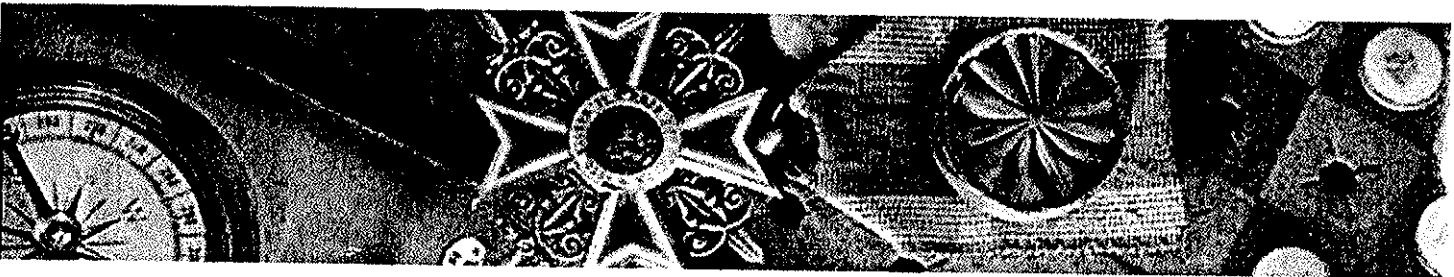
When finished:

- ◆ The biological safety cabinet is to be cleaned and disinfected (to include underneath the work platform).
- ◆ Once cleaned and disinfected, be sure to turn both the blower switch and light switch to the “OFF” position.
- ◆ Be sure to wipe down work surfaces with disinfectants before leaving.
- ◆ Disinfectant will be poured down floor drains by CMP daily.



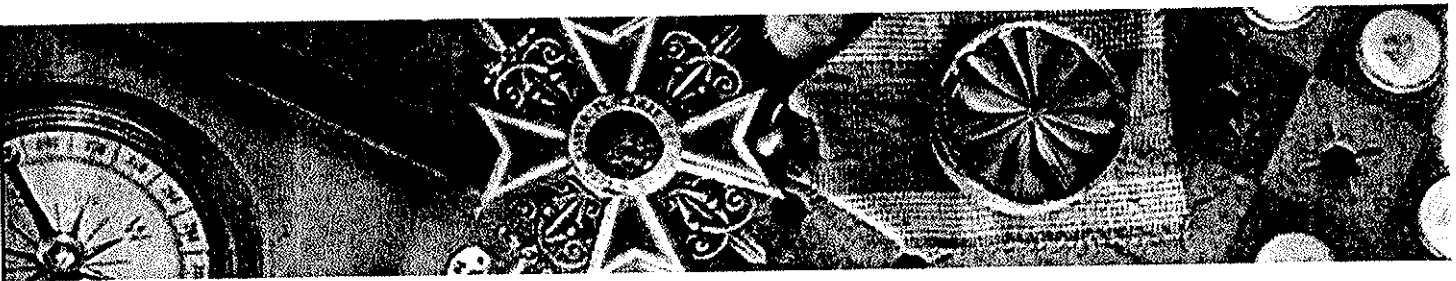
Working in ABSL-3 Areas

- ◆ Cultures, tissues, or specimens of body fluids are to be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
- ◆ Contaminated material is disinfected (autoclave or chemical) before disposal.



Working in ABSL-3 Areas

- ◆ A high degree of precaution must always be taken with any contaminated sharp items such as:
 - Needles
 - Syringes
 - Scalpels
 - Glass items



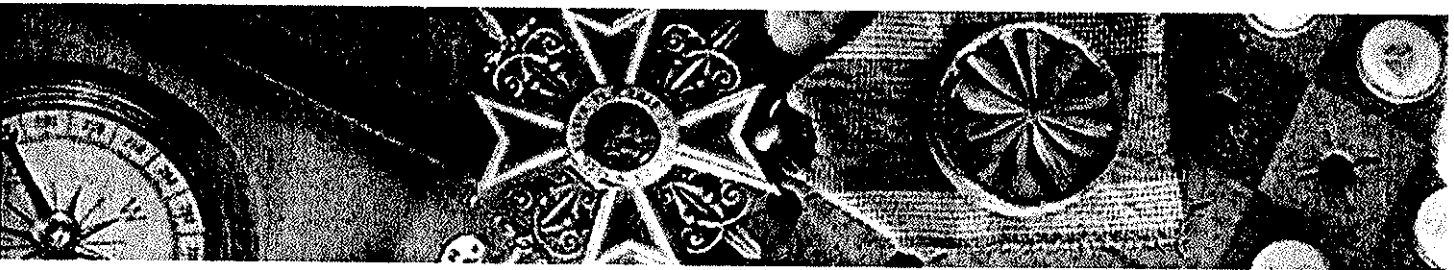
Working in ABSL-3 Areas

- ◆ All used needles and syringes are to be placed into a designated sharps container (do not recap needles).
- ◆ Broken glassware must not be handled by hand, but must be removed by mechanical means (e.g., brush and dust pan) and placed into a designated sharps container.



Working in ABSL-3 Areas

- ◆ When ready to leave the area, be sure to spray yourself down (head to foot) with an appropriate disinfectant.
- ◆ Un-suit (be sure to follow proper un-suited procedures for the area).
- ◆ Scrubs worn under the Tyvek suit will be placed in a biohazard laundry bag (in 2nd transition room) and autoclaved later.
- ◆ Showering is required for CMP personnel and recommended for all other personnel.



TUBERCULOSIS

Primary Risks:

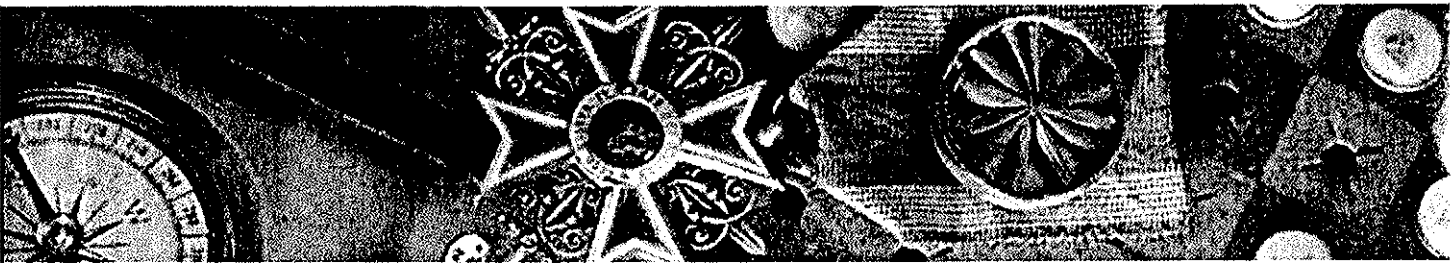
- ◆ Mycobacterium Tuberculosis is a highly infectious agent that usually affects the lungs. It can become airborne and inhaled by personnel and very few organisms may be required to cause infection. A vaccine has been developed but its use is not recommended in the United States.



TUBERCULOSIS

Routs of Exposure:

- ◆ Inhalation of infectious aerosols is the most likely source of infection to laboratory and animal personnel. Experimentally infected Guinea pigs and mice do not pose the same problem since droplet nuclei are not produced by coughing in these species. Always make efforts to reduce or eliminate aerosols while handling infected animals and bedding.



TUBERCULOSIS

Medical Treatment:

- ◆ A tuberculin skin test is used for finding out if an individual is infected. A baseline skin test should take place before an individual begins working in the ABSL-3 area. However, it does not tell whether or not an individual has TB disease. Seek medical attention for evaluation and possible treatment if you have been exposed to the agent and/or experience symptoms associated with Tuberculosis.

ANY QUESTIONS?

Working in ABSSL-3
areas.

Personal Protective Equipment: Selection and Use



Brent S. Mattox, RS, CIH

Texas A&M University

Permissible Practice

- ☞ Use Respiratory Protection ONLY when Engineering Controls are not Feasible or during Implementation.
- ☞ Respirators Provided when Necessary to Protect Employee Health.
- ☞ Respirators Must be Applicable & Suitable.
- ☞ Establishment of Respiratory Protection Program

Respiratory Protection Program

☞ Must Contain the Following:

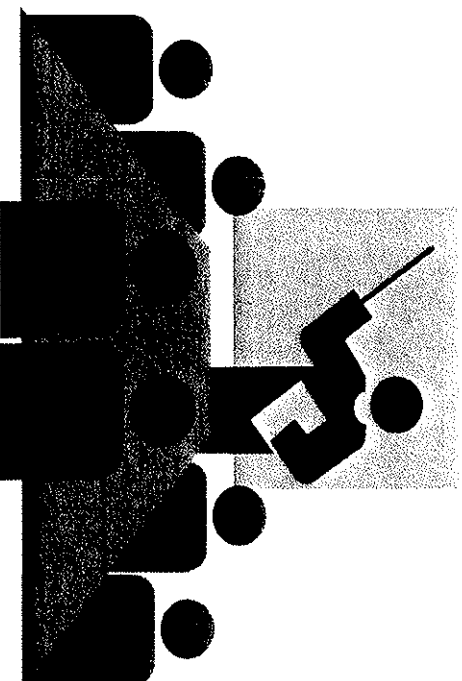
- Procedures for selecting respirators for use in the workplace
- Medical Evaluations of employees required to use respirators
- Fit testing procedures for tight-fitting respirators
- Procedures for use of respirators in emergencies (foreseeable and routine)

Respiratory Program (cont.)

- Procedures and schedules for cleaning, disinfection, storing, inspecting, repairing, discarding, and otherwise maintaining respirators
- Procedures to assure adequate air quality, quantity, and flow for atm. supplying respirators
- Training of employees in the respiratory hazards to which they may be exposed

Program (cont.)

- Training in the proper use of respirators, including putting on and removing, any limitations of use, and their maintenance
- Procedures for regularly evaluating the effectiveness of the program.



Where Respirator Use is Not Required

- ☞ Provide at request to employees ONLY When Use will not create a hazard.
- ☞ The Employer must establish and implement those elements of a written program to assure employee is medically qualified, and on use, storage, etc..
- ☞ NOTE: No written program required for employees using dust masks (voluntary)
N95 respirators ARE NOT DUST MASKS

Key Aspects

- ☞ All respirators must be NIOSH certified, Including N95 Disposable Respirators.
- ☞ For gases and vapors supplied air must be used or an air-purifying respirator provided that:
 - It is equipped with an end-of-service-life indicator (ESLI).
 - If no ESLI, cartridges must be replaced on a schedule based on objective information

Key Aspects (cont.)

- ☞ Medical Evaluations must be provided prior to fit-testing and usage.
- ☞ Medical Evaluations must be performed by a physician or other licensed health care professional (PLHCP).
- ☞ Follow-up examinations to be determined by PLHCP, change in exposure, or symptoms of overexposure.

Key Aspects (cont.)

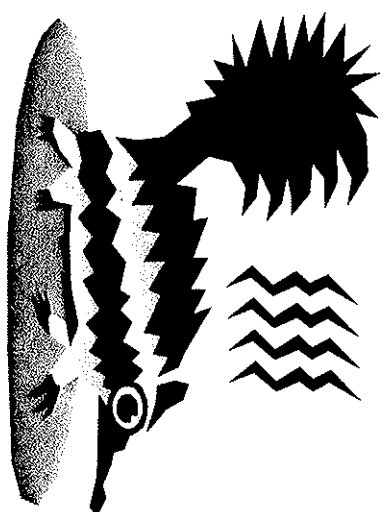
- ☞ Qualitative fit testing can be used only with negative pressure respirators requiring a fit factor of 100 or less.
- ☞ Quantitative fit is passed when fit factor is 100 or above for negative pressure respirators and 500 or above for full face respirators (all tight fitting).

Key Aspects (cont.)

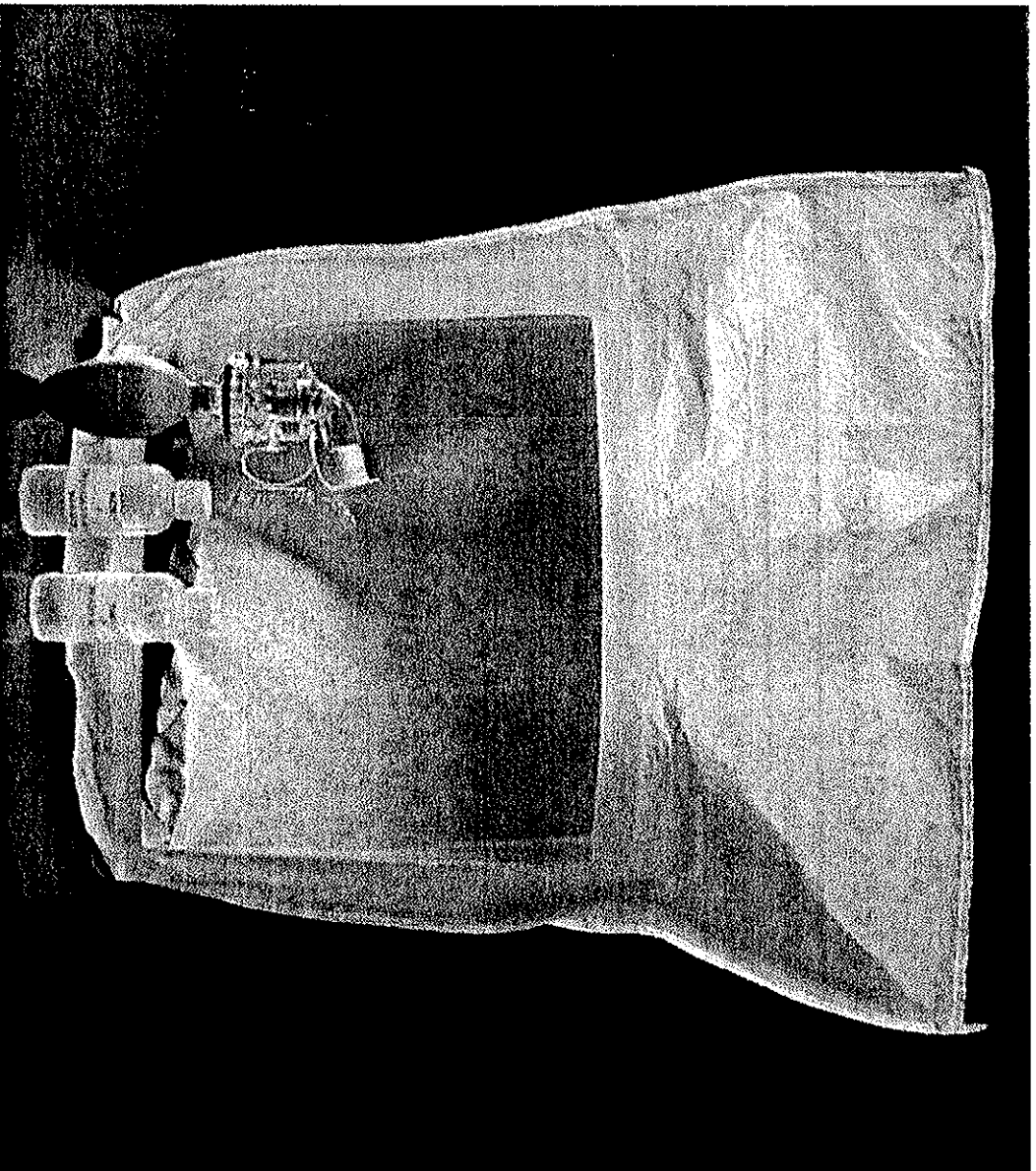
- ☞ A Medical Questionnaire MUST be completed prior to fit testing.
- ☞ Medical Questionnaires must be evaluated prior to fit testing
- ☞ Training must be provided prior to actual use of respiratory protection.

Fit Testing of Respirators

- ☞ Qualitative (isoamyl acetate, irritant smoke)
 - Inexpensive
 - Provides Qualitative Data Only
 - If Done Correctly, Time Consuming
 - Some Workers can't Smell



Qualitative Testing (Bitrex)



Fit Testing of Respirators

🔑 Quantitative (Test Booth, Portacount)

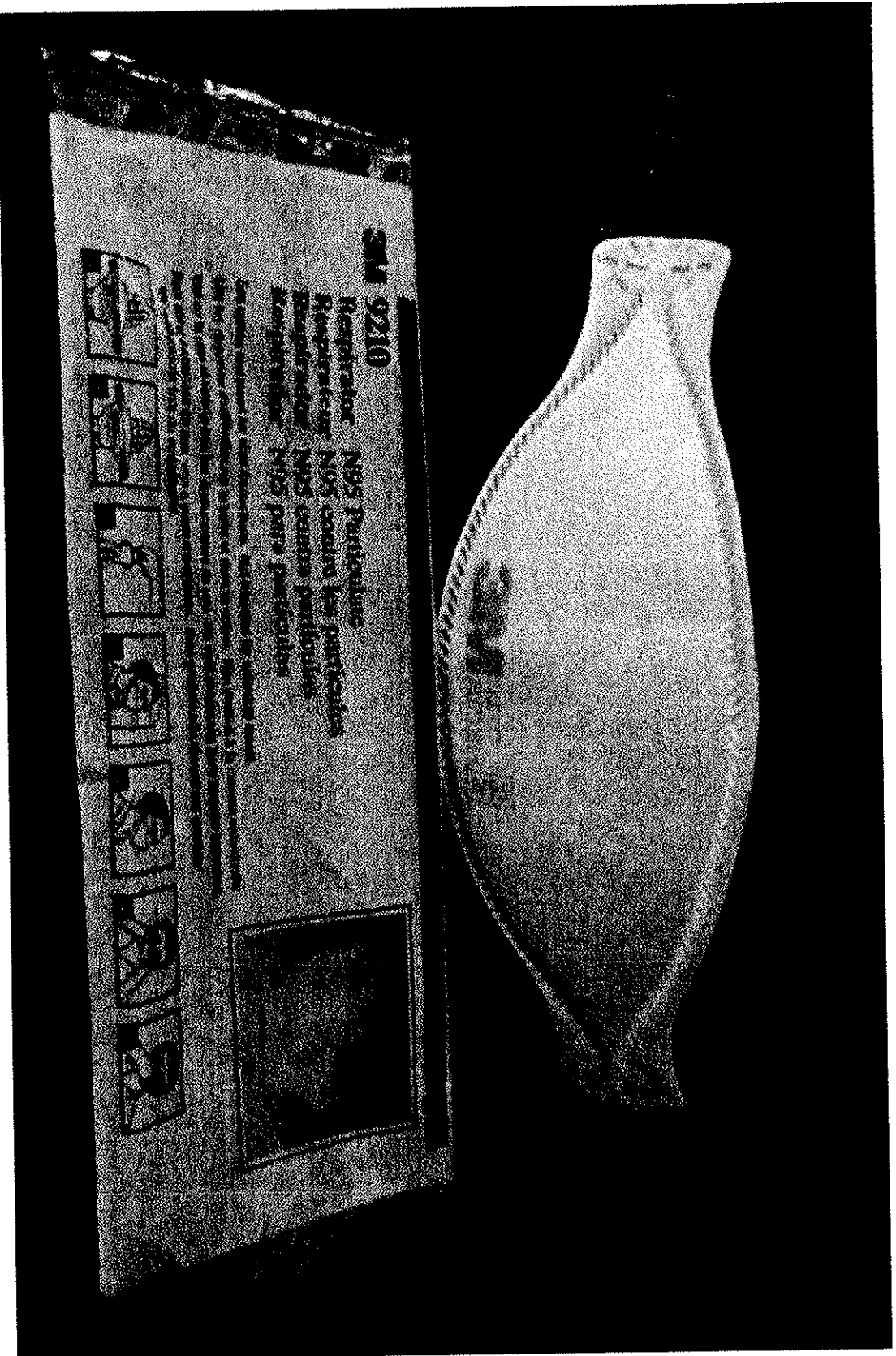
- High Initial Cost
- Requires Maintenance
- May Require Training in Operation
- Advantage in Providing Quantitative Information on Fit.



