

Certificate of Training (Maintenance Personnel)
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I understand the laboratory security, policies and procedures for working in the BSL3 laboratory under the direction of Dr. Thomas A. Ficht and agree to never go unescorted into these facilities or without recording entry and exit.

I further certify that I understand that under normal conditions the labs are used for work with select agents including *Brucella* sp.; the indications of infection by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy through the university occupational health program administered by the department of Environmental Health and Safety.

Signature Johnny Patrone
Date 1/12/05
Printed name JOHNNY PATRONE
Position/Title _____
Are you a US citizen? Yes. No.
Country of your citizenship (if not USA) _____
Have you undergone training with regard to personal safety, and security? Yes. No.
Date and location of training UMRB
Social security number _____
Date of birth 10-8-44
Email address _____
Supervisor's signature _____
Supervisor's printed name Dr. Tom Ficht
Date 1/12/05

CERTIFICATION

have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella Sp. in laboratory room(s) _____ and the select agent storage facility in roc _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Donald L. Patton

Signature of Person Receiving Training

February 24, 2006

Date

Donald L. Patton

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

February 24, 2006

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

*Came in to adjust
door closure.*

TAF

(Reproduce this document as needed to cover all personnel)

Certificate of Training (Maintenance Personnel)
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature Donald L. Patton
Date 11/12/04
Printed name Donald L Patton
Position/Title Area 5 maint.

Are you a US citizen? Yes. No.
Country of your citizenship (if not USA) _____

Have you undergone training with regard to personal safety, and security? Yes. No.
Date and location of training VMRB 11/12/04

Social security number _____
Date of birth _____
Email address _____

Supervisor's signature Thomas A. Ficht
Supervisor's printed name Dr. Tom Ficht
Date 1/12/05

CERTIFICATION

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I certify that I received training in the proper decontamination procedures for the Madison chamber on July 26, 2006 and on January 18, 2007 to properly complete the facilities access and agent access logs.

Pei Jian
Signature of Person Receiving Training

April 16, 2007
Date

Jianyu Pei
Printed name of Person Receiving Training

Thomas A. Ficht
Supervisor/Authorized Person Signature

April 16, 2007
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

CERTIFICATION

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Pei Jian

Signature of Person Receiving Training

July 26, 2006

Date

Jianwu Pei

Printed name of Person Receiving Training

Thomas A. Ficht

July 26, 2006

Supervisor/Authorized Person Signature

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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Pei Jianwu

Signature of Person Receiving Training

December 8, 2005

Date

Jianwu Pei

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

December 8, 2005

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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I further certify that I understand the hazards of working with *Brucella* sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

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Signature

Pei Jianwu

Date

May 4, 2005

Printed name

Jianwu Pei

Position/Title

Assistant Research Scientist

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

China

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

May 4, 2005

Social security number

Date of birth

04-02-1963

Email address

jpei@cvm.tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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Pei Jianwu

Signature of Person Receiving Training

Jianwu Pei

Printed name of Person Receiving Training

02-11-05

Date

Thomas A. Ficht

Supervisor/Authorized Person Signature

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

2/11/05

Date

(Reproduce this document as needed to cover all personnel)

Certificate of Training
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella abortus*, *B. melitensis* and *B. suis* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

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Signature	<u>Pei Jianwu</u>
Date	<u>April 30, 2004</u>
Printed name	<u>Jianwu Pei</u>
Position/Title	<u>Assistant Research Scientist</u>
Are you a US citizen?	<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.
Country of your citizenship (if not USA)	<u>China</u>
Have you undergone training in safety, security, and emergency response?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Date and location of training	<u>April 30, 2004</u>
Social security number	_____
Date of birth	<u>April 02, 1963</u>
Email address	<u>jpei@cvm.tamu.edu</u>
Supervisor's signature	<u>Thomas A. Ficht</u>
Supervisor's printed name	<u>Thomas A. Ficht</u>
Date	<u>April 30, 2004</u>

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Pei Jianwu
Signature

12-10-03
Date

Jianwu Pei
Printed name

Postdoc. Research Associate.
Position/Title

Are you a US citizen?
 Yes. No.

China
Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

11-01-03 JP
~~Feb. 2002~~
Date and location of training

Social security number

04-02-1963
Date of birth

jpei@cvm.tamu.edu
Email address

Thomas A. Ficht
Supervisor's signature

12/15/03
Date

Thomas A. Ficht
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

CERTIFICATION

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I certify that I received training in the ~~proper decontamination procedures for the Madison chamber on July 26, 2006~~ and on January 18, 2007 to properly complete the facilities access and agent access logs.