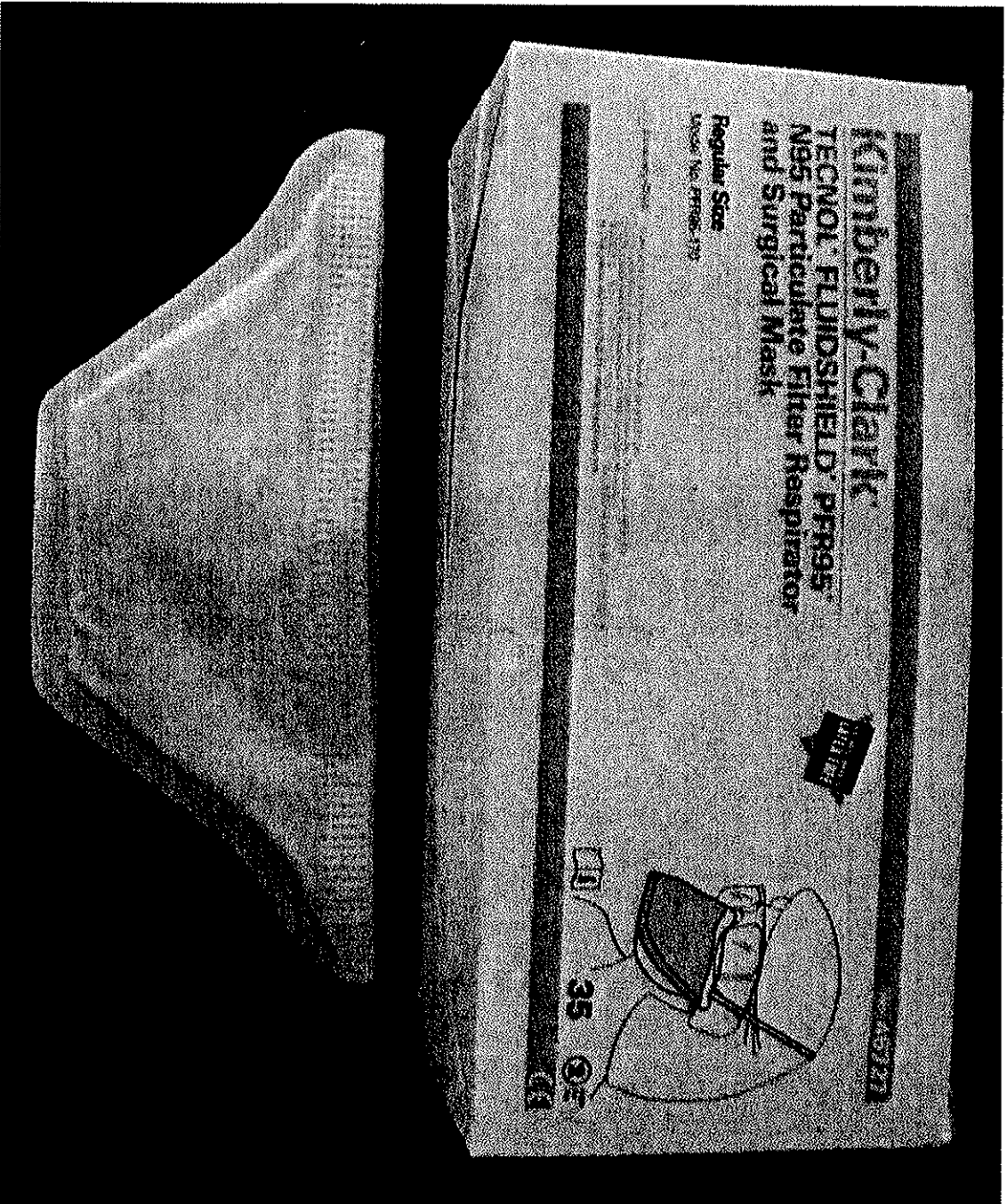
Portacount™ Fit Tester



N95 Respirators/Masks



N95 Respirators/Masks



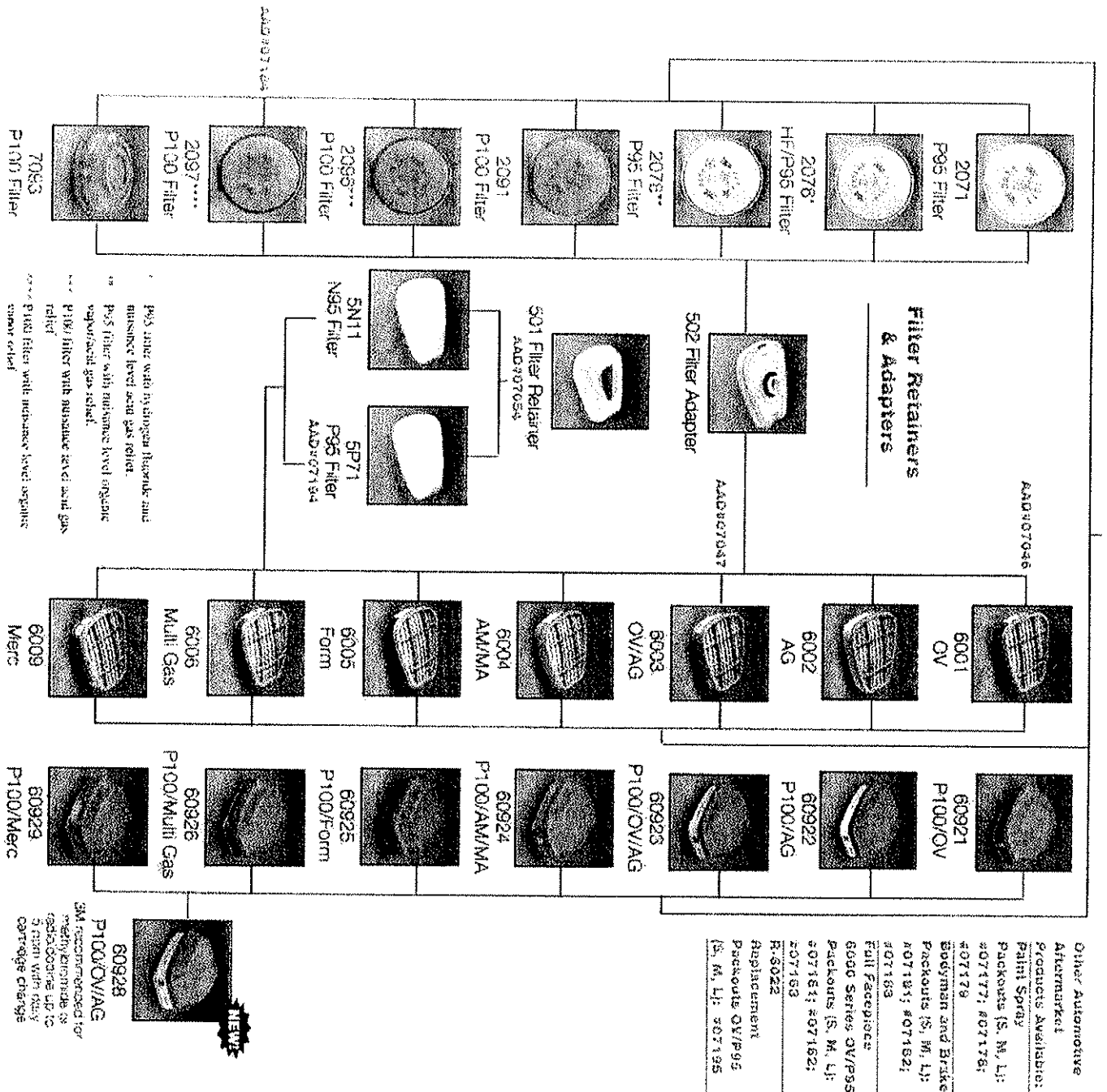
Air Purifying Respirators



APPRs Work by Filtering Air



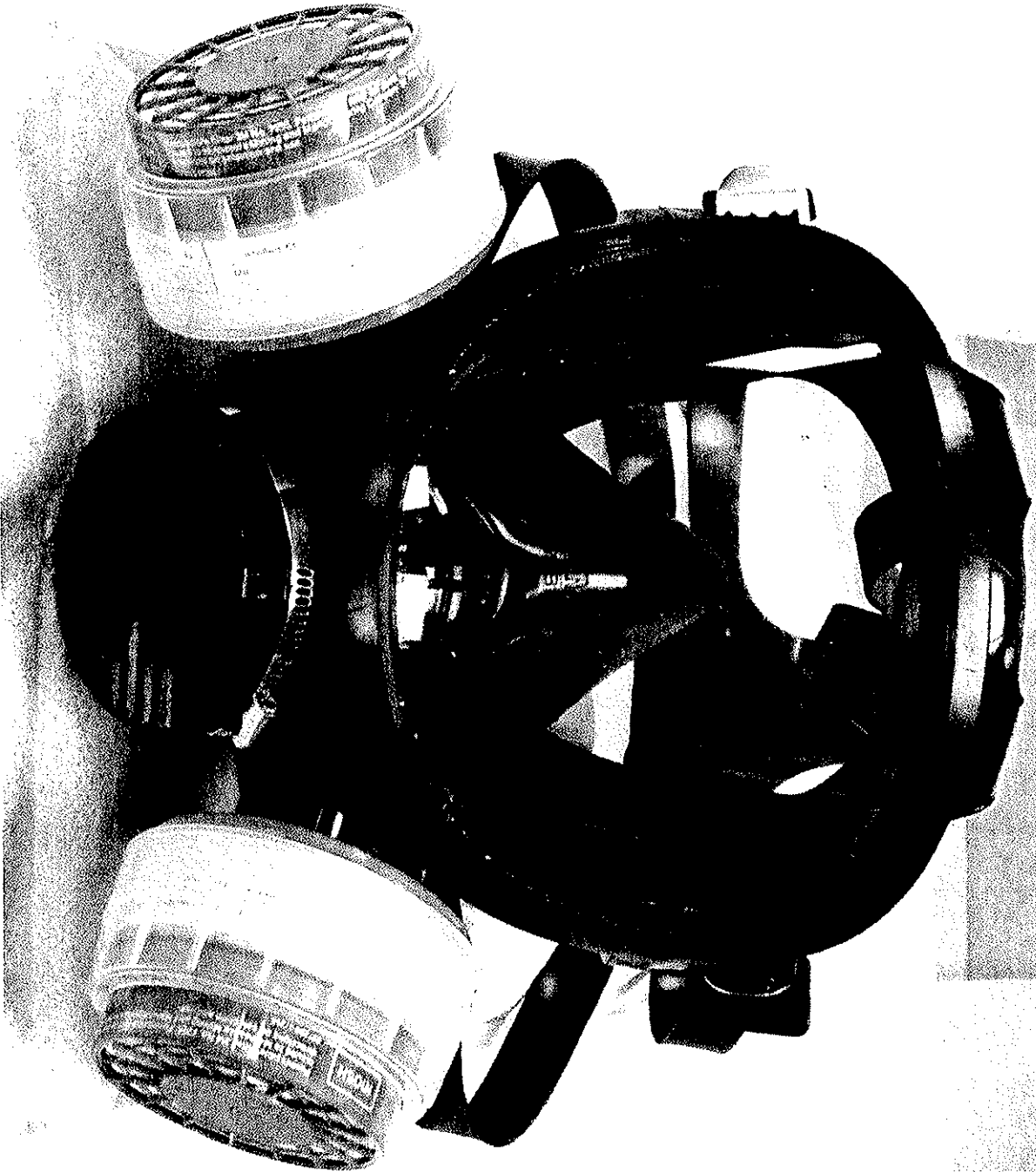
Cartridges & Filters



NEW!

3M recommended for
 methylene chloride
 and other vapors
 to clean with every
 cartridge change

Full Face APPR



Powered Air Purifying Respirator



BL3 Respirator Usage

- Respiratory AND Face Protection Are to be Used When in Rooms Containing Infected Animals {Including Labs Where Animals are Temporarily Located for Experimentation}

BL3 Usage

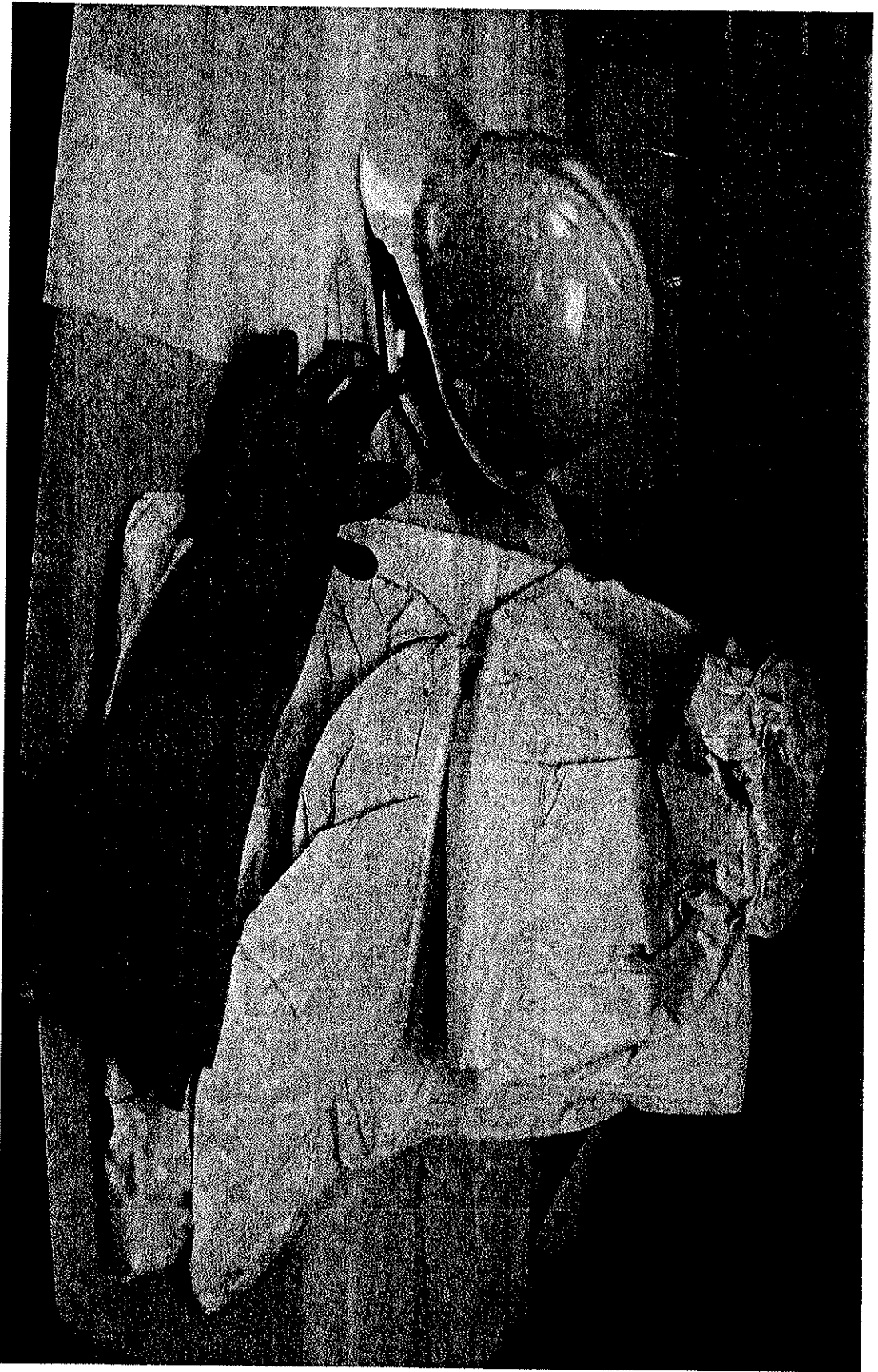
☞ ALL Manipulations of Infectious Materials, Necropsies of Infected Animals, harvesting of Tissues or Fluids From Infected Animals or Embryonate Eggs, etc., are Conducted in a Biological Safety Cabinet (BSC)

☞ IF NOT in a BSC . . .

BL3 Usage

- ☛ Use Appropriate Combinations of PPE and Physical Containment Devices (sealed rotors, etc.)
- ☛ Based on a Risk Assessment by PI with Assistance/Input/Review by Biological Safety Officer

Personal Protective Clothing



BL3 PPE Guidelines

- ☞ Solid Front or Wrap-Around Gowns, Scrub Suits or Coveralls are Worn by Workers
- ☞ Protective Clothing is Not Worn Outside (carried out) Of the Laboratory
- ☞ Reusable Clothing is Decontaminated Before Laundering
- ☞ Clothing is Changed When Overtly Contaminated

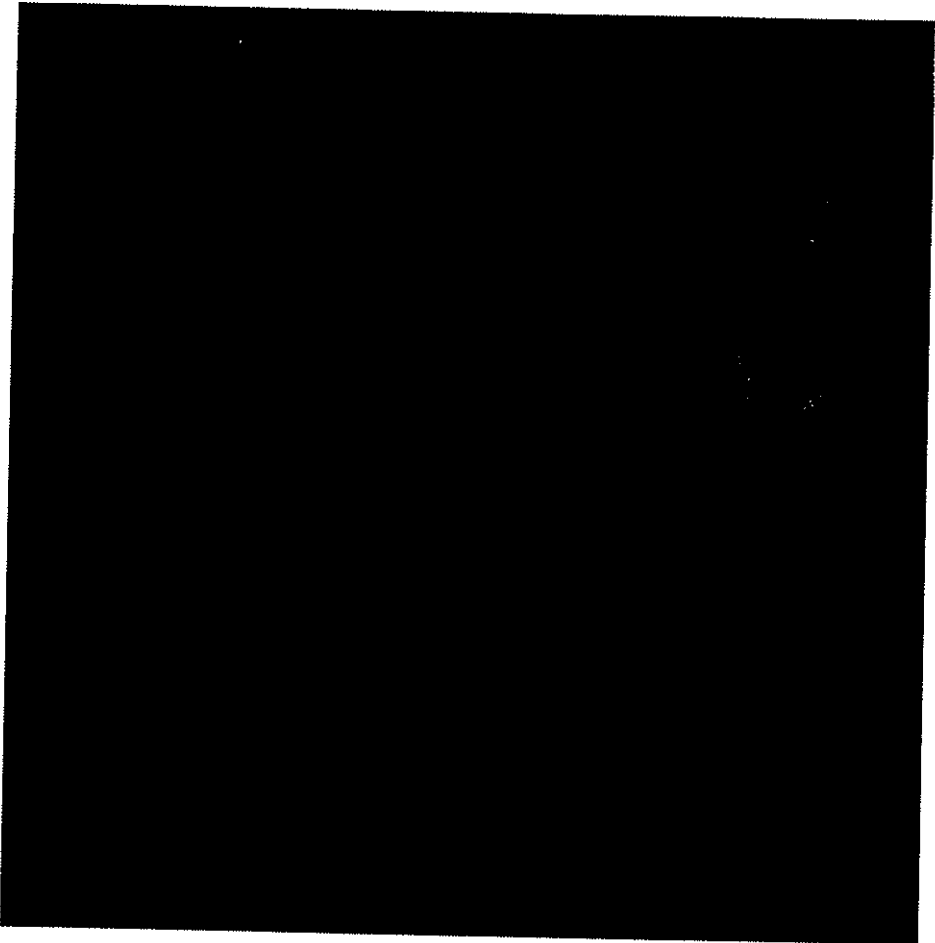
BL3 PPE (cont.)

- ☞ **Gloves Must be Worn When handling Infectious Materials, Infected Animals, and When Handling Protective Equipment.**
- ☞ **Frequent Changing of Gloves Accompanied by Handwashing is Recommended**
- ☞ **Disposable Gloves are Not Reused**

BL3 PPE

- ➡ Avoid Using Natural Latex Gloves
- ➡ Avoid using Powdered Gloves
- ➡ If Using Chemicals, Use Nitrile or other Suitable Gloves
- ➡ Disposable Clothing Should be Tyvek or Spun Bound Polypropylene

Questions?



Brent S. Mattox, RS, CIH
Environmental Health and
Safety Department

Texas A&M University

(409) 845-2132

Intra-facility Transfer of Select Agents and Toxins

Brent S. Mattox, CIH

Biological Safety Officer

What Constitutes An Intra-Facility Transfer?

- Transferring an Agent to Another Authorized Individual
- Relocating an Agent to Another Location
- Releasing an Agent for Packaging/Shipping

What is Required to Perform an Intra-Facility Transfer?

- For Transferring to an Authorized PI
 - Verify with ORC/BSO that PI is Cleared for Agent
 - Verify that You (Transferor) has a Written SOP for Transfers
 - Make Sure Agent is Properly Packaged (If Applicable)
 - Complete and FAX/Email TAMU Intra-facility Transfer Form

What is Required to Perform an Intra-Facility Transfer?

- For Transferring Agent to New Location (Same PI)
 - Verify with ORC/BSO Intended Facility and Planned Activity at New Location are Approved
 - Check That You (PI) has a Written SOP
 - Complete and FAX/Email the TAMU Intra-facility Transfer Form

TAMU Intrafacility Select Agent Transfer Form

This form is to be completed when transferring any amount of a select agent to another authorized PI at TAMU or transferring the location of an SBAT. **Transferor** completes boxes 1 and 2. Give the original to the recipient, keep a copy for your records, and send a copy to Brent Mattox, BSO, Mail Stop 4472, or fax to 845-1348.

- Transferring to Authorized PI Transferring location only

1. Name of Select Agent: _____

2. Transferor:

Name: _____

Phone: _____ Email Address: _____

Amount supplied and concentration: _____

Date transferred: _____

Name of recipient: _____

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Brent Mattox, BSO, Mail Stop 4472, or fax to 845-1348.