Signature of Person Receiving Training

Date April 16, 2007
4/16/2007

DIN DINGMING QIN

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

Date April 16, 2007

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

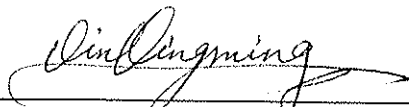
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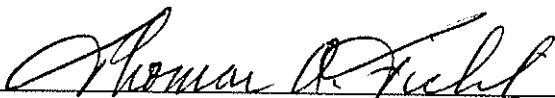


Signature of Person Receiving Training

November 19, 2006
Date

QINGMING QIN

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

November 19, 2006
Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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Michael Reams

Signature of Person Receiving Training

June 26, 2006

Date

Michael Reams

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

June 26, 2006

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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Kristen Robinson
Signature of Person Receiving Training

Kristen Robinson
Printed name of Person Receiving Training

Joshua E. Turse
Supervisor/Authorized Person Signature

Joshua E. Turse
Printed Name of Authorized Person Providing Training

4/26/05
Date

April 26, 2005
Date

(Going in for EHS
visit / inspection)

Certificate of Training (Maintenance Personnel)
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature Kristen Robinson
Date 1/11/05
Printed name Kristen Robinson
Position/Title Env Health Technician I

Are you a US citizen? Yes. No.
Country of your citizenship (if not USA) _____

Have you undergone training with regard to personal safety, and security? Yes. No.
Date and location of training 1/11/05 - on site

Social security number _____
Date of birth 2/26/82
Email address KrisT@rob@yahoo.com

Supervisor's signature _____
Supervisor's printed name Dr. Tom Ficht
Date 1/10/05

Certificate of Training (Maintenance Personnel)
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature

Greg Stuenkel

Date

12-16-04

Printed name

GREG Stuenkel

Position/Title

Painter

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training with regard to personal safety, and security?

Yes.

No.

Date and location of training

Social security number

Date of birth

5-17-62

Email address

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

12-16-04

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Jason Templeton
Signature of Person Receiving Training

18
Date April 16, 2007

Jason Templeton
Printed name of Person Receiving Training

BSL3 renovations

Thomas A. Ficht
Supervisor/Authorized Person Signature

18
Date April 16, 2007

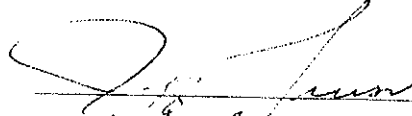
Thomas A. Ficht
Printed Name of Authorized Person Providing Training

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Signature



Date

1/11/05

Printed name

Jeffrey C. Truss

Position/Title

Env. Safety Supervisor

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training with regard to personal safety, and security?

Yes.

No.

Date and location of training

1/11/05 - 1197

Social security number

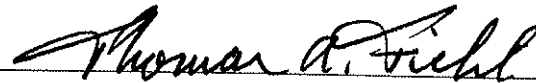
Date of birth

6-6-71

Email address

jct@ussr.tamu.edu

Supervisor's signature



Supervisor's printed name

Dr. Tom Ficht

Date

1/10/05

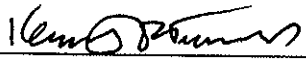
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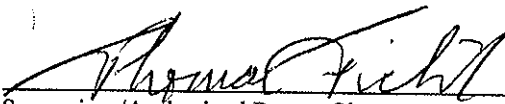
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Signature of Person Receiving Training

15 May 07
Date

Kenneth E. Turner
Printed name of Person Receiving Training


Supervisor/Authorized Person Signature

5/16/07
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

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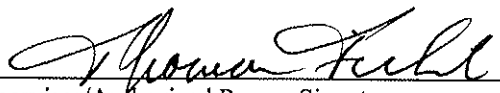
I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Signature of Person Receiving Training

January 22, 2007
Date

Kenneth E Turner
Printed name of Person Receiving Training


Supervisor/Authorized Person Signature

January 22, 2007
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

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Carol Turse

Signature of Person Receiving Training

December 8, 2005

Date

Carol Turse

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

December 8, 2005

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature

Carol Turse

Date

May 4, 2005

Printed name

Carol Turse

Position/Title

Lab Manager

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

May 4, 2005

Reynolds Bldg Meeting

Social security number

Date of birth

4.10.76

Email address

carol.turse@tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005

CERTIFICATION

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Carol Turse

Signature of Person Receiving Training

2/11/05

Date

Carol Turse

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

2/11/05

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

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Certificate of Training

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature

Carol Turse

Date

April 30, 2004

Printed name

Carol Turse

Position/Title

Research Assistant

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

April 30, 2004 / Vet Research Bldg

Social security number

Date of birth

April 10, 1976

Email address

carolturse@tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

April 30, 2004

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Carol Turse
Signature

12.10.03
Date

Carol Turse
Printed name

Research Assistant 1st / Lab Manager
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

CT 11-1-03
Nov. 2000; VMR Building (#1197)
Date and location of training

Social security number

04-10-76
Date of birth

carolturse@tamu.edu
Email address

Thomas A. Ficht
Supervisor's signature

12/15/03
Date

Thomas A. Ficht
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

CERTIFICATION

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Signature of Person Receiving Training

December 8, 2005
Date

Joshua E. Turse
Printed name of Person Receiving Training


Supervisor/Authorized Person Signature

December 8, 2005
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

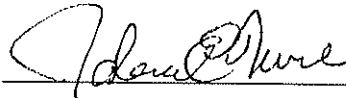
Certificate of Training
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature



Date

May 4, 2005

Printed name

Joshua E. Turse

Position/Title

Graduate Assistant - Research

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

May 4, 2005

Social security number

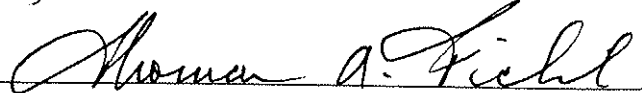
Date of birth

09/16/1975

Email address

josh-turse@tamv.edu

Supervisor's signature



Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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Joshua E. Turc

Signature of Person Receiving Training

Joshua E. Turc

Printed name of Person Receiving Training

Feb 11, 2005

Date

Thomas A. Ficht

Supervisor/Authorized Person Signature

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

2/11/05

Date

(Reproduce this document as needed to cover all personnel)

Certificate of Training

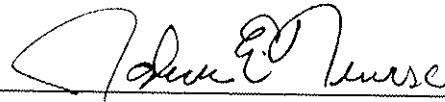
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature



Date

April 30, 2004

Printed name

Joshua E. Turse

Position/Title

Graduate Assistant - Research

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

April 30, 2004

Social security number


Date of birth

09/16/1975

Email address

joshturse@tamu.edu

Supervisor's signature



Supervisor's printed name

Thomas Ficht

Date


April 30, 2004

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature

12/10/2003
Date

Joshua E. Turse
Printed name

Graduate Assistant - Research
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

11/01/2003
~~May 2000~~ JET VMRB, TAMU
Date and location of training

Social security number

9/16/1976
Date of birth

josh.turse@tamu.edu
Email address


Supervisor's signature

12/15/03
Date

Thomas A. Ficht
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

CERTIFICATION

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John Walker
Signature of Person Receiving Training

04/29/05
Date

John Walker
Printed name of Person Receiving Training

Josive E. Turse
Supervisor/Authorized Person Signature

April 29, 2005
Date

Josive E. Turse
Printed Name of Authorized Person Providing Training

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Will P. Webb
Signature of Person Receiving Training

January 10, 2006
Date

WHITMEL HILL WEBB JR
Printed name of Person Receiving Training

Thomas Ficht
Supervisor/Authorized Person Signature

January 10, 2006
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

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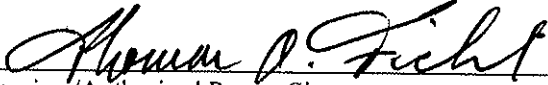


Signature of Person Receiving Training
Jenni Weeks

Printed name of Person Receiving Training

August 1, 2006

Date



Supervisor/Authorized Person Signature
Thomas A. Ficht

Printed Name of Authorized Person Providing Training

August 1, 2006

Date

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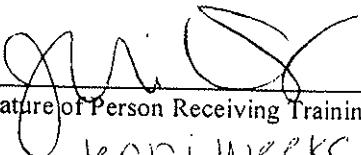
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Signature of Person Receiving Training
Jenni Weeks

Printed name of Person Receiving Training

December 8, 2005

Date



Supervisor/Authorized Person Signature
Thomas A. Ficht

Printed Name of Authorized Person Providing Training

December 8, 2005

Date

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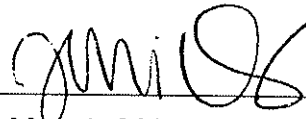
Certificate of Training
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