3. Recipient:

Name: _____

Phone: _____ Email Address: _____

Bldg/ Room where select agent will be used: _____

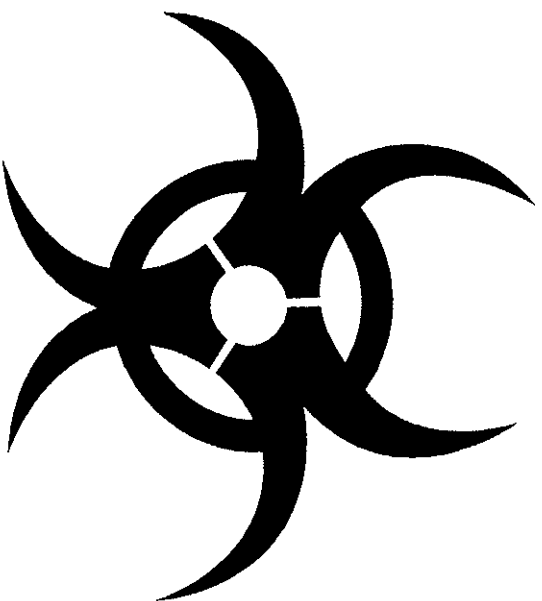
Bldg/ Room where select agent will be stored: _____

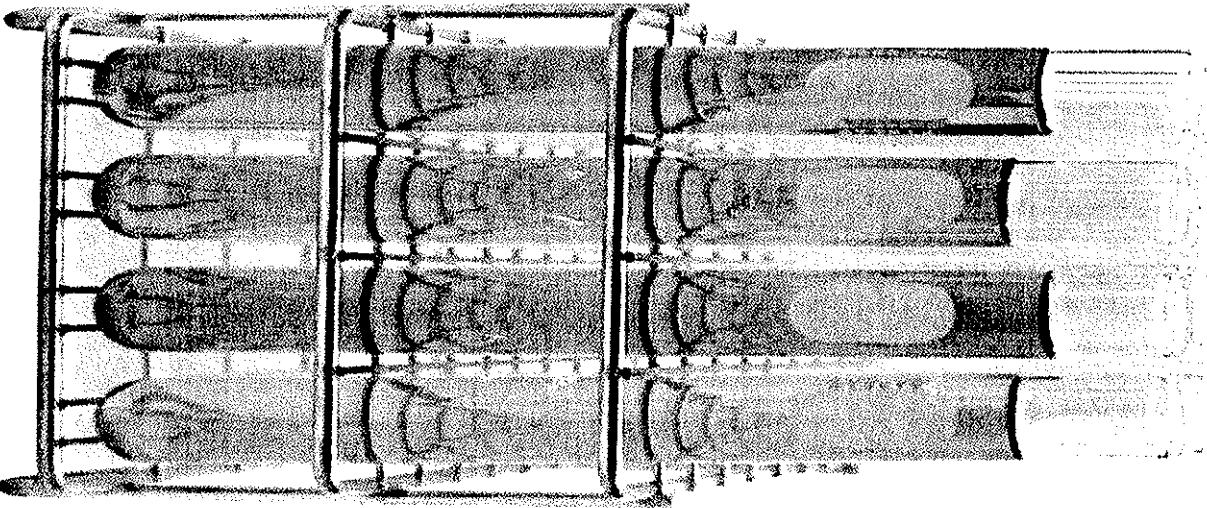
Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Brent Mattox, BSO, Mail Stop 4472, or fax to 845-1348.

4. Date depleted or destroyed: _____

Questions?

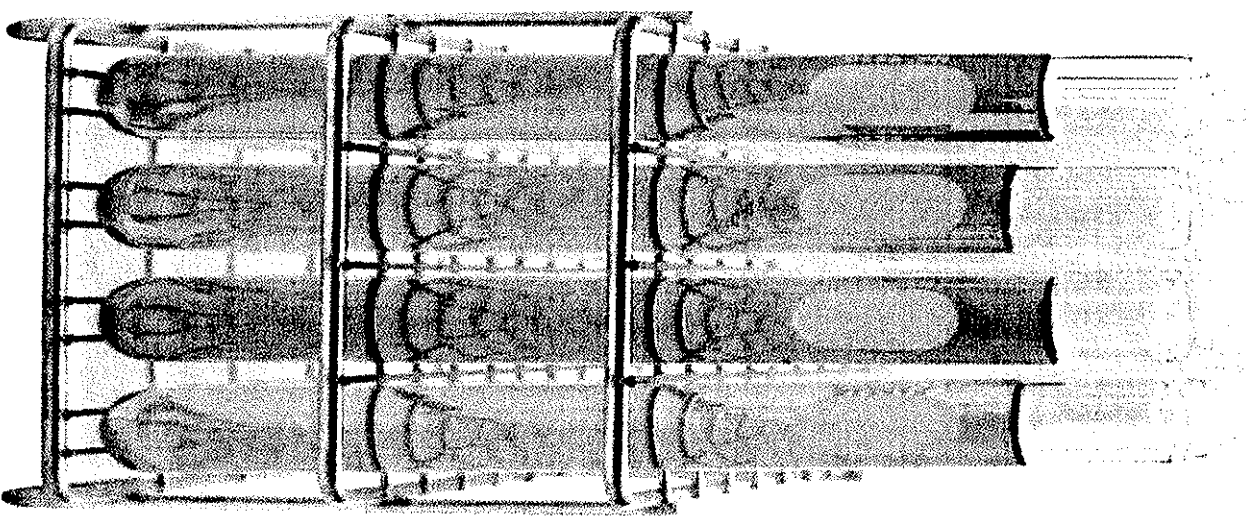
- Contact BSO at 845-2132





TRANSFERRING
SELECT
BIOLOGICAL
AGENTS & TOXINS
(SBATs)
At
Texas A&M

Tiffany M. Agnew, M.P.A.
IBSP Coordinator
Office of Research Compliance



What is an 'Inter-Facility Transfer'?

An Inter-Facility Transfer is defined
as:

The transfer of Select Biological
Agents & Toxins between an
approved Principal Investigator
at Texas A&M and another
approved Entity.

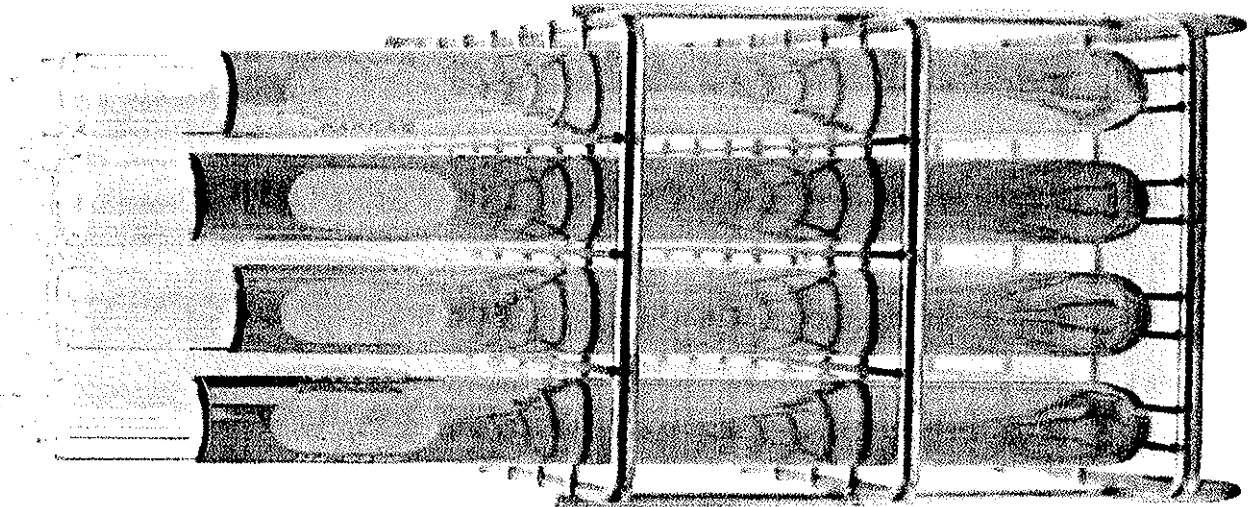
Sending & Receiving SBATs

- All sending and receiving of Select Agents must meet the provisions set forth in

HHS 42 CFR § 72, 73.16:

(a) Except as provided in paragraphs (c) and (d) of this section, a select agent or toxin may only be transferred to individuals or entities registered to possess, use, or transfer that agent or toxin. A select agent or toxin may only be transferred under the conditions of this section and must be authorized by CDC or APHIS prior to the transfer. 4 (b) A transfer may be authorized if: (1) The sender: (i) Has at the time of transfer a certificate of registration that covers the particular select agent or toxin to be transferred and meets all requirements in this part, (ii) Meets the exemption requirements for the particular select agent or toxin to be transferred, or (iii) Is transferring the select agent or toxin from outside the United States and meets all import requirements. (2) At the time of transfer, the recipient has a certificate of registration that includes the particular select agent or toxin to be transferred and meets all of the requirements of this part. (c) A select agent or toxin that is contained in a specimen for proficiency testing may be transferred without prior authorization from CDC or APHIS provided that, at least seven calendar days prior to the transfer, the sender reports to CDC or APHIS the select agent or toxin to be transferred and the name and address of the recipient. (d) On a case-by-case basis, the HHS Secretary may authorize a transfer of a select agent or toxin, not otherwise eligible for transfer under this part under conditions prescribed by the HHS Secretary. (e) To obtain authorization for transfer, APHIS/CDC Form 2 must be submitted. (f) The recipient must submit a completed APHIS/CDC Form 2 within two business days of receipt of a select agent or toxin. (g) The recipient must immediately notify CDC or APHIS if the select agent or toxin has not been received within 48 hours after the expected delivery time, or if the package containing select agents or toxins has been damaged to the extent that a release of the select agent or toxin may have occurred. (h) An authorization for a transfer shall be valid only for 30 calendar days after issuance, except that such an authorization becomes immediately null and void if any facts supporting the authorization change (e.g., change in the certificate of registration for the sender or recipient, change in the application for transfer). (i) The sender must comply with all applicable laws concerning packaging and shipping.

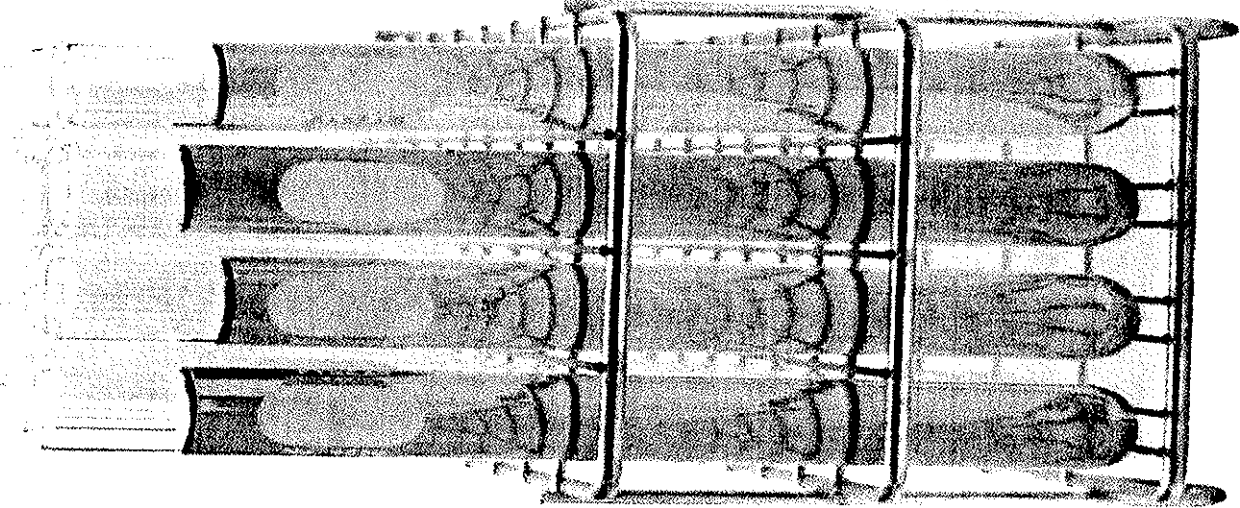
While the process of the Inter-Facility Transfer does not differ in theory from the Intra-Facility Transfer, the chain of custody in an Inter-Facility Transfer is documented in the completion of **APHIS/CDC Form 2.**



APHIS/CDC Form 2

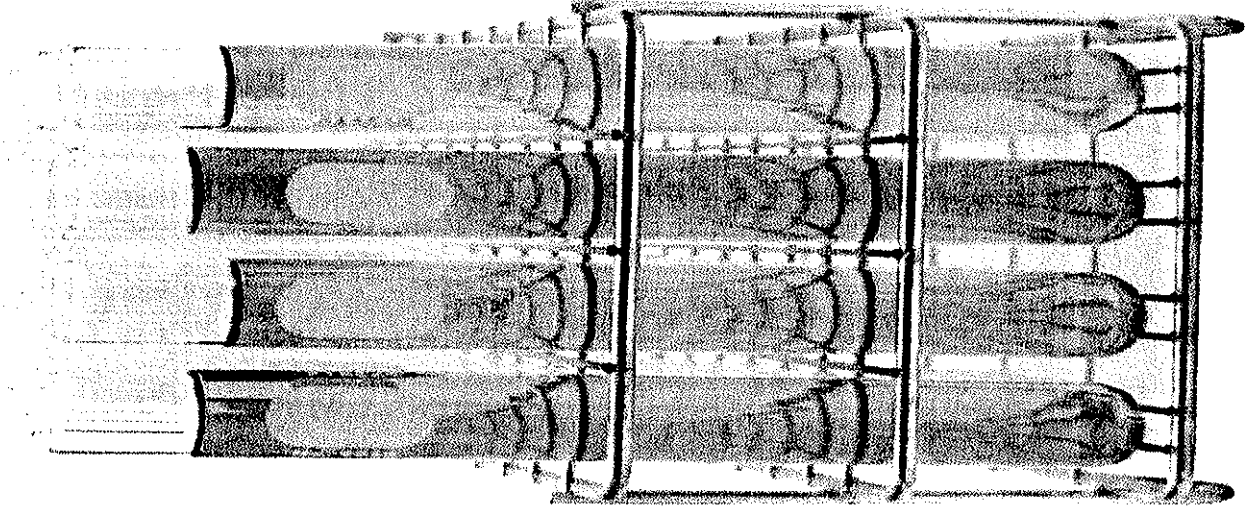
- A select agent or toxin may only be transferred under the conditions described in 7 CFR 331.16, 9 CFR 121.13, and 42 CFR 73.16.
- Form 2 must be authorized by APHIS or CDC prior to transfer.
- Form 2 may be found at:

<http://www.selectagents.gov/resources/APHIS-CDC%20Form%202.pdf>



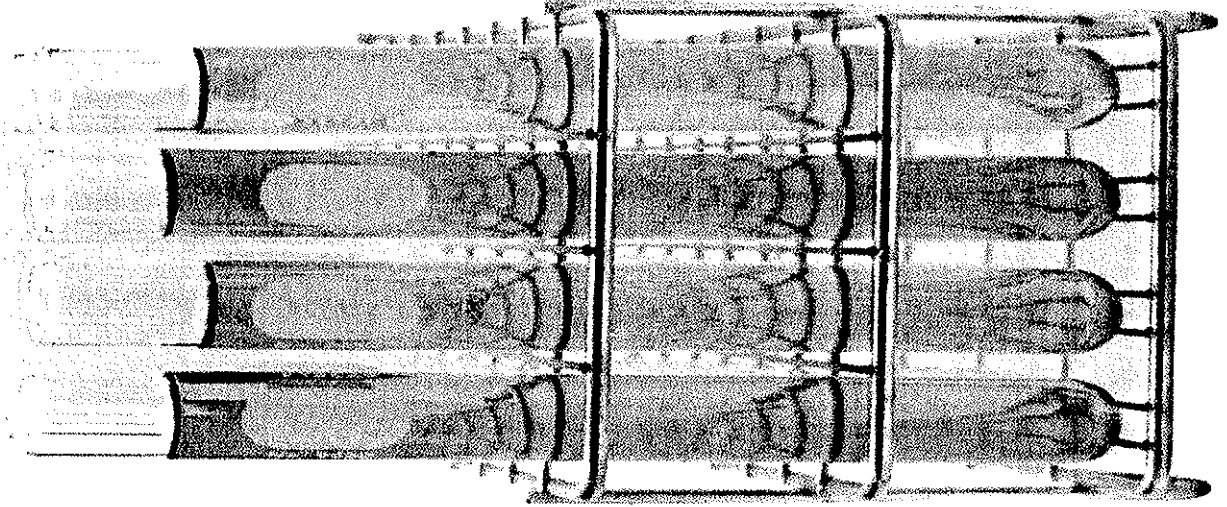
Before you begin...

- Do you have IBC approval?
 - For any new materials (i.e. agents or organisms) PIs introduce to the laboratory, there must be an IBC approval.
 - Contact the IBSP Coordinator for further assistance via email (IBC@vprmail.tamu.edu) or via telephone (458-3624).



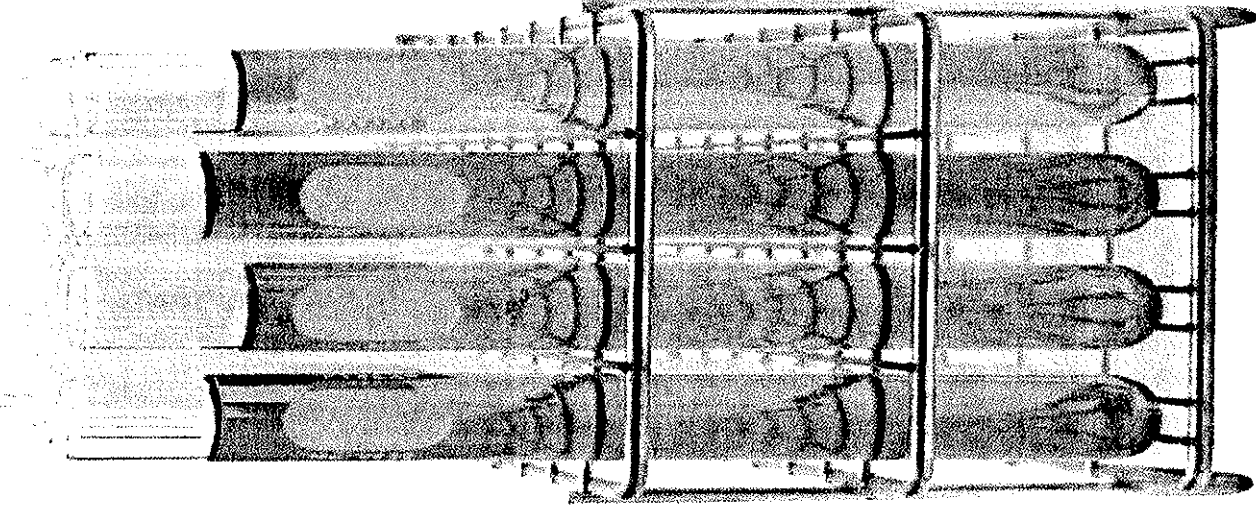
Before you begin...

- Do you have a current APHIS Permit?
 - Regardless if the PI is the “Sender” or “Recipient” of SBATs, PIs need to have a valid APHIS Permit. As the form is being completed, the APHIS Permit number must be entered; therefore, PIs must have a valid permit before submission of the APHIS/CDC Form 2.
 - For further information on acquiring an APHIS Permit, visit the APHIS website at: <http://www.aphis.usda.gov/vs/ncie/> or the PPQ website at: <http://www.aphis.usda.gov/ppq/permits/> or call (301)734-5960.
 - Information regarding PHS import permits may be found at the CDC website: <http://www.cdc.gov/od/ohs/bisfty/imprtper.htm> or call (404) 718-2077.



Before you begin...

- Have you contacted Environmental Health & Safety (EHS)?
 - Before shipping any SBATs, PIs must contact EHS for proper handling and shipping instructions.
 - For more information, contact Hazardous Material Shipping office via telephone (979)862-4038 or via email at burbanczyk@tamu.edu.



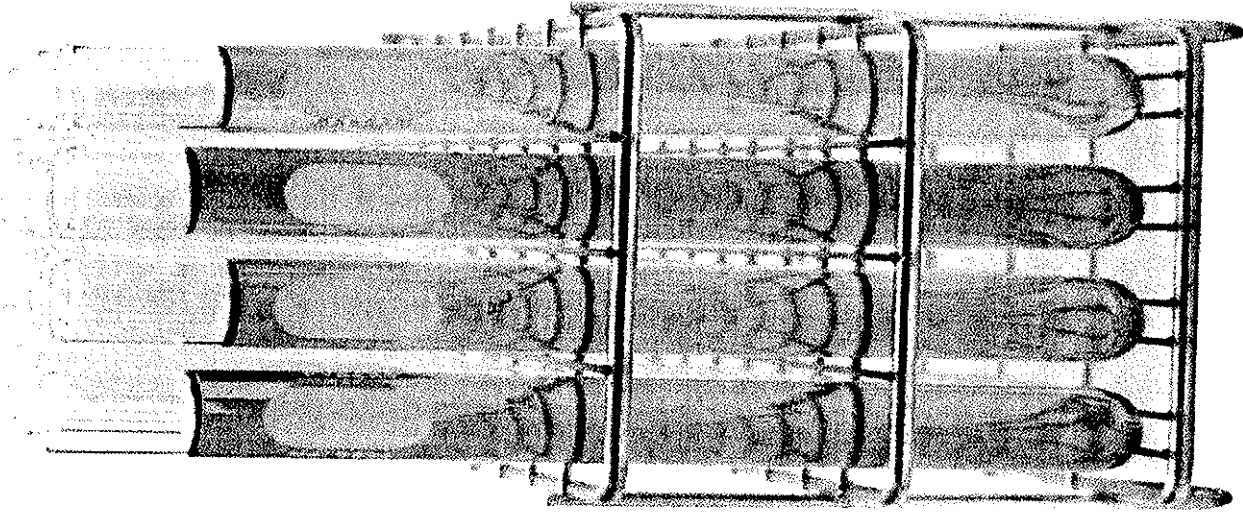
Completing APHIS/CDC

Form 2

“Recipient”

As the “Recipient” of SBATs, follow these steps:

1. Complete Section A, blocks 30 & 37 of Section C (Section B must already be completed by the “Sender”).
2. Send the completed form to the Office of Research Compliance (ORC), along with a copy of the current APHIS Permit.

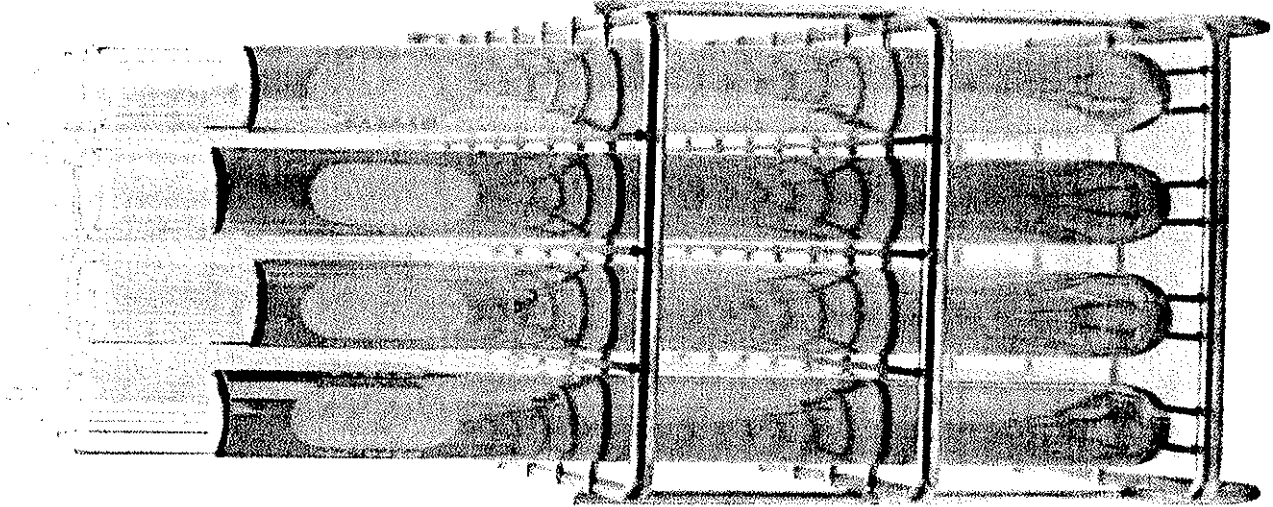


Completing APHIS/CDC

Form 2

(“Recipient” continued)

3. ORC will obtain the signature of the Responsible Official (RO).
4. Upon receipt of the RO’s signature, the ORC will forward the now complete form to the CDC, and await approval. (ORC will forward a copy of the completed form to the BSO.)

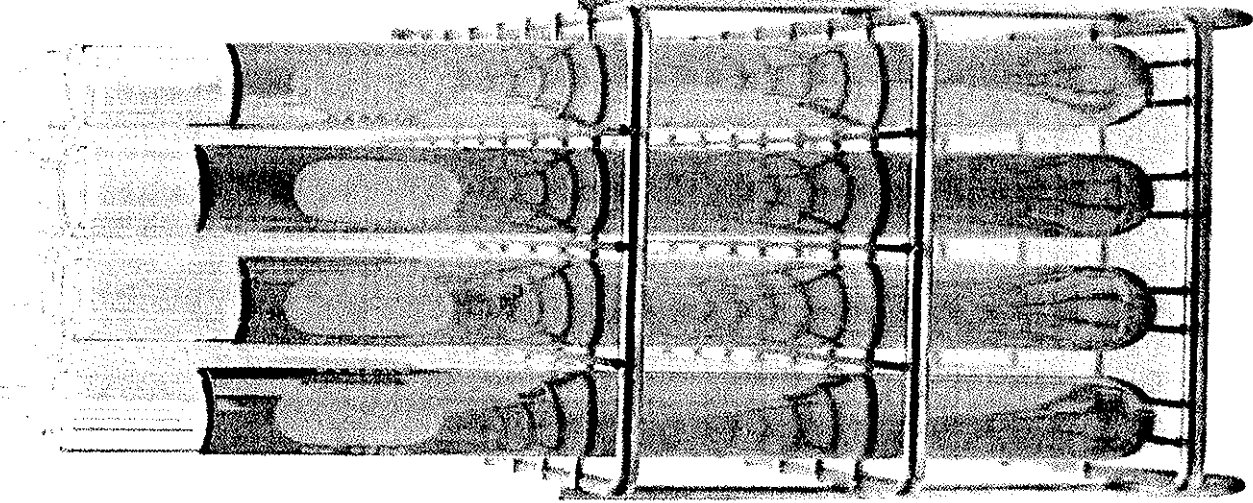


Completing APHIS/CDC

Form 2

(“Recipient” continued)

5. Upon receipt of approval notification from the CDC, the ORC will inform both the PI and the BSO.
6. When the shipment has been received, EHS will complete Section D, blocks 41 and 42, then fax the form to the “Sender” and CDC **within 2 days of receipt.**
7. EHS will provide a completed copy of the APHIS/CDC Form 2 to the ORC to maintain for at least 3 (three) years.



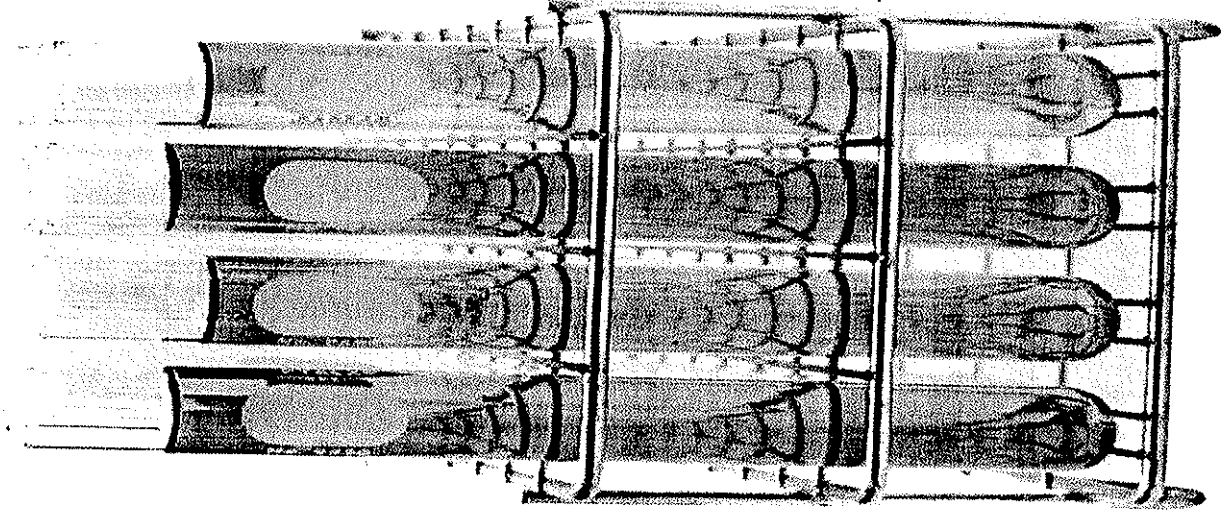
Completing APHIS/CDC

Form 2

“Sender”

As the “Sender” of SBATs, follow these steps:

1. Complete Section B, blocks 31-36 of Section C (Section A must be completed by the “Recipient”)
2. Send completed form to the Office of Research Compliance (ORC), along with a copy of the current APHIS Permit

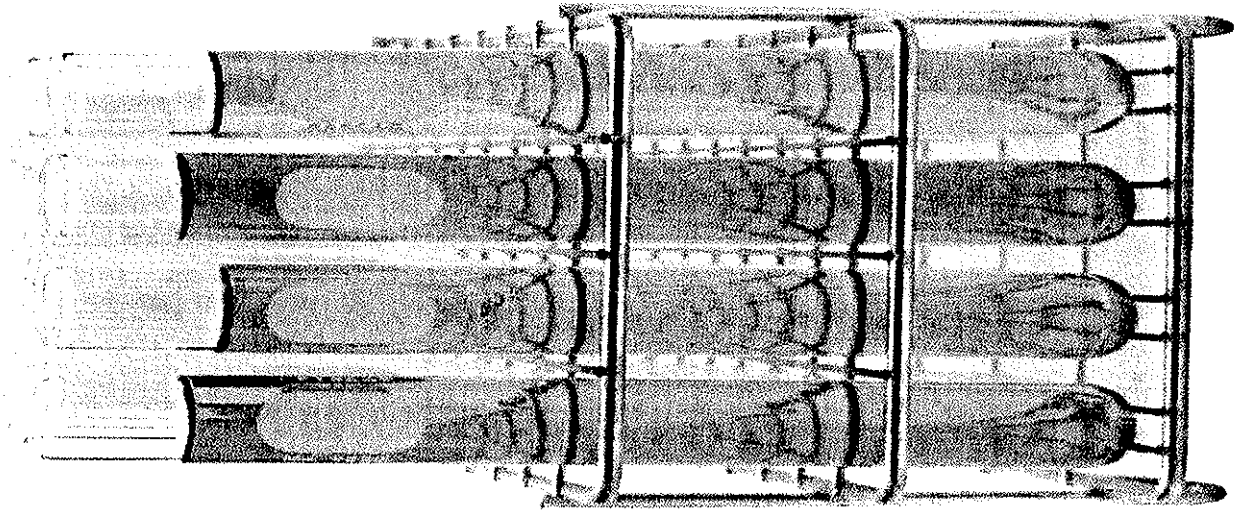


Completing APHIS/CDC

Form 2

“Sender” (continued)

3. ORC will obtain the signature of the Responsible Official (RO).
4. Upon receipt of the RO’s signature, the ORC will forward the now completed sections to the “Recipient”, and await approval. (ORC will forward a copy of the form to the BSO.)

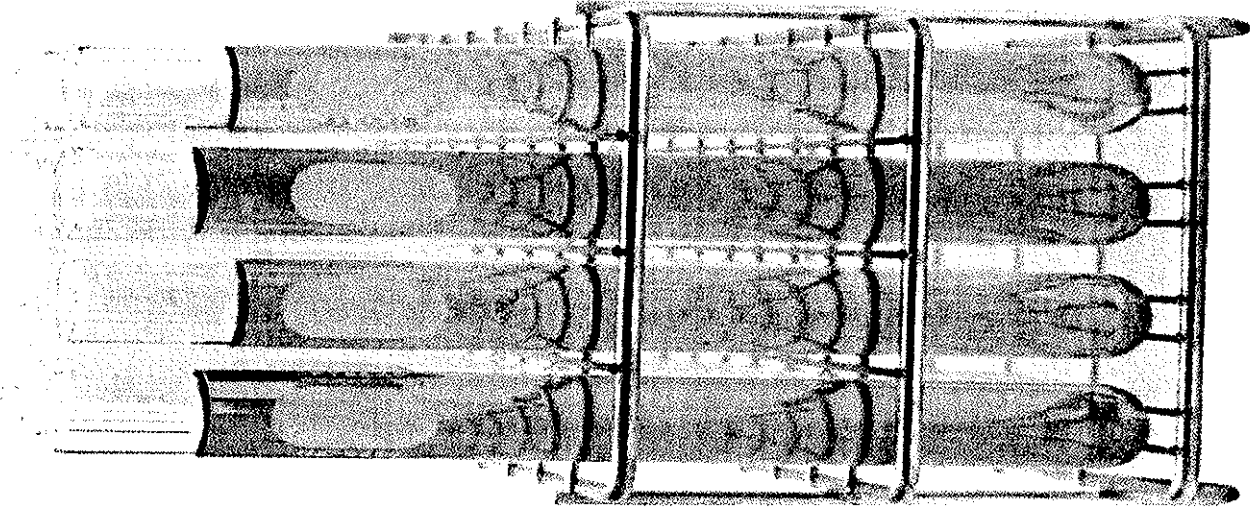


Completing APHIS/CDC

Form 2

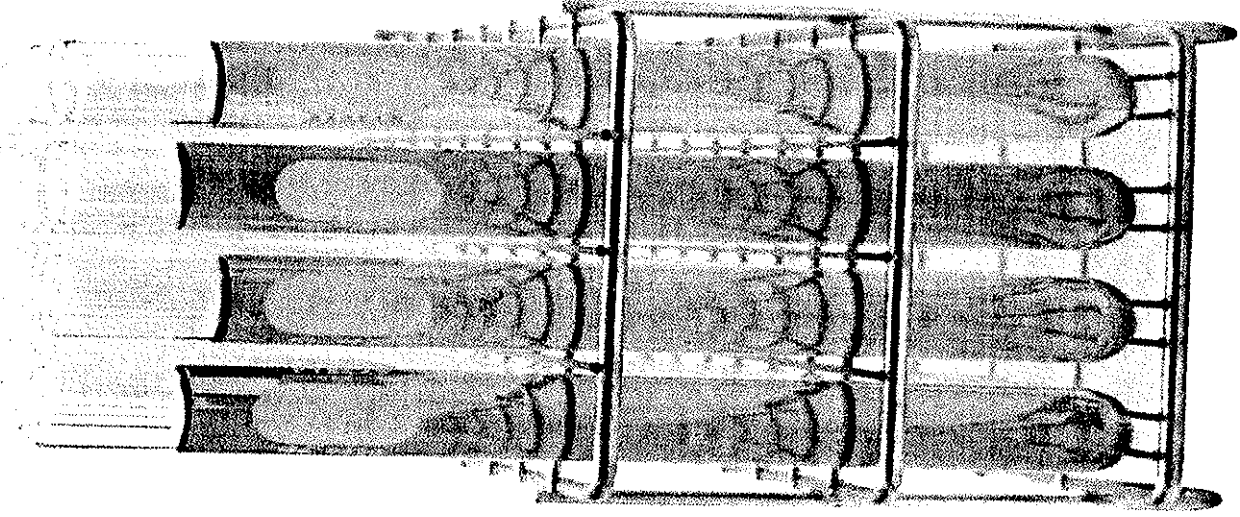
“Sender” (continued)

5. Upon receipt of approval notification from the CDC, the ORC will inform both the PI and the BSO.
6. The PI is responsible for ensuring shipping of SBATs **within 30 days.**
7. EHS will complete Section D, blocks 38, 39 and 40.
8. EHS will provide a completed copy of the APHIS/CDC Form 2 to the ORC to maintain for at least 3 (three) years.



After authorization of transfer...

- | “Recipient” | “Sender” |
|--|---|
| Responsibilities | Responsibilities |
| <ul style="list-style-type: none">• Upon receipt of shipment, the APHIS/CDC Form 2 must be completed and faxed to the “Sender” and the CDC within 2 business days. | <ul style="list-style-type: none">• CDC approval authorization number is valid for only 30 days after issuance. |



Report of Theft, Loss, or Release from SBAT Facilities

Bert Kretzschmar,
University Police Department

Brent Mattox,
Environmental Health and Safety Department

June 1, 2007



What is a Theft or Loss?

- **Theft**
 - unauthorized removal
- **Loss**
 - failure to account for a select agent or toxin

If a Theft or Loss Occurs...

- Immediately notify the University Police Department (UPD).
- Immediately stop all work so that UPD can investigate. Do not resume work until UPD gives you clearance to do so.

UPD Investigation

- The purpose of the investigation is to understand what happened and recommend changes that can be taken to prevent the incident from happening again.
- UPD will lead the investigation with input from the Principal Investigator and the Environmental Health and Safety Department.
- UPD will issue an investigation report that includes an assessment of the security risk and changes to lab plans or procedures, if needed.

What is a Release?

- **Release**
 - Occupational exposure or release of an agent or toxin outside of the primary barriers of the biocontainment area.

If a Release Occurs...

- Immediately notify the Environmental Health and Safety Department (EHSD) or UPD (if the release occurs between 5:00 p.m. and 8:00 a.m.).
- Immediately stop all work so that EHSD can investigate. Do not resume work until EHSD gives you clearance to do so.

EHSD Investigation

- The purpose of the investigation is to understand what happened and recommend changes that can be taken to prevent the incident from happening again.
- EHSD will lead the investigation with input from the Principal Investigator and the UPD.
- EHSD will issue an investigation report that includes an assessment of the safety risk and changes to lab plans or procedures, if needed.

Conclusion

- Safety and security procedures must always be followed when working with Select Agents.

If a Theft, Loss or Release is discovered...
IMMEDIATELY REPORT IT!

It is everyone's responsibility!

Bi-monthly Program Inspections

Angelia Raines,
Institutional Biosafety Committee
Office of Research Compliance

June 1, 2007



Purpose of Inspections

- Assist the PI in complying with regulations related to SBAT activities
- Increase personnel safety and laboratory security
- Help resolve problems
- Develop best practices

Who will inspect?

- The inspection team will consist of the Environmental Health and Safety Department (EHSD), and the Institutional Biosafety Committee (IBC), with input from the Principal Investigator/Laboratory Director (PI),
- The team will use an inspection checklist

Inspections

- Program inspections will occur every other month beginning in August.
 - August – and
 - September – and'
- Inspection findings will be communicated to the PI with a date of correction.
- Serious deficiencies may cause research to be suspended.
- Richard Ewing, Texas A&M SBAT Responsible Official (RO) will receive a program report based on the results of the inspections

Conclusion

- **The goal of Bi-monthly inspections is to increase safety, security and compliance**

It is everyone's responsibility!

Bloodborne Pathogen Training

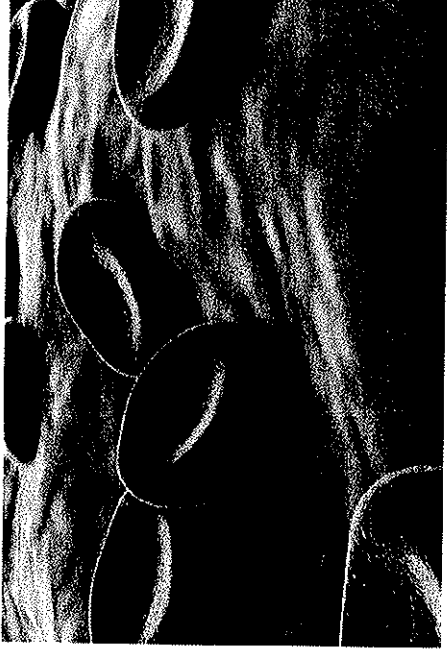
**Texas A&M University
Environmental Health & Safety
Occupational Health**

What are bloodborne pathogens?

- Bloodborne pathogens are microorganisms that are present in human blood and bodily fluids and can cause disease in people.
- Can include:
 - Hepatitis A, B, C
 - Human Immunodeficiency Virus (HIV)

Transmission

- Bloodborne pathogens transmitted through contact with infected human blood and other fluids that contain blood:
 - Blood
 - Semen
 - Vaginal Secretions
 - Cerebrospinal Fluid
 - Amniotic Fluid
 - Saliva
 - Any bodily fluid that is visibly contaminated with blood



Natural Barrier

- Unbroken skin provides a barrier against bloodborne pathogens.
- Infected blood can enter your system through:
 - Open sores
 - Cuts
 - Abrasions
 - Acne
 - Damaged or broken skin, such as blisters

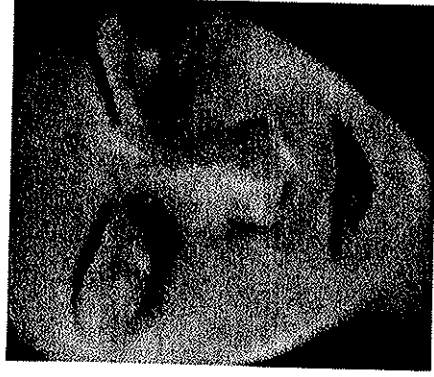
Mucous Membranes

- Bloodborne pathogens may be transmitted through mucous membranes:

- Eyes

- Nose

- Mouth



What is HIV?

- The Human Immunodeficiency Virus (HIV) causes Acquired Immunodeficiency Syndrome (AIDS), a severe illness which suppresses the body's immune system.
- No known cure or immunization which can prevent seroconversion from HIV to AIDS.
- HIV has been isolated in almost all body organs, tissues, and fluids.

HIV

- Can be transmitted through needlesticks with contaminated needles and mucous membrane or non-intact skin exposure to infected blood, tissue, blood products, and bodily fluids.
- Most occupational infections have been the result of needlesticks.
 - The risk of seroconversion after an HIV-contaminated needlestick is ~0.3%.

What is Hepatitis A?