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Signature



Date

May 4, 2005

Printed name

Jenni Weeks

Position/Title

Graduate Assistant Research

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

May 4, 2005

Social security number

Date of birth

5-13-78

Email address

jweeks@cvm.tamu.edu

Supervisor's signature



Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005

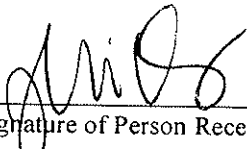
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Signature of Person Receiving Training

2-11-05

Date

Jenni Weeks

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/11/05

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

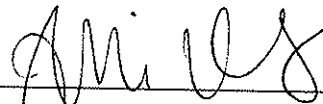
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Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella abortus*, *B. melitensis* and *B. suis* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with *Brucella* sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Signature



Date

April 30, 2004

Printed name

Jenni Weeks

Position/Title

Graduate Assistant Research

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

April 30, 2004

Social security number

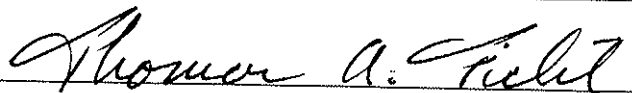
Date of birth

05-13-1978

Email address

jenni-weeks@neo.tamu.edu

Supervisor's signature



Supervisor's printed name

Tom Ficht

Date

April 30, 2004

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella sp. in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Thomas A. Ficht.

I further certify that I understand the hazards of working with Brucella sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level BSL 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Jenni Weeks
Signature

12/10/03
Date

Jenni Weeks
Printed name

Graduate Assistant Research
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

11-1-03
~~11-14-02~~
Date and location of training

social security number

5-13-78
Date of birth

jweeks@cvm.tamu.edu
Email address

Thomas A. Ficht
Supervisor's signature

12/15/03
Date

Thomas A. Ficht
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with **Brucella Sp.** in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Brian M. Williams
Signature of Person Receiving Training

January 23, 2007
Date

Brian M Williams
Printed name of Person Receiving Training

Thomas A. Ficht
Supervisor/Authorized Person Signature

January 23, 2007
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training (Maintenance Personnel)
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

() signature below, I certify that I understand the laboratory security, policies and procedures for working in the BSL3 laboratory suite _____ under the direction of Dr. Thomas A. Ficht and agree to never go unescorted into these facilities or without recording entry and exit.

I further certify that I understand that under normal conditions the labs are used for work with select agents including *Brucella* sp.; the indications of infection by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy through the university occupational health program administered by the department of Environmental Health and Safety.

Signature _____
Date _____
Printed name _____
Position/Title _____

Jim Wilson
1-12-05
Jim Wilson
Locksmith

1/12/05

Are you a US citizen? Yes. No.
Country of your citizenship (if not USA) _____

Have you undergone training with regard to personal safety, and security? Yes. No.
Date and location of training _____

Social security number _____
Date of birth _____
Email address _____

Supervisor's signature _____
Supervisor's printed name _____
Date _____

Thomas Ficht
Dr. Tom Ficht
1/12/05

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with **Brucella Sp.** in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

June 26, 2006
Date

Joe Williams
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

June 26, 2006
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

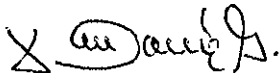
I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella Sp. in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

I certify that I received training in the proper decontamination procedures for the Madison chamber on July 26, 2006 and on January 18, 2007 to properly complete the facilities access and agent access logs.



Signature of Person Receiving Training

Date

April 16, 2007

ALFREDO WONG-GONZALEZ
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

Date

April 16, 2007

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

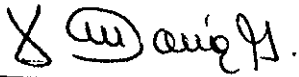
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella Sp. in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



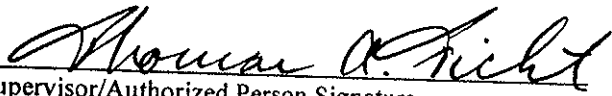
Signature of Person Receiving Training

ALFREDO WONG - GONZALEZ

Printed name of Person Receiving Training

December 8, 2005

Date



Supervisor/Authorized Person Signature

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

December 8, 2005

Date

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with _____ in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____.

I further certify that I understand the hazards of working with _____; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

X Alfredo Wong-Gonzalez

08.04.2005

Signature of Person Receiving Training

Date

ALFREDO WONG-GONZALEZ

Printed name of Person Receiving Training

Thomas Ficht

Supervisor/Authorized Person Signature

08/05/05

Date

Thomas Ficht

Printed Name of Authorized Person Providing Training

Reproduce this document as needed to cover all personnel.