- Hepatitis A is an acute (short-term), viral liver disease. Symptoms include jaundice, fatigue, nausea, abdominal pain, and fever.
- No chronic, long-term infection
- High incidence in IV drug users
- Vaccine available but only recommended for high-risk groups

What is Hepatitis B?

- Hepatitis B Virus (HBV) causes an infection of the liver. Symptoms can include flu-like symptoms and jaundice and may not appear until 2-6 months after infection.
- HBV is 100 times more infectious than HIV.
 - HIV ~0.3%, or 3 in 1,000
 - HBV ~30%, or 300 in 1,000

HBV

- Transmitted in many of the same ways as HIV, by needles/ticks or mucous membrane exposures to infected bodily fluids.
- HBV can survive for *up to 7 days outside of the host in dried blood.*
- 1.25 million people in the U.S. are considered “chronic carriers” of the virus.
- Vaccine available FREE of charge through Occupational Health Program.

What is the TAMU Occupational Health Program?

- Provide pre-exposure prophylaxis (such as Hepatitis B vaccine), medical evaluations, and post-exposure evaluation and treatment at no cost to you
- Scott & White Department of Occupational Health & Environmental Medicine
- Fill out Occupational Health Program Enrollment Form and return to EHSD
- Follow instructions on form to contact Scott & White for appointments, vaccines, etc.
- Call 862-4042 with questions

What is Hepatitis C?

- Hepatitis C (HCV) causes infection of the liver, potentially liver disease, cirrhosis, or liver cancer. Symptoms like those of HBV.
- Less infectious than HBV, but more than HIV
 - HIV ~0.3%, or 3 in 1,000
 - HBV ~30%, or 300 in 1,000
 - HCV ~10%, or 100 in 1,000
- Most commonly transmitted through needlestick exposures.
- 4 million “chronic carriers” in U.S.
- No vaccine

Protecting Yourself From Bloodborne Pathogens

- **Follow Standard Precautions (formerly Universal Precautions)**
- **Use Personal Protective Equipment (PPE)**
- **Use mechanical devices such as sharps containers**

Standard Precautions

- Minimum control procedures based on the principle that *all blood, body fluids, and people are potentially infectious.*
- Include:
 - Routine use of protective equipment to prevent skin and mucous membrane exposure
 - Handwashing
 - Use soap and water
 - Lather 10-15 seconds
 - Wash all surfaces
 - Rinse with warm water
 - Towel dry



Personal Protective Equipment (PPE)

- **Gloves**
 - Always check for tears, punctures, etc. before wearing
 - If you have sores, blisters, cuts, etc. on hands, cover with bandage before wearing gloves
 - Latex allergy issues
 - Use powder-free gloves with reduced protein content, or nitrile
 - Wash hands immediately after removing latex gloves
- **Goggles/Eyewear**
- **Masks**



Always wash hands after removing any potentially contaminated PPE

Emergency Procedures

- For needlesticks, splashes, other potential exposures:
 - Dispose of needle properly in sharps container.
 - Wash area with soap and water for at least 15 minutes.
 - If blood/fluid splashed in eye, mouth, or nose, flush affected area with running water for at least 15 minutes.
 - Notify supervisor.
 - Report to TAMU Occupational Health Program and Scott & White Occupational Medicine.
 - Scott & White will offer post-exposure evaluation and follow-up.

Blood/Bodily Fluid Spills

- Custodial will clean up small blood and bodily fluid spills, indoors only.
- If you feel comfortable cleaning the size/type of spill in question, you may do so.
- If not, call Environmental Health & Safety to clean blood, large spills, and incidents outdoors.

Spill Clean Up Procedures

- **Wear PPE (gloves, goggles, etc.)**
- **Remove any sharp objects carefully before cleaning spill. Use forceps, tweezers, etc.**
- **Use 10-15% Clorox solution to disinfect (~1 1/2 cups bleach to 1 gallon water)**
- **Circle spill with disinfectant, place paper towel on top, then saturate entire spill**
- **Let stand 10-15 minutes**
- **Wipe up spill and dispose of paper towel**
- **Wipe again with solution to clean area**

Summary

This has been an introduction to bloodborne pathogen safety. A DVD is available from EHS with more information, in English and Spanish formats. People potentially exposed to bloodborne pathogens are strongly encouraged to view the video.



- Questions? Contact Environmental Health & Safety
- Spill Response
 - Occupational Health

(979) 845-2132

ehsd@tamu.edu

TAMU 4472

Access to a Select Agent or SBAT facility

Angelia Raines,
Institutional Biosafety Committee
Office of Research Compliance

June 1, 2007



Access...

- IBC/CDC approval is required before accessing an agent or before unescorted access to a facility.
- Everyone is responsible...

What is access to an Agent?

- any point in time if the individual has possession of a select agent or toxin (*e.g.*, ability to carry, use, or manipulate) or
- the ability to gain possession of a select agent or toxin.

Agent Access requirements...

- IBC/CDC approval
- Safety, Security and Incident response training
- Each individual with access to select agents or toxins must have the appropriate education, training, and/or experience to handle or use such agents or toxins.

Remember...

No access to any Select Agent until...

APPROVAL AND TRAINING IS VERIFIED!

Access to a facility

- Individual must be approved for access to a particular facility and particular room.
- If not approved for facility access - **MUST** be escorted at all times.
- Current approval list is enclosed

Access to a facility

- Everyone MUST sign the access log
- Escorts sign in and complete the escort section of for unapproved individuals signing in.
- Training is required for employees and visitors – before entering an SBAT facility

Remember...

- Remember...If not approved for facility access -
MUST be escorted at all times.
- If not approved by IBC/CDC – NO ACCESS TO
AGENT

Conclusion


- **In order to ensure safety and security, access to Select Agents and to facilities must be controlled...**

It is everyone's responsibility!

Process for New Submissions, Amendments and Annual Reviews

Vernon Tesh,
Vice-Chair, Institutional Biosafety
Committee
(IBC)

June 1, 2007



Institutional Biosafety Committee

- All research projects involving infectious biohazards and rDNA technology conducted by Texas A&M employees and students must be approved by the Institutional Biosafety Committee (IBC).
- <http://researchcompliance.tamu.edu>

Process for New Submissions, Amendments and Annual Reviews

- **Before any SBAT activity begins or changes,
it must be approved by the IBC**
 - Approval Process for New Submissions, Amendments
and Annual Reviews is the same
 - Submit Application (New, Amendment or Annual review),
which includes a risk assessment
 - Application will be reviewed by a primary and secondary
reviewer and if risk level of proposed activity is greater than
minimum, the it will be presented at a convened meeting for full
board review

What is minimal risk?

- An activity that can be performed without a biosafety level or if the activity is performed in a manner that minimizes the risk group to below Risk group 2
 - Examples of minimal risk activities...
 - change in personnel
 - Adding an activity to an existing protocol, which meets the exemption criteria according to NIH guidelines
 - Change in funding/ no procedural changes
 - Request to transfer an agent from one approved entity to another (inter-entity transfers)
 - Request to transfer an agent from one approved PI to another or one approved location to another (within Texas A&M)
 - Other activities determined by the Chair or designee, to be minimal risk

Minimal Risk activities do not require review at a convened meeting

New Submissions

- New SBAT submissions are reviewed at a convened meeting.
 - Before submitting the application, the PI should consult with the Biosafety Officer or IBC Chair (or designee)
 - New SBAT applications must include supporting materials:
 - a safety plan, security plan and an incident response plan
 - APHIS/CDC Form 1 - Application for Laboratory Registration for Possession, Use, and Transfer of Select Agents and Toxins
- ** The IBC Chair, Biosafety Officer or designee can help **

Amendments - any change to an approved application...

- Change in Lab
- Change in procedures
- Change in personnel
- Request to transfer
- Other changes (e.g., security plan, safety plan, etc...)

Some amendments will require inspection of facility

- **Amendments will be reviewed at a convened meeting, IF they are above minimal risk**

Annual Reviews

- Will occur a least every 12 months – more frequently if needed
- Will consist of a review of the facility and SBAT records
- Results of the inspection will be presented at a convened meeting
- Must receive approval before annual expiry date, unless an extension is granted by the IBC (in writing)

Risk Assessments...

- Identify the hazardous characteristics of a known infectious agent or material, the activities that can result in a person's exposure to an agent, the likelihood that such exposure will cause a laboratory-associated infection (LAIs) and the probable consequences of such an infection. The information identified by the risk assessment will provide a guide for the selection of appropriate biosafety levels and microbiological practices, safety equipment, and facility safeguards that can prevent LAIs.
- The assessment process involves the Principal Investigator/Laboratory Director (PI), the Biological Safety Officer (BSO), and the Institutional Biosafety Committee (IBC).

Inspections

- Lab inspections can occur at any time but will always occur before a new application is approved and at least annually.
- Inspection findings will be communicated to the PI with a date of correction.
- Serious deficiencies may cause research to be suspended.
- Inspections are jointly performed between EHSD and the IBC
- EHSD will also certify of lab equipment annually (biosafety cabinets, HEPA, etc)

Conclusion

- In order to ensure safety and security of SBATs

Always get IBC approval first...


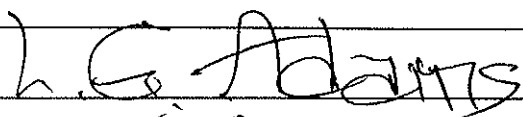

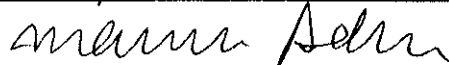
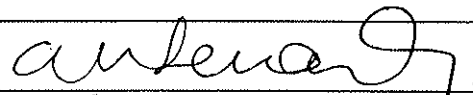

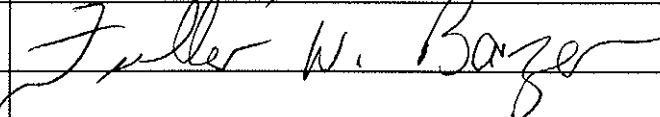
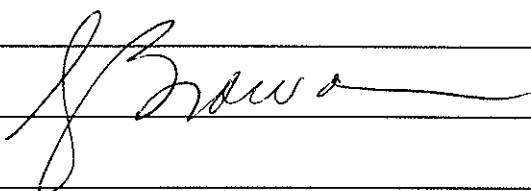
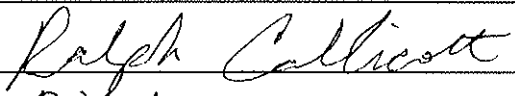

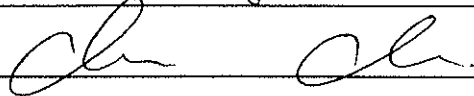
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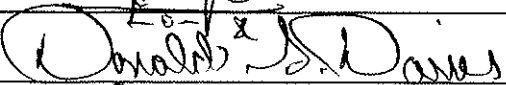

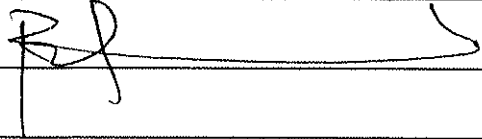

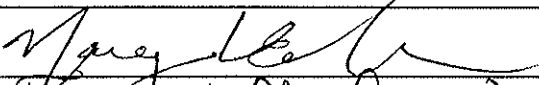

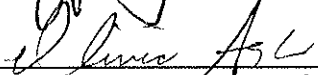
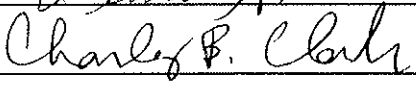
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Date: June 1, 2007

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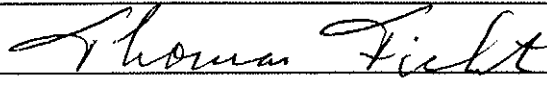
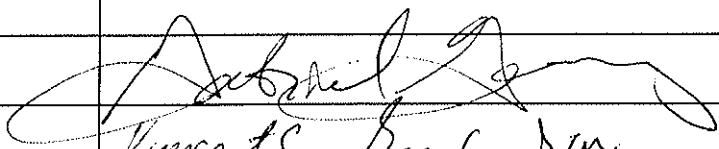
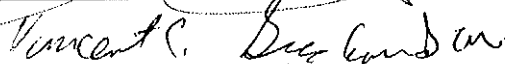
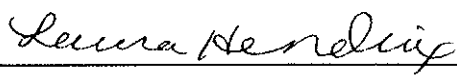
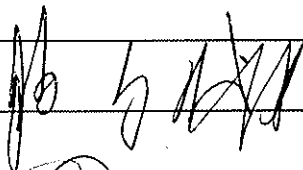
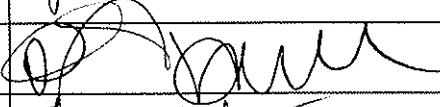
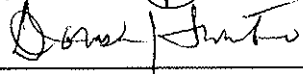

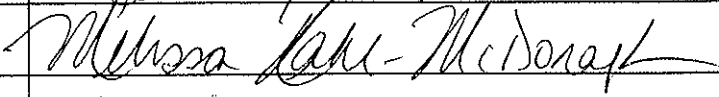
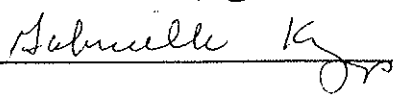
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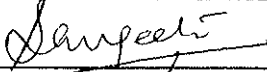
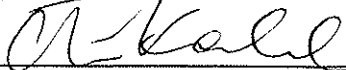

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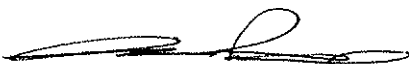

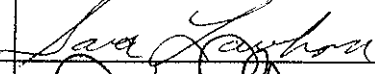
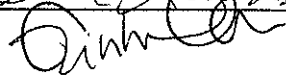
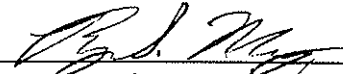
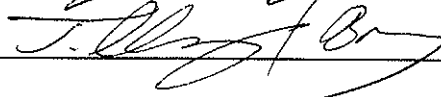
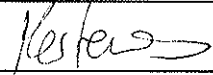
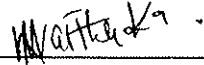

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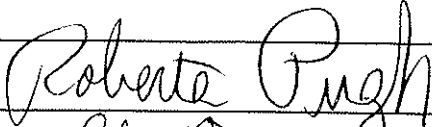
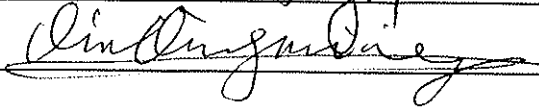
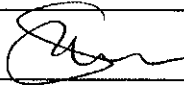
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Holster, Scot	
Horsman, Melissa	
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Ihrig, Melissa <i>Melanie</i>	
ahli-McDonagh, Melissa	
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Name	Signature
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Texas A&M University



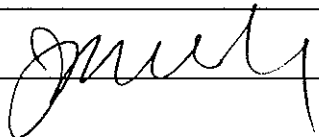
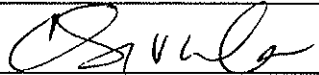
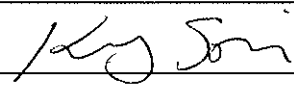
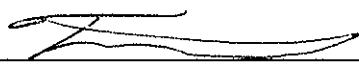

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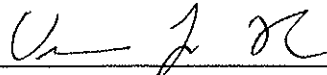
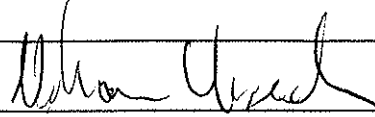
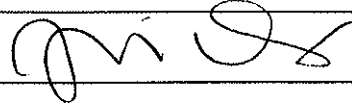
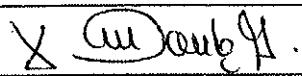

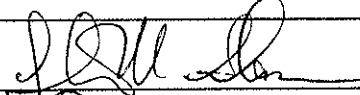
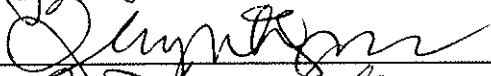
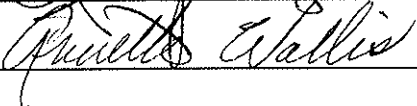
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Name		Signature
Lamon, Tennille		
Lawhon, Sara		
Lee, Eunhee		
Liu, Duan		
Liu, Hong		
Lopez, Mary		
Luciano, Sara		
Lupiani, Blanca		
Mattox, Brent		
Mayor, Jocelyne		
McFarland, Christine		
Mertens, Katja		
Mwangi, Waithaka		
Newton, Pamela		
Nielson, Kristen		
Njongmeta, Leo		
Nunes, Jairo		
meer, Anne		
Patranella, Paul		

Name	Signature
ei, Jianwu	
Prukup, Jacob	
Pugh, Roberta	
Qin, Qingming	
Quarles, John	
Quinlan, Cheryl	
Qunlivan, Laura	
de Maat, Steven	

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Raines, Angelia		
Reddy, Sanjay		
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Rossetti, Carlos		
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Russell-Lodrigue, Kasi		
Samuel, James		
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Soltysiak, Kelly		
Stein, Franklin		
Sterle, Stephen		
n, Yao-Hui		
Taylor, Andrea		

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Tsolis, Renee	
Unsworth, Nathan	
Vrooman, Charles	
Weeks, Jenni	
Winter, Sebastian	
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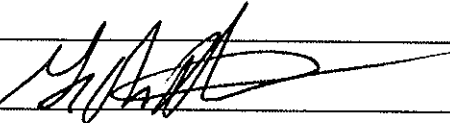
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Texas A&M University

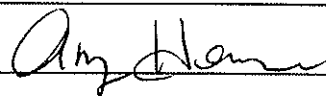
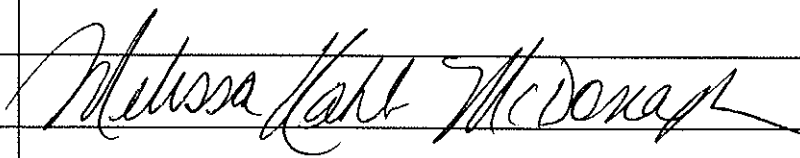
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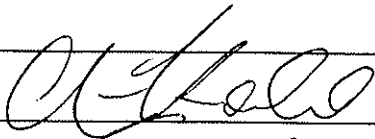

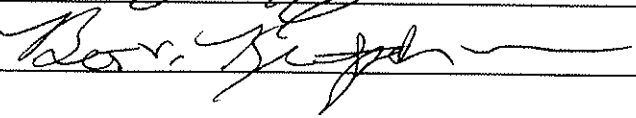
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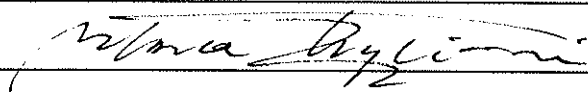
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Location: Texas A&M University		Coordinator: Angelia Raines, Director, VPR Office of Research Compliance
Coordinator Signature:		Date:
Name	Signature	
Ficht, Allison		
Ficht, Thomas		
Figueiredo, Josely		
Garcia-Rolan, Hortensia		
Gillenwater, Kenneth		
Gillenwater, Stacey		
Gomez, Gabriel		
Gresham, Vincent		
Gull, Tamara		
Hale, Belinda		
Hendrix, Laura		
Henson, Amy		
Hill, Joshua		
Holster, Scot		
Horsman, Melissa		
Hunter, Doris		
Ihrig, Melanie		
hl-McDonagh, Melissa		
Kapp, Gabrielle		

Name	Signature
hare, Sangeeta	
Knowlton, Christopher	
Knox, Sean	
KRETZschmar, Bert	

Texas A&M University

TRAINING- Record of Attendance

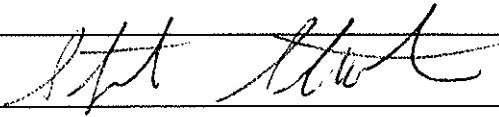
Title: Texas A&M University Select Agent Program Training		Date of Attendance: June 6,2007
Location: Texas A&M University		Coordinator: Angelia Raines, Director, VPR Office of Research Compliance
Coordinator Signature:		Date:
Name	Signature	
Lamon, Tennille		
Lawhon, Sara		
Lee, Eunhee		
Liu, Duan		
Liu, Hong		
Lopez, Mary		
Luciano, Sara		
Lupiani, Blanca		
Mattox, Brent		
Mayor, Jocelyne		
McFarland, Christine		
Mertens, Katja		
Mwangi, Waithaka		
Newton, Pamela		
Nielson, Kristen		
Njongmeta, Leo		
Nunes, Jairo		
Premer, Anne		
Patranella, Paul		

Name	Signature
.i, Jianwu	
Prukup, Jacob	
Pugh, Roberta	
Qin, Qingming	
Quarles, John	
Quinlan, Cheryl	
Qunlivan, Laura	

Texas A&M University

TRAINING- Record of Attendance

Title: Texas A&M University Select Agent Program Training	Date of Attendance: June 6,2007
Location: Texas A&M University	Coordinator: Angelia Raines, Director, VPR Office of Research Compliance
Coordinator Signature:	Date:

Name	Signature
Raffatellu, Manuela	
Raines, Angelia	
Reddy, Sanjay	
Ronsonet, Mary	
Rossetti, Carlos	
Roux, Christelle	
Russell-Lodrigue, Kasi	
Samuel, James	
Sanders, Kevin	
Sargent, Deborah	
Schutta, Christopher	
Sivula, Christine	
Skrivanek, William	
Smith, Jody	
Soltysiak, Kelly	
Stein, Franklin	
Sterle, Stephen	
Wang, Yao-Hui	
Taylor, Andrea	

Name	Signature
Tesh, Vernon	
Tsolis, Renee	
Unsworth, Nathan	
Vrooman, Charles	
Weeks, Jenni	
Winter, Sebastian	
Wong-Gonzalez, Alfredo	
Wu, Qingmin	
Zhang, Guoquan	
Zhang, Yan	

Sign In Sheets

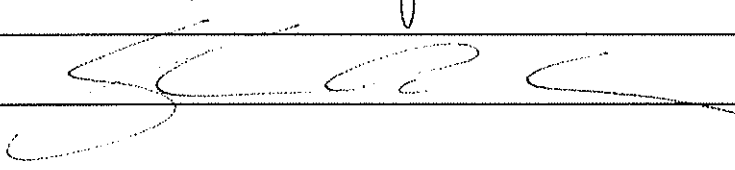
Date: June 12, 2007

Texas A&M University

TRAINING- Record of Attendance


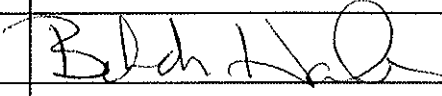
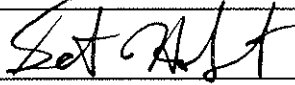
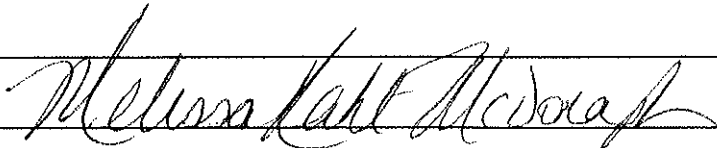
Title: Texas A&M University Select Agent Program Training	Date of Attendance: June 12,2007
Location: Texas A&M University	Coordinator: Angelia Raines, Director, VPR Office of Research Compliance
Coordinator Signature:	Date:

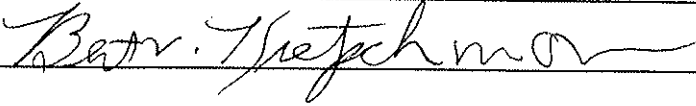
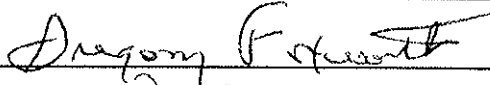

Name	Signature
Abatie, Kim	<i>Kim Abatie</i>
Adams, Leslie	
Ancona-Contreras, Veronica	
Andoh, Masako	
Aranday Cortes, Elihu	
Arenas, Angela	
Baxter, Victoria	
Bazer, Fuller	
Bhatkar, Navina	
Boatright, Brett	
Briggs, Heather	
Browder, Elizabeth	
Brown, Stacie	<i>Stacie Brown</i>
Buckley, Michael	<i>Michael Buckley</i>
Byrd, Ryan	<i>Ryan Byrd</i>
Callicott, Ralph	
Carson, Kenneth	
Chen, Chen	
Cherla, Rama	<i>Rama Cherla</i> (RAMA CHERLA)

Name	Signature
rillo, Suat	
Davis, Donald	
De Figueiredo, Paul	
De Maat, Steven	
DeJong, Maarten	
Delaney, John	
Ding, Xicheng	
Draper, Gordon	
Ewing, Richard	Richard E. Ewing
El-Attrache, John	
Andreas, Joshua	

Texas A&M University

TRAINING- Record of Attendance

Title: Texas A&M University Select Agent Program Training		Date of Attendance: June 12,2007
Location: Texas A&M University		Coordinator: Angelia Raines, Director, VPR Office of Research Compliance
Coordinator Signature:		Date:
Name	Signature	
Ficht, Allison		
Ficht, Thomas		
Figueiredo, Josely		
Garcia-Rolan, Hortensia		
Gillenwater, Kenneth		
Gillenwater, Stacey		
Gomez, Gabriel		
Gresham, Vincent		
Gull, Tamara		
Hale, Belinda		
Hendrix, Laura		
Henson, Amy		
Hill, Joshua		
Holster, Scot		
Horsman, Melissa		
Hunter, Doris		
Ihrig, Melanie		
Kahl-McDonagh, Melissa		
Kapp, Gabrielle		

Name	Signature
iare, Sangeeta	
Kretzschmar, Bert	
Knowlton, Christopher	
Knox, Sean	
Gregory Foxworth	
FABER ws OGC	

Texas A&M University

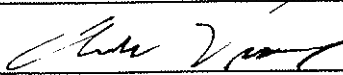
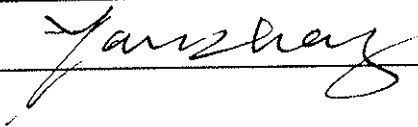
TRAINING- Record of Attendance

Title: Texas A&M University Select Agent Program Training		Date of Attendance: June 12,2007
Location: Texas A&M University		Coordinator: Angelia Raines, Director, VPR Office of Research Compliance
Coordinator Signature:		Date:
Name		Signature
Lamon, Tennille		
Lawhon, Sara		
Lee, Eunhee		
Liu, Duan		
Liu, Hong		<i>Hong</i>
Lopez, Mary		<i>Mary Lopez</i>
Luciano, Sara		
Lupiani, Blanca		
Mattox, Brent		
Mayor, Jocelyne		
McFarland, Christine		
Mertens, Katja		
Mwangi, Waithaka		
Newton, Pamela		
Nielson, Kristen		
Njongmeta, Leo		
Nunes, Jairo		
Opmeer, Anne		
Patranella, Paul		

Name	Signature
Li, Jianwu	
Prukup, Jacob	
Pugh, Roberta	
Qin, Qingming	
Quarles, John	
Quinlan, Cheryl	
Qunlivan, Laura	
Payne, Susan	Susan Payne
Pantusa, Victor	Victor Pantusa

Texas A&M University
TRAINING- Record of Attendance

Title: Texas A&M University Select Agent Program Training		Date of Attendance: June 12,2007	
Location: Texas A&M University		Coordinator: Angelia Raines, Director, VPR Office of Research Compliance	
Coordinator Signature:		Date:	
Name		Signature	
Raffatellu, Manuela			
Raines, Angelia			
Reddy, Sanjay		<i>Sanjay M. Reddy</i>	
Ronsonet, Mary		<i>Mary Ronsonet</i>	
Rossetti, Carlos			
oux, Christelle			
Russell-Lodrigue, Kasi		<i>Kasi Russell-Lodrigue</i>	
Samuel, James			
Sanders, Kevin			
Sargent, Deborah			
Schutta, Christopher			
Sivula, Christine			
Skrivanek, William		<i>William Skrivaneck</i>	
Smith, Jody			
Soltysiak, Kelly			
Stein, Franklin			
Sterle, Stephen			
Sun, Yao-Hui			
Taylor, Andrea			

Name	Signature
esh, Vernon	
Tsolis, Renee	
Unsworth, Nathan	
Vrooman, Charles	
Weeks, Jenni	
Winter, Sebastian	
Wong-Gonzalez, Alfredo	
Wu, Qingmin	
Zhang, Guoquan	
Zhang, Yan	

Training Verification

P.I.- Adams

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Adams
 First Name: Healie
 Middle Initial: Carly
 Email: hadams@cym.tamu.edu
 Home Address: _____

Principal Investigator (PI)

Check (✓) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Signature: L. G. Adams

Date: 1/27/07

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Hunter

First Name: Doris

Middle Initial: M.

Email: dhunter@cvm.tamu.edu

Principal Investigator (PI)

Check (✓) all that apply:

PI Adams

Comparative Medicine Program (CMP)

PI Davis

PI Ficht

PI Samuel

PI Tesh

N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.
	Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC <u>or</u> escorted at all times. The individual must also be trained on safety and security procedures for the lab.
	Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.
	The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Doris M. Hunter

Signature

6-1-07

Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Lawhon

First Name: Sara

Middle Initial: D

Email: slawhon@cvm.tamv.edu

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Sara D Lawhon
Signature

6-1-2007
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: PUGH

First Name: ROBERTA

Middle Initial: A

Email: rpugh@cvm.tamu.edu

Principal Investigator (PI)

Check (✓) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

Yes No

I understand the Select Agent Approval Process

I understand that access to a Select Agent is **prohibited** unless the individual is approved by the IBC and CDC.

Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.

Yes No

I understand that entering a Select Agent facility is **prohibited** unless the individual is approved by the IBC and CDC **or** escorted at all times. The individual must also be trained on safety and security procedures for the lab.

Individuals who are being escorted **MAY NOT** have access to any Select Agent.

The facility Access log **must** be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in _____

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in _____

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in _____

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Roberta Pugh
Signature

June 1, 2007
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Tran

First Name: Quynhtien

Middle Initial: N

Email: qntran@cvm.tam

Principal Investigator (PI)

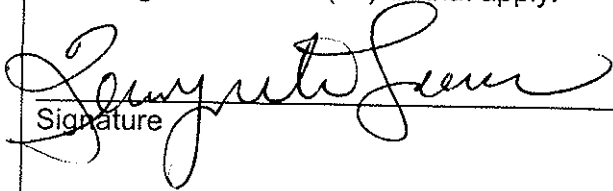
Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:


Signature

6/01/2007
Date

Training Verification

P.I.- Ficht

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Ancona-Contreras

First Name: Veronica

Middle Initial: _____

Email: vero_ancona@tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.
	Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC <u>or</u> escorted at all times. The individual must also be trained on safety and security procedures for the lab.
	Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.
	The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Veronica Ancona-Contreras
Signature

06/01/07
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>arenas</u> First Name: <u>angelo</u> Middle Initial: <u>m</u> Email: <u>aarenas@cum.tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
---	---

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Signature: angelos arenas Date: 6/1/07

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Davis

First Name: Donald

Middle Initial: S.

Email: ddavis@cvm.tamu.edu

Principal Investigator (PI)

Check (✓) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

Yes No

I understand the Select Agent Approval Process

I understand that access to a Select Agent is **prohibited** unless the individual is approved by the IBC and CDC.

Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.

Yes No

I understand that entering a Select Agent facility is **prohibited** unless the individual is approved by the IBC and CDC **or** escorted at all times. The individual must also be trained on safety and security procedures for the lab.

Individuals who are being escorted **MAY NOT** have access to any Select Agent.

The facility Access log **must** be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Donald S. Davis
Signature

6-01-07
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: DE FIGUEIREDO

First Name: PAUL

Middle Initial: J

Email: pjdefigueiredo

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A (PI collaborator w/ Ficht)

Home Address::

Yes No

I understand the Select Agent Approval Process

I understand that access to a Select Agent is **prohibited** unless the individual is approved by the IBC and CDC.

Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.

Yes No

I understand that entering a Select Agent facility is **prohibited** unless the individual is approved by the IBC and CDC **or** escorted at all times. The individual must also be trained on safety and security procedures for the lab.

Individuals who are being escorted **MAY NOT** have access to any Select Agent.

The facility Access log **must** be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in


Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____


Signature

5.1.07
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Ding

First Name: Xicheng

Middle Initial: _____

Email: xding@cvm.tamu.edu

Principal Investigator (PI)

Check () all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC <u>or</u> escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.</p> <p>The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check () all that apply: _____

Xicheng
Signature

6-1-07
Date

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>Ficht</u></p> <p>First Name: <u>Allison</u></p> <p>Middle Initial: <u>R.</u></p> <p>Email: <u>a-ficht@tamu.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p><input type="checkbox"/> PI Adams</p> <p><input type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input type="checkbox"/> PI Davis</p> <p><input checked="" type="checkbox"/> PI Ficht</p> <p><input type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input type="checkbox"/> N/A</p>
---	--

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.</p> <p>The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Allison R. Ficht 6/1/07

Signature Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Ficht</u> First Name: <u>Thomas</u> Middle Initial: <u>A.</u> Email: <u>tficht@cum.tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input checked="" type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
--	--

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Signature: Thomas D. Ficht Date: 6/1/2007

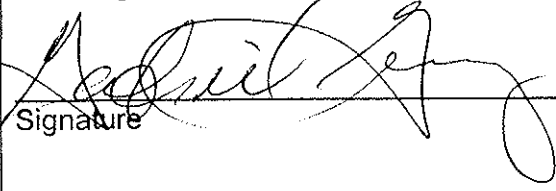
Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Gabriel Gomez</u> First Name: <u>Gabriel</u> Middle Initial: _____ Email: <u>ggomez@cum.tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input checked="" type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address: _____ _____ _____	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____


Date 6/1/07

Select Agent Program Training


Personnel Information (Please Print)

<p>Last Name: <u>Hale</u></p> <p>First Name: <u>Belinda</u></p> <p>Middle Initial: <u>S</u></p> <p>Email: <u>b-hale@tamv.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (✓) all that apply:</p> <p><input type="checkbox"/> PI Adams</p> <p><input type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input type="checkbox"/> PI Davis</p> <p><input type="checkbox"/> PI Ficht</p> <p><input type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input checked="" type="checkbox"/> N/A Bldg 1026 - CVM Dean's office - Security for the Vet School facilities</p>
--	---

Home Address: _____


<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.
	NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.
	NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent.
	The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply: _____

Signature:  Date: 6/12/07

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>LIU</u> <hr/> First Name: <u>HONG</u> <hr/> Middle Initial: _____ <hr/> Email: <u>hliu@neo.tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address::	
_____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
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<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply: _____	
Signature: 	Date: <u>06-12-07</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Kahl-McDonagh</u> First Name: <u>Melissa</u> Middle Initial: <u>M</u> Email: <u>mkahl@cvm.tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
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Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
<input checked="" type="checkbox"/> Yes	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _

Melissa Kahl-McDonagh
Signature

June 1, 2007
Date

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>MAYOR / BRAY</u></p> <p>First Name: <u>JOCELYNE</u></p> <p>Middle Initial: <u>M</u></p> <p>Email: <u>jmayor@Cvm.tamu.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (✓) all that apply:</p> <p><input type="checkbox"/> PI Adams</p> <p><input type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input type="checkbox"/> PI Davis</p> <p><input checked="" type="checkbox"/> PI Ficht</p> <p><input checked="" type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input type="checkbox"/> N/A</p>
---	---

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: ...

<p><u>Joceyline Mayor / Bray</u></p> <p>Signature</p>	<p><u>6-1-2007</u></p> <p>Date</p>
---	------------------------------------

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Mwangi
 First Name: Waithaka
 Middle Initial: _____
 Email: wmwangi@cmm.tamu.edu

Principal Investigator (PI)
 Check (√) all that apply:
 _____ PI Adams
 _____ Comparative Medicine Program (CMP)
 _____ PI Davis
 PI Ficht
 PI Samuel
 _____ PI Tesh
 _____ N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
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<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Waithaka
 Signature _____ Date 6/01/2007

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Pei
 First Name: Jian Wu
 Middle Initial: _____
 Email: jpei@cvm.tamu.edu

Principal Investigator (PI)

Check (✓) all that apply:

- ____ PI Adams
- ____ Comparative Medicine Program (CMP)
- ____ PI Davis
- PI Ficht
- ____ PI Samuel
- ____ PI Tesh
- ____ N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Pei Jian
 Signature

6-01-07
 Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Qin</u> First Name: <u>Qingming</u> Middle Initial: _____ Email: <u>qqin@ag.tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
---	---

Home Address

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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Signature: *Qin Qingming*
Date: June 1, 2007

Select Agent Program Training

Personnel Information (Please Print)

Last Name: REDDY

First Name: SANJAY

Middle Initial: M

Email: SREDDY@CVM.TAMU.EDU

Principal Investigator (PI)

Check (✓) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply:

Sanjay M. Reddy
Signature

6/12/07
Date

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)	
<p>Last Name: <u>Ransonet</u></p> <p>First Name: <u>Mary</u></p> <p>Middle Initial: <u>P.</u></p> <p>Email: <u>mransonet@cvm.tamuc.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (✓) all that apply:</p> <p><input checked="" type="checkbox"/> PI Adams</p> <p><input type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input checked="" type="checkbox"/> PI Davis</p> <p><input checked="" type="checkbox"/> PI Ficht</p> <p><input type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input type="checkbox"/> N/A</p>
<p>Home Address::</p> <p>_____</p> <p>_____</p>	
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand the Select Agent Approval Process</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
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<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
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<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
<p>By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply:</p>	
<p><u>Mary P. Ransonet</u></p> <p>Signature</p>	<p><u>June 12, 2007</u></p> <p>Date</p>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Weeks

First Name: Jenni

Middle Initial: N

Email: jenni-weeks@tamu.edu

Principal Investigator (PI)

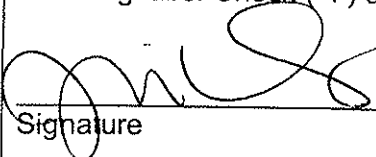
Check () all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check () all that apply:


Signature

10-1-07
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>WONG - GONZALEZ</u> First Name: <u>ALFREDO</u> Middle Initial: _____ Email: <u>awong-gonzalez@cvm.tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
---	---

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
<input checked="" type="checkbox"/> Yes	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

X [Signature]

Signature _____ Date 6.1.07

Training Verification

P.I.- Samuel

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>ANDOH</u> First Name: <u>MASAKO</u> Middle Initial: _____ Email: <u>mandoh@medicine.tamhsc.edu</u>	Principal Investigator (PI) Check (✓) all that apply: _____ PI Adams _____ Comparative Medicine Program (CMP) _____ PI Davis _____ PI Ficht <input checked="" type="checkbox"/> PI Samuel _____ PI Tesh _____ N/A
---	---

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Masako Andoh
 Signature

6/1/2007
 Date

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>Baxter</u></p> <p>First Name: <u>Victoria</u></p> <p>Middle Initial: <u>K</u></p> <p>Email: <u>vkibaxter@cvm.tamu.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p><input type="checkbox"/> PI Adams</p> <p><input type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input type="checkbox"/> PI Davis</p> <p><input type="checkbox"/> PI Ficht</p> <p><input checked="" type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input type="checkbox"/> N/A</p>
--	--

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	<p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.</p> <p>The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Tori Baxter _____ 6/1/07 _____
 Signature Date


Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>CHEN</u> First Name: <u>CHEN</u> Middle Initial: _____ Email: <u>chenchen@medicine.tamhs.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input checked="" type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address: _____ _____ _____	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Signature: 
 Date: 6/1/07

Select Agent Program Training

Personnel Information (Please Print)

Last Name: CIRILLO

First Name: SUAT

Middle Initial: _____

Email: scirillo@medicine.tamhsc.edu

Principal Investigator (PI)

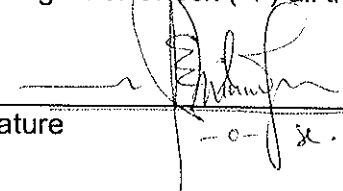
Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A PI J. CIRILLO

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Signature 

Date 06/01/07

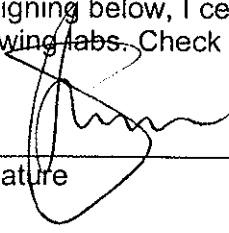
Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>de Maat</u></p> <p>First Name: <u>Steven</u></p> <p>Middle Initial: _____</p> <p>Email: <u>SdeMaat@medicine.tamhsc.edu</u></p> <p>Home Address: _____</p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p>_____ PI Adams</p> <p>_____ Comparative Medicine Program (CMP)</p> <p>_____ PI Davis</p> <p>_____ PI Ficht</p> <p><input checked="" type="checkbox"/> PI Samuel</p> <p>_____ PI Tesh</p> <p>_____ N/A</p>
--	--

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Signature:  Date: 6/1/2007

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Hendrix
 First Name: Laura
 Middle Initial: R.
 Email: lhendrix@tamhsc.edu

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Laura Hendrix
 Signature

6-1-07
 Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Hill
 First Name: JOSHUA
 Middle Initial: _____
 Email: jehill@med.vcu.edu

Principal Investigator (PI)
 Check (√) all that apply:
 _____ PI Adams
 _____ Comparative Medicine Program (CMP)
 _____ PI Davis
 _____ PI Ficht
 PI Samuel
 _____ PI Tesh
 _____ N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Signature: [Handwritten Signature]

Date: 01 Jun 07

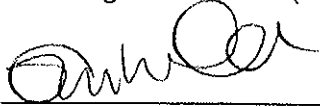
Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Lee</u> First Name: <u>Eunhee</u> Middle Initial: _____ Email: <u>eunheelee@medicine.tamhsc.edu</u>	Principal Investigator (PI) Check (√) all that apply: _____ PI Adams _____ Comparative Medicine Program (CMP) _____ PI Davis _____ PI Ficht <input checked="" type="checkbox"/> PI Samuel _____ PI Tesh _____ N/A
Home Address: _____	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC <u>or</u> escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____


 Signature _____ Date 6/1/07

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>Mertens</u></p> <p>First Name: <u>Katja</u></p> <p>Middle Initial: _____</p> <p>Email: <u>kmertens@medicine.tamhsc.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p>_____ PI Adams</p> <p>_____ Comparative Medicine Program (CMP)</p> <p>_____ PI Davis</p> <p>_____ PI Ficht</p> <p><input checked="" type="checkbox"/> PI Samuel</p> <p>_____ PI Tesh</p> <p>_____ N/A</p>
---	--

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.
	Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.
	Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.
	The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____.

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

K. Mertens _____

Signature _____ Date June 01, 2007

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Russell-Lodrigne</u> First Name: <u>Kasi</u> Middle Initial: <u>E.</u> Email: <u>kerussell@evm.tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input checked="" type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address:: _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent. The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply:	
Signature <u>Kasi Russell-Lodrigne</u>	Date <u>12 June 2007</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

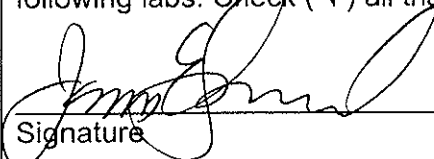
Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>SAMUEL</u> First Name: <u>JAMES</u> Middle Initial: <u>E</u> Email: <u>JSamuel@TAMHSC.EDU</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input checked="" type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address::	
_____ _____ _____	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:


6/1/07

Signature _____ Date _____

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Soltysiak
First Name: Kelly
Middle Initial: A
Email: ksoltys@tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Kelly Soltysiak
Signature

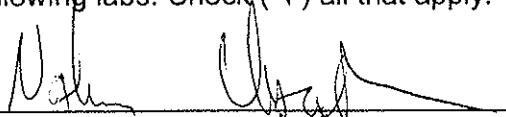
6/1/07
Date

Select Agent Program Training

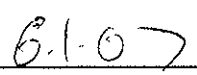
Personnel Information (Please Print)	
<p>Last Name: <u>Bunsworth</u></p> <p>First Name: <u>Nathan</u></p> <p>Middle Initial: <u>B</u></p> <p>Email: <u>nbunsworth@medicine.tamksc.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p><input type="checkbox"/> PI Adams</p> <p><input type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input type="checkbox"/> PI Davis</p> <p><input type="checkbox"/> PI Ficht</p> <p><input checked="" type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input type="checkbox"/> N/A</p>
<p>Home Address: _____</p> <p>_____</p> <p>_____</p>	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.</p> <p>The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in</p>

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____



 Signature



 Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>ZHANG</u>		Principal Investigator (PI)	
First Name: <u>Guoqian</u>		Check (√) all that apply:	
Middle Initial: _____		<input type="checkbox"/> PI Adams	
Email: <u>ggzhang@medicine.tamhsc.edu</u>		<input type="checkbox"/> Comparative Medicine Program (CMP)	
		<input type="checkbox"/> PI Davis	
		<input type="checkbox"/> PI Ficht	
		<input checked="" type="checkbox"/> PI Samuel	
		<input type="checkbox"/> PI Tesh	
		<input type="checkbox"/> N/A	
Home Address:: _____ _____			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process		
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____		
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____		
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____			
<u>Guoqian Zhang</u>		<u>6/1/07</u>	
Signature		Date	

Select Agent Program Training

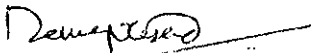
Personnel Information (Please Print)	
<p>Last Name: <u>zhang</u></p> <p>First Name: <u>yan</u></p> <p>Middle Initial: _____</p> <p>Email: <u>qqzhang66@yahoo.com</u></p>	<p>Principal Investigator (PI)</p> <p>Check (✓) all that apply:</p> <p>_____ PI Adams</p> <p>_____ Comparative Medicine Program (CMP)</p> <p>_____ PI Davis</p> <p>_____ PI Ficht</p> <p><input checked="" type="checkbox"/> PI Samuel</p> <p>_____ PI Tesh</p> <p>_____ N/A</p>
Home Address: _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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<p>By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply: _____</p>	
<p><u>Yanzhang</u></p> <p>Signature</p>	<p><u>8/12/07</u></p> <p>Date</p>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Training Verification

P.I.- Tesh

Select Agent Program Training

Personnel Information (Please Print)	
<p>Last Name: <u>CHERLA</u></p> <p>First Name: <u>RAMA</u></p> <p>Middle Initial: <u>P</u></p> <p>Email: <u>rpcherla@medicine.tamhsc.edu</u></p> <p>Home Address: _____</p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p>_____ PI Adams</p> <p>_____ Comparative Medicine Program (CMP)</p> <p>_____ PI Davis</p> <p>_____ PI Ficht</p> <p>_____ PI Samuel</p> <p><input checked="" type="checkbox"/> PI Tesh</p> <p>_____ N/A</p>
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand the Select Agent Approval Process</p>
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>NOTE: Individuals who are being escorted MAY NOT have access to any Select Agent unless they have already been approved by the IBC/CDC for to access the agent.</p> <p>The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
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<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
<p>By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply: _____</p>	
<p><u></u></p>	<p><u>06/12/07</u></p>
Signature	Date

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training


Personnel Information (Please Print)

Last Name: <u>Tesh</u> First Name: <u>Vernon</u> Middle Initial: <u>L.</u> Email: <u>tesh@medicine.tamhsc.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input checked="" type="checkbox"/> PI Samuel <input checked="" type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
--	--

Home Address:

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for ~~Select Agents~~ used in the following labs. Check (✓) all that apply:


6/1/07

Signature _____ Date _____

Training Verification

CMP

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Abatie</u> First Name: <u>Kim</u> Middle Initial: <u>R</u> Email: <u>Kabatie@neo.tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address:	
_____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply:	
Signature: <u>Kim Abatie</u>	Date: <u>6-12-07</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Browder

First Name: Elizabeth

Middle Initial: J

Email: ejb@tamuedu

Principal Investigator (PI)

Check (√) all that apply:

PI Adams

Comparative Medicine Program (CMP)

PI Davis

PI Ficht

PI Samuel

PI Tesh

N/A

Home Address: _____

Yes No I understand the Select Agent Approval Process

I understand that access to a Select Agent is **prohibited** unless the individual is approved by the IBC and CDC.

NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.

Yes No I understand that entering a Select Agent facility is **prohibited** unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.

NOTE: Individuals who are being escorted **MAY NOT** have access to any Select Agent unless they have already been approved by the IBC/CDC for to access the agent.

The Facility Access log **must** be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.

Yes No I understand the Safety and Security training I received for Selects Agents used or stored in _____

Yes No I understand the Safety and Security training I received for Selects Agents used or stored in _____

Yes No I understand the Safety and Security training I received for Selects Agents used or stored in _____

Yes No I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply: _____

Elizabeth Browder
Signature

June 1, 2007 Training
June 14, 2007 (PIJ)
Date

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Browder</u> First Name: <u>Elizabeth</u> Middle Initial: <u>J</u> Email: <u>ejb@tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input checked="" type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input checked="" type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input checked="" type="checkbox"/> PI Samuel <input checked="" type="checkbox"/> PI Tesh <input type="checkbox"/> N/A <i>original returned 6/15/07</i>
Home Address: _____	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent. The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply: _____

Signature: *Elizabeth Browder* Date: June 1, 2007 Training
June 14, 2007 (PI)

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Brown</u> First Name: <u>Stacie</u> Middle Initial: <u>R.</u> Email: _____ Home Address: _____ _____ _____ _____	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent. The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply: _____

Stacie Brown
Signature

06/12/07
Date

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Byrd</u> First Name: <u>Ryan</u> Middle Initial: <u>K</u> Email: <u>rbyrd@vprmail.tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address::	
_____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply: _	
Signature: <u>Ryan Byrd</u>	Date: <u>6/12/07</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Callicott

First Name: Ralph

Middle Initial: J

Email: rcallicott@cvm.tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
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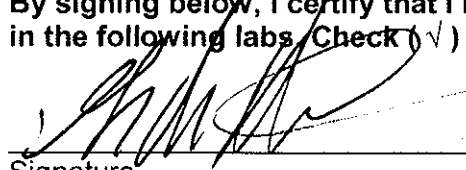
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Ralph Callicott
Signature

6-01-07
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Draper</u> First Name: <u>Gordon</u> Middle Initial: <u>B</u> Email: <u>Stacie.Draper@Hotmail.com</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address: _____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply: _____	
Signature: 	Date: <u>6-18-07</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Gillenwater</u> First Name: <u>Kenneth</u> Middle Initial: <u>J</u> Email: <u>Ken@tamv.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input checked="" type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address::	
_____ _____ _____	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply: _____

Kenneth Gillenwater _____ 6-12-07 _____
 Signature Date

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>GRESHAM</u></p> <p>First Name: <u>VINCENT</u></p> <p>Middle Initial: <u>C</u></p> <p>Email: <u>VGRESHAM@TAMU.EDU</u></p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p><input type="checkbox"/> PI Adams</p> <p><input checked="" type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input type="checkbox"/> PI Davis</p> <p><input type="checkbox"/> PI Ficht</p> <p><input type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input type="checkbox"/> N/A</p>
---	--

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Vincent C. Gresham DVM Signature June 1, 2007 Date

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Henson</u> First Name: <u>Amy</u> Middle Initial: <u>D</u> Email: _____	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address: _____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC <u>or</u> escorted at all times. The individual must also be trained on safety and security procedures for the lab. NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent. The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply: _	
Signature: <u>Amy Henson</u>	Date: <u>6/18/07</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u> HOLSTER </u> First Name: <u> SCOT </u> Middle Initial: <u> A </u> Email: <u> S.HOLSTER@UPR.MAIL.TAMU.EDU </u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address: _____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent. The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply:	
<u> St. Asth </u> Signature	<u> 12 June 2007 </u> Date

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Orsman

First Name: Melissa

Middle Initial: J

Email: morsman@umt.edu

Principal Investigator (PI)

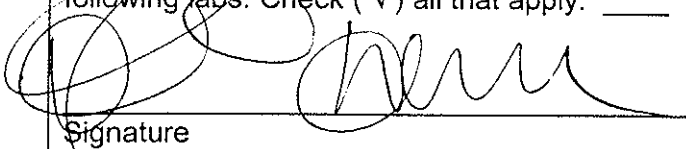
Check (✓) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.
	Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.
	Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.
	The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____



Date: 6-1-07

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>Thrig</u></p> <p>First Name: <u>Melanie</u></p> <p>Middle Initial: _____</p> <p>Email: <u>mithrig@tamu.edu</u></p>	<p>Principal Investigator (PI)</p> <p>Check (✓) all that apply:</p> <p>_____ PI Adams</p> <p><input checked="" type="checkbox"/> Comparative Medicine Program (CMP)</p> <p>_____ PI Davis</p> <p>_____ PI Ficht</p> <p>_____ PI Samuel</p> <p>_____ PI Tesh</p> <p>_____ N/A</p>
<p>Home Address::</p> <p>_____</p> <p>_____</p>	

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.</p> <p>The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply:

Melanie Thrig _____ 6-1-07 _____

Signature Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: KAPP

First Name: GABRIELLE

Middle Initial: M

Email: gkapp@tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

Yes No

I understand the Select Agent Approval Process

I understand that access to a Select Agent is **prohibited** unless the individual is approved by the IBC and CDC.

Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.

Yes No

I understand that entering a Select Agent facility is **prohibited** unless the individual is approved by the IBC and CDC **or** escorted at all times. The individual must also be trained on safety and security procedures for the lab.

Individuals who are being escorted **MAY NOT** have access to any Select Agent.

The facility Access log **must** be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Gabrielle Kapp
Signature

6-01-07
Date

Select Agent Program Training


Personnel Information (Please Print)

Last Name: <u>Knowlton</u> First Name: <u>Christopher</u> Middle Initial: <u>M</u> Email: cknowlton@stanu.edu <u>cknowlton@stanu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
--	--


Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent. The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____


 Signature _____ Date 6-1-07

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>KnOX</u> First Name: <u>Sean</u> Middle Initial: <u>P</u> Email: <u>s-KnOX@tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A
Home Address:: _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent. The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply:	
Signature <u></u>	Date <u>6-18-07</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Lamon

First Name: Tennille

Middle Initial: K

Email: tlamon@crm.tamu.edu

Principal Investigator (PI)

Check (✓) all that apply:

PI Adams

Comparative Medicine Program (CMP)

PI Davis

PI Ficht

PI Samuel

PI Tesh

N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.</p> <p>The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Safety and Security training I received for Selects Agents used or stored in _____</p>

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Tennille Lamon, DVM

Signature

June 1, 2007

Date

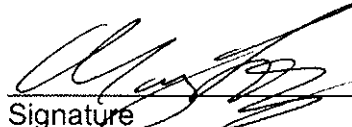
Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Lopez</u> First Name: <u>Mary</u> Middle Initial: <u>E.</u> Email: <u>mlopez@tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input checked="" type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input type="checkbox"/> N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply: _____

Signature: 
 Date: June 12 07

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Sivula

First Name: Christine

Middle Initial: P

Email: CSivula@cvm.tamu.edu

Principal Investigator (PI)

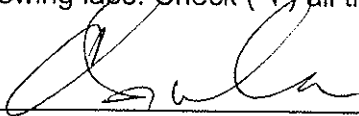
Check () all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check () all that apply: _____


 Signature

06/01/07
 Date

Select Agent Program Training


Personnel Information (Please Print)

<p>Last Name: <u>STEIN</u></p> <p>First Name: <u>FRANKLIN</u></p> <p>Middle Initial: <u>J</u></p> <p>Email: <u>ESTEIN@CUM.TNARI.EDU</u></p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p><input checked="" type="checkbox"/> PI Adams</p> <p><input checked="" type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input checked="" type="checkbox"/> PI Davis</p> <p><input checked="" type="checkbox"/> PI Ficht</p> <p><input checked="" type="checkbox"/> PI Samuel</p> <p><input checked="" type="checkbox"/> PI Tesh</p> <p><input type="checkbox"/> N/A</p>
---	---

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	<p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab.</p> <p>Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.</p> <p>The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____


6-1-07

Signature _____ Date _____

Select Agent Program Training

Personnel Information (Please Print)

Last Name: TAYLOR

First Name: Andrea

Middle Initial: B.

Email: abtaylor@tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

PI Adams

Comparative Medicine Program (CMP)

PI Davis

PI Ficht

PI Samuel

PI Tesh

N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.
	Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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	Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.
	The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Andrea B. Taylor

Signature

6-1-07

Date

Training Verification

Miscellaneous

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>Agnew</u></p> <p>First Name: <u>Tiffany</u></p> <p>Middle Initial: <u>M</u></p> <p>Email: <u>tagnew@vprmail.tamu.edu</u></p> <p>Home Address: _____</p>	<p>Principal Investigator (PI)</p> <p>Check (√) all that apply:</p> <p>_____ PI Adams</p> <p>_____ Comparative Medicine Program (CMP)</p> <p>_____ PI Davis</p> <p>_____ PI Ficht</p> <p>_____ PI Samuel</p> <p>_____ PI Tesh</p> <p><input checked="" type="checkbox"/> N/A</p>
--	--

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Tiffany M. Agnew
Signature

June 1, 2007
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Ash
 First Name: Joan
 Middle Initial: Olivia
 Email: joa@VPRMAIL.TAMU.EDU

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address:

Yes No

I understand the Select Agent Approval Process

I understand that access to a Select Agent is **prohibited** unless the individual is approved by the IBC and CDC.

Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.

Yes No

I understand that entering a Select Agent facility is **prohibited** unless the individual is approved by the IBC and CDC **or** escorted at all times. The individual must also be trained on safety and security procedures for the lab.

Individuals who are being escorted **MAY NOT** have access to any Select Agent.

The facility Access log **must** be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

Yes No

I understand the Safety and Security training I received for Selects Agents used or stored in

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply:

Joan Olivia Ash
 Signature

2/1/07
 Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: BAZER

First Name: FULLER

Middle Initial: W.

Email: fbazer@cvm.tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

PI Adams

Comparative Medicine Program (CMP)

PI Davis

PI Ficht

PI Samuel

PI Tesh

N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.
	Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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	Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent.
	The facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____

By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Signature Fuller W. Bazer

Date June 1, 2007

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>Buckley</u> First Name: <u>Michael</u> Middle Initial: <u>W.</u> Email: <u>mw@buckley@tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input checked="" type="checkbox"/> N/A
---	---

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand that entering a Select Agent facility is prohibited unless the individual is approved by the IBC and CDC or escorted at all times. The individual must also be trained on safety and security procedures for the lab. NOTE: Individuals who are being escorted MAY NOT have access to <u>any</u> Select Agent unless they have already been approved by the IBC/CDC for to access the agent. The Facility Access log must be used to document all individuals entering a Select Agent lab and whether the individual is being escorted.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply: _____

Signature: Michael Buckley Date: 6/12/07

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Carson

First Name: Kenneth

Middle Initial: H

Email: Kenneth-h-carson@ncostamu.edu

Principal Investigator (PI)

Check (√) all that apply:

PI Adams

Comparative Medicine Program (CMP)

PI Davis

PI Ficht

PI Samuel

PI Tesh

N/A (Allison Ficht)

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Kenneth H. Carson

Signature

6-1-07

Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Eaker

First Name: Nancy

Middle Initial: L.

Email: n-eaker@tamu.edu

Principal Investigator (PI)

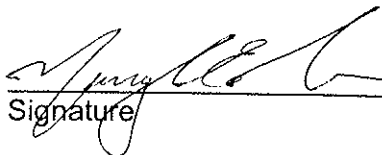
Check () all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check () all that apply:


Signature

06/01/07
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: EWING

First Name: RICHARD

Middle Initial: E

Email: richard-ewing@tamu.edu

Principal Investigator (PI)

Check () all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check () all apply: _____

Richard E Ewing
Signature

06/12/07
Date

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

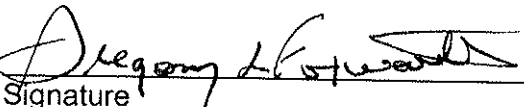
Personnel Information (Please Print)

Last Name: <u>Foxworth</u> First Name: <u>Gregory</u> Middle Initial: <u>L.</u> Email: <u>g.foxworth@tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input checked="" type="checkbox"/> N/A
--	---

Home Address: _____

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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply:

Signature: 
 Date: 6/12/2007

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

<p>Last Name: <u>KRETZSCHMAR</u></p> <p>First Name: <u>BERT</u></p> <p>Middle Initial: <u>V.</u></p> <p>Email: <u>BERTVK@TAMU.EDU</u></p> <p>Home Address: _____</p>	<p>Principal Investigator (PI)</p> <p>Check (✓) all that apply:</p> <p><input type="checkbox"/> PI Adams</p> <p><input type="checkbox"/> Comparative Medicine Program (CMP)</p> <p><input type="checkbox"/> PI Davis</p> <p><input type="checkbox"/> PI Ficht</p> <p><input type="checkbox"/> PI Samuel</p> <p><input type="checkbox"/> PI Tesh</p> <p><input checked="" type="checkbox"/> NIA UNIVERSITY POLICE</p>
--	--

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Safety and Security training I received for Selects Agents used or stored in _____
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

Bert V. Kretzschmar
Signature

June 12, 2007
Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Mattox

First Name: Brent

Middle Initial: Scott

Email: bmattox@tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I understand the Select Agent Approval Process</p> <p>I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC.</p> <p>Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.</p>
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Signature: 

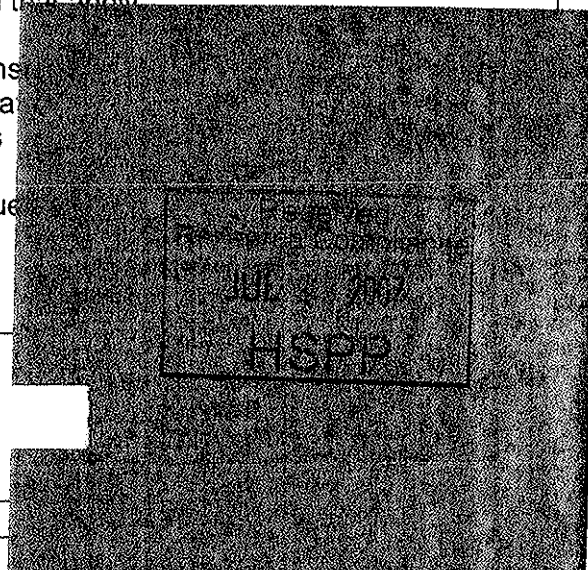
Date: 6-1-07

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>PANTUSA</u> First Name: <u>VICTOR</u> Middle Initial: <u>P.</u> Email: <u>vpantusa@ibt.tamhsc.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input checked="" type="checkbox"/> N/A <p style="text-align: center;">IBC MEMBER</p>
Home Address::	
_____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
	I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all apply:	
Signature <u>Victor P Pantusa</u>	Date <u>06-12-07</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Payne</u> First Name: <u>SUSAN</u> Middle Initial: <u>L.</u> Email: <u>spayne@cvm.tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparison <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input checked="" type="checkbox"/> N/A
Home Address: _____	
	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply: _____	
Signature: <u>Susan L Payne</u>	Date: <u>July 19, 2007</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Prairie
 First Name: Angelia
 Middle Initial: M
 Email: a.prairie@vprmail.tamu.edu

Principal Investigator (PI)


Check (✓) all that apply:

- PI Adams
- Comparative Medicine Program (CMP)
- PI Davis
- PI Ficht
- PI Samuel
- PI Tesh
- N/A

Home Address::

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply:



 Signature

6/1/07

 Date

Select Agent Program Training

Personnel Information (Please Print)

Last Name: <u>SALSMAN</u> First Name: <u>JOHN</u> Middle Initial: <u>M</u> Email: <u>jmsalsman@tamu.edu</u>	Principal Investigator (PI) Check (✓) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input checked="" type="checkbox"/> N/A
Home Address: _____ _____ _____	

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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (✓) all that apply: _____

6-1-2007

Signature Date

Select Agent Program Training

Personnel Information (Please Print)	
Last Name: <u>Vrooman</u> First Name: <u>Charles</u> Middle Initial: <u>R.</u> Email: <u>cvrooman@cv.m.tamu.edu</u>	Principal Investigator (PI) Check (√) all that apply: <input type="checkbox"/> PI Adams <input type="checkbox"/> Comparative Medicine Program (CMP) <input type="checkbox"/> PI Davis <input type="checkbox"/> PI Ficht <input type="checkbox"/> PI Samuel <input type="checkbox"/> PI Tesh <input checked="" type="checkbox"/> NIA <i>Security Computer Controlling Bldg 1197 access</i>
Home Address:: _____ _____ _____	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process I understand that access to a Select Agent is prohibited unless the individual is approved by the IBC and CDC. NOTE: Before accessing an agent, the individual must be IBC/CDC approved and must be trained on safety and security procedures for the lab.
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all apply:	
Signature: <u>Charles R. Vrooman</u>	Date: <u>June 12, 2007</u>

(Please provide any additional comments or questions on the reverse side. Thank you.)

Select Agent Program Training

Personnel Information (Please Print)

Last Name: Wallis

First Name: Annette

Middle Initial: C.

Email: a-wallis@tamu.edu

Principal Investigator (PI)

Check (√) all that apply:

PI Adams

Comparative Medicine Program (CMP)

PI Davis

PI Ficht

PI Samuel

PI Tesh

NIA UNIVERSITY RISK & COMPLIANCE

Home Address: _____

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I understand the Select Agent Approval Process
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By signing below, I certify that I received safety and security training for Select Agents used in the following labs. Check (√) all that apply: _____

Annette C. Wallis _____

Signature Date 6-1-07

Bloodborne Pathogen Training

Texas A&M University
Environmental Health & Safety
Occupational Health

What are bloodborne pathogens?

- Bloodborne pathogens are microorganisms that are present in human blood and bodily fluids and can cause disease in people.
- Can include:
 - Hepatitis A, B, C
 - Human Immunodeficiency Virus (HIV)

Transmission

- Bloodborne pathogens transmitted through contact with infected human blood and other fluids that contain blood:
 - Blood
 - Semen
 - Vaginal Secretions
 - Cerebrospinal Fluid
 - Amniotic Fluid
 - Saliva
 - Any bodily fluid that is visibly contaminated with blood



Natural Barrier

- Unbroken skin provides a barrier against bloodborne pathogens.
- Infected blood can enter your system through:
 - Open sores
 - Cuts
 - Abrasions
 - Acne
 - Damaged or broken skin, such as blisters

Mucous Membranes

- Bloodborne pathogens may be transmitted through mucous membranes:
 - Eyes
 - Nose
 - Mouth



What is HIV?

- The Human Immunodeficiency Virus (HIV) causes Acquired Immunodeficiency Syndrome (AIDS), a severe illness which suppresses the body's immune system.
- No known cure or immunization which can prevent seroconversion from HIV to AIDS.
- HIV has been isolated in almost all body organs, tissues, and fluids.

HIV

- Can be transmitted through needlesticks with contaminated needles and mucous membrane or non-intact skin exposure to infected blood, tissue, blood products, and bodily fluids.
- Most occupational infections have been the result of needlesticks.
 - The risk of seroconversion after an HIV-contaminated needlestick is ~0.3%.

What is Hepatitis A?

- Hepatitis A is an acute (short-term), viral liver disease. Symptoms include jaundice, fatigue, nausea, abdominal pain, and fever.
- No chronic, long-term infection
- High incidence in IV drug users
- Vaccine available but only recommended for high-risk groups

What is Hepatitis B?

- Hepatitis B Virus (HBV) causes an infection of the liver. Symptoms can include flu-like symptoms and jaundice and may not appear until 2-6 months after infection.
- HBV is 100 times more infectious than HIV.
 - HIV ~0.3%, or 3 in 1,000
 - HBV ~30%, or 300 in 1,000

HBV

- Transmitted in many of the same ways as HIV, by needlesticks or mucous membrane exposures to infected bodily fluids.
- HBV can survive for *up to 7 days outside of the host in dried blood.*
- 1.25 million people in the U.S. are considered "chronic carriers" of the virus.
- Vaccine available FREE of charge through Occupational Health Program.

What is the TAMU Occupational Health Program?

- Provide pre-exposure prophylaxis (such as Hepatitis B vaccine), medical evaluations, and post-exposure evaluation and treatment at no cost to you
- Scott & White Department of Occupational Health & Environmental Medicine
- Fill out Occupational Health Program Enrollment Form and return to EHSD
- Follow instructions on form to contact Scott & White for appointments, vaccines, etc.
- Call 862-4042 with questions

What is Hepatitis C?

- Hepatitis C (HCV) causes infection of the liver, potentially liver disease, cirrhosis, or liver cancer. Symptoms like those of HBV.
- Less infectious than HBV, but more than HIV
 - HIV ~0.3%, or 3 in 1,000
 - HBV ~30%, or 300 in 1,000
 - HCV ~10%, or 100 in 1,000
- Most commonly transmitted through needlestick exposures.
- 4 million "chronic carriers" in U.S.
- No vaccine

Protecting Yourself From Bloodborne Pathogens

- Follow Standard Precautions (formerly Universal Precautions)
- Use Personal Protective Equipment (PPE)
- Use mechanical devices such as sharps containers

Standard Precautions

- Minimum control procedures based on the principle that *all blood, body fluids, and people are potentially infectious.*
- Include:
 - Routine use of protective equipment to prevent skin and mucous membrane exposure
 - Handwashing
 - Use soap and water
 - Lather 10-15 seconds
 - Wash all surfaces
 - Rinse with warm water
 - Towel dry



Personal Protective Equipment (PPE)

- Gloves
 - Always check for tears, punctures, etc. before wearing
 - If you have sores, blisters, cuts, etc. on hands, cover with bandage before wearing gloves
 - Latex allergy issues
 - Use powder-free gloves with reduced protein content, or nitrile
 - Wash hands immediately after removing latex gloves
 - Goggles/Eyewear
 - Masks
- Always wash hands after removing any potentially contaminated PPE



Emergency Procedures

- For needlesticks, splashes, other potential exposures:
 - Dispose of needle properly in sharps container.
 - Wash area with soap and water for at least 15 minutes.
 - If blood/fluid splashed in eye, mouth, or nose, flush affected area with running water for at least 15 minutes.
 - Notify supervisor.
 - Report to TAMU Occupational Health Program and Scott & White Occupational Medicine.
 - Scott & White will offer post-exposure evaluation and follow-up.

Blood/Bodily Fluid Spills

- Custodial will clean up small blood and bodily fluid spills, indoors only.
- If you feel comfortable cleaning the size/type of spill in question, you may do so.
- If not, call Environmental Health & Safety to clean blood, large spills, and incidents outdoors.

Spill Clean Up Procedures

- Wear PPE (gloves, goggles, etc.)
- Remove any sharp objects carefully before cleaning spill. Use forceps, tweezers, etc.
- Use 10-15% Clorox solution to disinfect (~1 1/2 cups bleach to 1 gallon water)
- Circle spill with disinfectant, place paper towel on top, then saturate entire spill
- Let stand 10-15 minutes
- Wipe up spill and dispose of paper towel
- Wipe again with solution to clean area

Summary

This has been an introduction to bloodborne pathogen safety. A DVD is available from EHS with more information, in English and Spanish formats. People potentially exposed to bloodborne pathogens are strongly encouraged to view the video.



Questions? Contact Environmental Health & Safety

- Spill Response
- Occupational Health

(979) 845-2132
ehsd@tamu.edu
TAMU 4472

Personal Protective Equipment

Personal Protective Equipment: Selection and Use



Brent S. Mattox, RS, CIH
Texas A&M University

Permissible Practice

- ☛ Use Respiratory Protection ONLY when Engineering Controls are not Feasible or during Implementation.
- ☛ Respirators Provided when Necessary to Protect Employee Health.
- ☛ Respirators Must be Applicable & Suitable.
- ☛ Establishment of Respiratory Protection Program

Respiratory Protection Program

- ☛ Must Contain the Following:
 - Procedures for selecting respirators for use in the workplace
 - Medical Evaluations of employees required to use respirators
 - Fit testing procedures for tight-fitting respirators
 - Procedures for use of respirators in emergencies (foreseeable and routine)

Personal Protective Equipment

Respiratory Program (cont.)

- Procedures and schedules for cleaning, disinfection, storing, inspecting, repairing, discarding, and otherwise maintaining respirators
- Procedures to assure adequate air quality, quantity, and flow for atm. supplying respirators
- Training of employees in the respiratory hazards to which they may be exposed

Program (cont.)

- Training in the proper use of respirators, including putting on and removing, any limitations of use, and their maintenance
- Procedures for regularly evaluating the effectiveness of the program.



Where Respirator Use is Not Required

- ☞ Provide at request to employees ONLY When Use will not create a hazard.
- ☞ The Employer must establish and implement those elements of a written program to assure employee is medically qualified, and on use, storage, etc..
- ☞ NOTE: No written program required for employees using dust masks (voluntary)
N95 respirators ARE NOT DUST MASKS

Personal Protective Equipment

Key Aspects

- ☞ All respirators must be NIOSH certified, including N95 Disposable Respirators.
- ☞ For gases and vapors supplied air must be used or an air-purifying respirator provided that:
 - It is equipped with an end-of-service-life indicator (ESLI).
 - If no ESLI, cartridges must be replaced on a schedule based on objective information

Key Aspects (cont.)

- ☞ Medical Evaluations must be provided prior to fit-testing and usage.
- ☞ Medical Evaluations must be performed by a physician or other licensed health care professional (PLHCP).
- ☞ Follow-up examinations to be determined by PLHCP, change in exposure, or symptoms of overexposure.

Key Aspects (cont.)

- ☞ Qualitative fit testing can be used only with negative pressure respirators requiring a fit factor of 100 or less.
- ☞ Quantitative fit is passed when fit factor is 100 or above for negative pressure respirators and 500 or above for full face respirators (all tight fitting).

Personal Protective Equipment

Key Aspects (cont.)

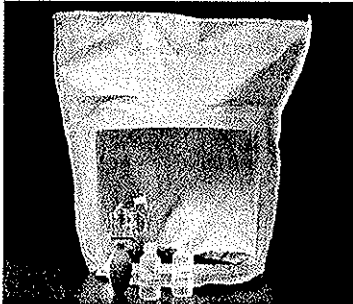
- ☞ A Medical Questionnaire **MUST** be completed prior to fit testing.
- ☞ Medical Questionnaires must be evaluated prior to fit testing
- ☞ Training must be provided prior to actual use of respiratory protection.

Fit Testing of Respirators

- ☞ Qualitative (isoamyl acetate, irritant smoke)
 - Inexpensive
 - Provides Qualitative Data Only
 - If Done Correctly, Time Consuming
 - Some Workers can't Smell



Qualitative Testing (Bitrex)



Personal Protective Equipment

Fit Testing of Respirators

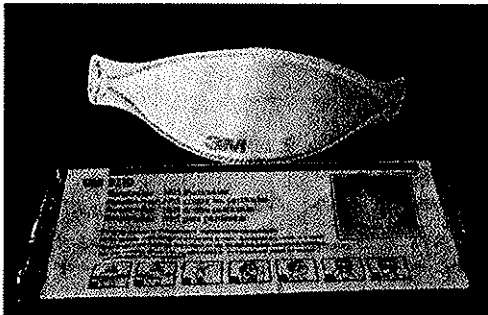
- Quantitative (Test Booth, Portacount)
 - High Initial Cost
 - Requires Maintenance
 - May Require Training in Operation
 - Advantage in Providing Quantitative Information on Fit.



Portacount™ Fit Tester

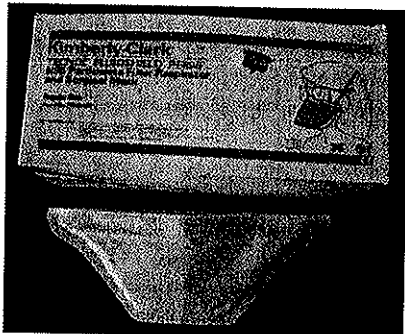


N95 Respirators/Masks

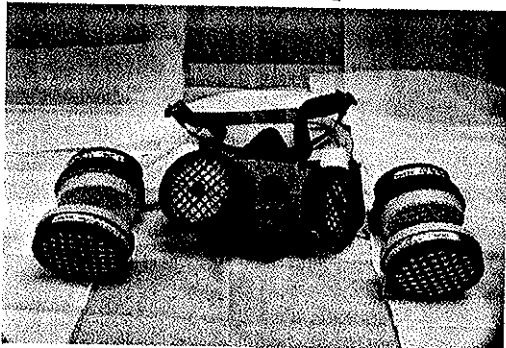


Personal Protective Equipment

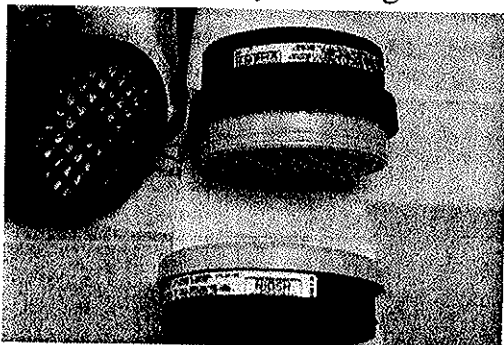
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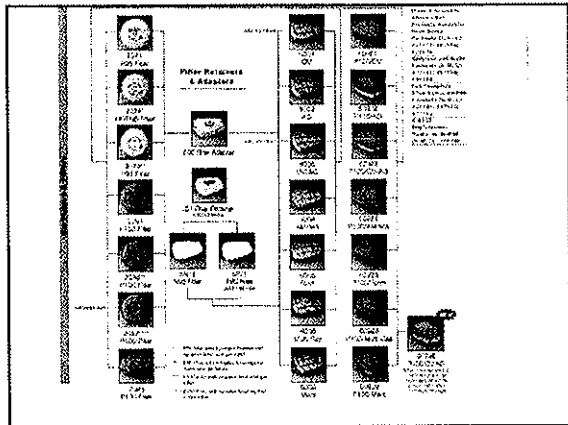
Air Purifying Respirators

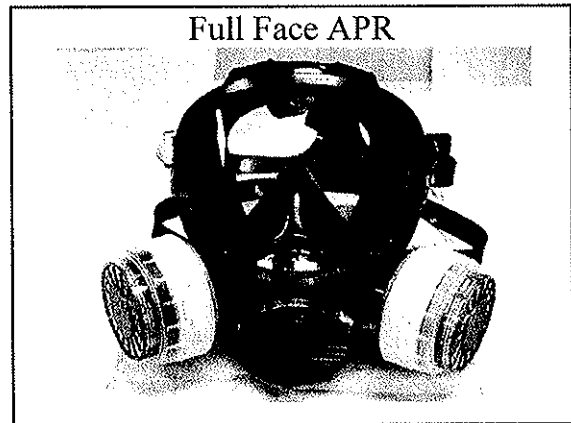


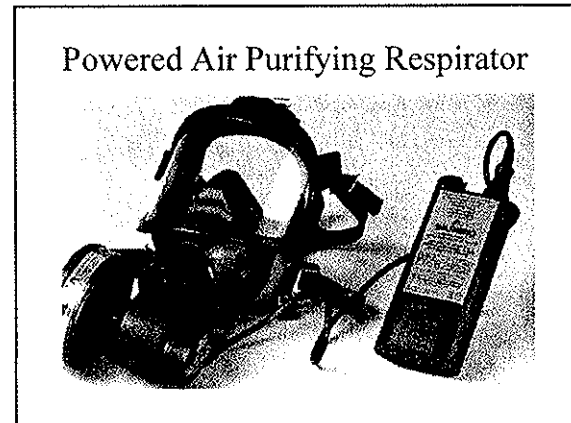
APRs Work by Filtering Air



Personal Protective Equipment







Personal Protective Equipment

BL3 Respirator Usage

- ☞ Respiratory AND Face Protection Are to be Used When in Rooms Containing Infected Animals {Including Labs Where Animals are Temporarily Located for Experimentation}

BL3 Usage

- ☞ ALL Manipulations of Infectious Materials, Necropsies of Infected Animals, harvesting of Tissues or Fluids From Infected Animals or Embryonate Eggs, etc., are Conducted in a Biological Safety Cabinet (BSC)
- ☞ IF NOT in a BSC . . .

BL3 Usage

- ☞ Use Appropriate Combinations of PPE and Physical Containment Devices (sealed rotors, etc.)
- ☞ Based on a Risk Assessment by PI with Assistance/Input/Review by Biological Safety Officer

Personal Protective Equipment

Personal Protective Clothing



BL3 PPE Guidelines

- Solid Front or Wrap-Around Gowns, Scrub Suits or Coveralls are Worn by Workers
- Protective Clothing is Not Worn Outside (carried out) Of the Laboratory
- Reusable Clothing is Decontaminated Before Laundering
- Clothing is Changed When Overtly Contaminated

BL3 PPE (cont.)

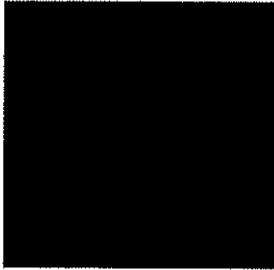
- Gloves Must be Worn When handling Infectious Materials, Infected Animals, and When Handling Protective Equipment.
- Frequent Changing of Gloves Accompanied by Handwashing is Recommended
- Disposable Gloves are Not Reused

Personal Protective Equipment

BL3 PPE

- Avoid Using Natural Latex Gloves
- Avoid using Powdered Gloves
- If Using Chemicals, Use Nitrile or other Suitable Gloves
- Disposable Clothing Should be Tyvek or Spun Bound Polypropylene

Questions?



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Environmental Health and
Safety Department
Texas A&M University
(409) 845-2132

Intra-facility Transfer of Select Agents and Toxins

Brent S. Mattox, CIH
Biological Safety Officer

What Constitutes An Intra-Facility Transfer?

- Transferring an Agent to Another Authorized Individual
- Relocating an Agent to Another Location
- Releasing an Agent for Packaging/Shipping

What is Required to Perform an Intra-Facility Transfer?

- For Transferring to an Authorized PI
 - Verify with ORC/BSO that PI is Cleared for Agent
 - Verify that You (Transferor) has a Written SOP for Transfers
 - Make Sure Agent is Properly Packaged (If Applicable)
 - Complete and FAX/Email TAMU Intra-facility Transfer Form

What is Required to Perform an Intra-Facility Transfer?

- For Transferring Agent to New Location (Same PI)
 - Verify with ORC/BSO Intended Facility and Planned Activity at New Location are Approved
 - Check That You (PI) has a Written SOP
 - Complete and FAX/Email the TAMU Intra-facility Transfer Form

TAMU Intra-Facility Transfer Form

This form must be completed when transferring any amount of a select agent to another laboratory (PI) at TAMU or transferring to a non-TAMU PI. This allows you to plan ahead and 1) Check the activity at the receiving facility for your records, and 2) Notify the BSO at 845-2132, and 3) Notify the PI at 845-2132.

Transferring to another PI Transferring to non-TAMU PI

1. Name of laboratory:

2. PI address:

Name: _____ Facility Address: _____

Phone: _____

Approved by PI (PI name and signature): _____

Date transferred: _____

Name of transferor:

Name: _____

Phone: _____ Facility Address: _____

PI # (if you are not a PI): _____

PI # (if you are a PI): _____

3. PI telephone:

Name: _____

Phone: _____ Facility Address: _____

PI # (if you are not a PI): _____

PI # (if you are a PI): _____

4. Name of PI of recipient:

Questions?

- Contact BSO at 845-2132



Office of Research Compliance
Quality Assurance Review

QA Date: 7-21-07

QA Reviewer: Angelia Raines

QA Type: Annual Training Certifications

Records received from:

ORC Date: 07-17-07

Description of Review:

Reviewed certifications and training material to ensure compliance with CFR and institutional requirements for training/training documentation.

Review Findings: While it appears that most labs met the criteria for training, the documentation does not clearly the content and the handouts do not clearly describe some of the content. Some documents were not reviewed prior to training because they were not received in time.

Update record to capture more details of content and method of ensuring understanding. Clarification of deadlines needed as well as follow up process.

Responsible party: T. Agnew

Date of correction: 8/24/07 (combine with rDNA training

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