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with **Brucella Sp.** in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Qingmin Wu
Signature of Person Receiving Training

December 8, 2005
Date

Qingmin Wu
Printed name of Person Receiving Training

Thomas A. Ficht
Supervisor/Authorized Person Signature

December 8, 2005
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training
Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

(, my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella abortus*, *B. melitensis* and *B. suis* in laboratory room(s) under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with *Brucella* sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Signature

Qingmin WU

Date

May 4, 2005

Printed name

Qingmin WU

Position/Title

Research Associate

(Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

P. R. China

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

May 4, 2005

Social security number

Date of birth

05-21-1961

Email address

qmwu@cvm.tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp. in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with Brucella spp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Qingmin Wu
Signature of Person Receiving Training

2-11-05
Date

Qingmin Wu
Printed name of Person Receiving Training

Thomas A. Ficht
Supervisor/Authorized Person Signature

2/11/05
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella abortus*, *B. melitensis* and *B. suis* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with *Brucella* sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Signature

Qingmin Wu

Date

April 30, 2004

Printed name

Qingmin Wu

Position/Title

Research Associate

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

China

Have you undergone training in safety, security, and emergency response?

Yes.

No.

Date and location of training

April 30, 2004

Social security number

Date of birth

5-21-1961

Email address

qmwu@cvsm.tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

April 30, 2004

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella sp. in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Thomas A. Ficht.

I further certify that I understand the hazards of working with Brucella sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level BSL 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Qingmin Wu
Signature

12-10-03
Date

Qingmin Wu
Printed name

Postdoc. Research Associate
Position/Title

Are you a US citizen?
 Yes. No.

China
Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

BSL3, Oct. 10-12, 2003
Date and location of training

Social security number

05-21-1961
Date of birth

qmwu@cvm.tamu.edu
Email address

Thomas A. Ficht
Supervisor's signature

12/15/03
Date

Thomas A. Ficht
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with **Brucella Sp.** in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. Thomas A. Ficht.

I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Beverly J. Wymola
Signature of Person Receiving Training

January 23, 2007
Date

Beverly J. Wymola
Printed name of Person Receiving Training

Thomas A. Ficht
Supervisor/Authorized Person Signature

January 23, 2007
Date

Thomas A. Ficht
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**SBAT
Training
Certifications**

(2 of 2)

Dr. Samuel

Dr. Tesh

CMP

Training: Samuel

Texas A&M University
Security and Safety Training Certificate
For
Authorized Persons who have Access to Areas or Facilities and Research Laboratories
Working with Select Agents or Toxins

I. INTRODUCTION

Texas A&M University (University) places great importance on the laboratory safety, including work practices, appropriate containment equipment, well-designed facilities, and administrative controls that reduce the risk of infection or injury for laboratory workers, the contamination of the external environment and the general safety and welfare of the University and the surrounding communities. Due to the heightened concerns about the use of biological, chemical, and radioactive materials for terrorism and criminal activity, the University is taking action to strengthen laboratory and data security to meet the requirement of the CDC and USDA Select Agent Regulations (43 CFR Part 73, 7 CFR Part 331, 9 CFR Part 121). The following procedures are a necessary part of these security policies.

II. VISITOR CLASSIFICATIONS

Select Agent Area Visitor: A person who has not undergone a security assessment by the Department of Justice nor been approved for access to Select Agents pursuant to Title 42, CFR, Part 73. Select Agent Area Visitors must fit within the classes listed below:

- Maintenance Visitor – A University employee or University approved contractor who has been authorized as an accompanied-person with a business need to perform routine cleaning, maintenance or repairs within a secured area or laboratory containing Select Agents or Toxins.
- Delivery Visitor - University employee or University approved contractor who has been authorized as an accompanied-person with a business need to deliver or receive Packages within a secured area or laboratory containing Select Agents or Toxins.
- Research Visitor - University employee, student or University approved collaborator who has been authorized as an accompanied-person with a business need to conduct or witness research, train or tour within a secured area or laboratory containing Select Agents or Toxins.
- General Visitor - University employee or University approved visitor (e.g. CDC/FDA/USDA or other inspectors) who has been authorized as an accompanied-person with a business need within a secured area or laboratory containing Select Agents or Toxins.

III. COMPLIANCE REQUIREMENTS

The information contained within this form meets the requirements for training authorized persons with access to a Select Agent Area within a secured facility at the University. All authorized persons accessing areas with select agents or toxins or visiting facilities with select agents or toxins will adhere to the safety and security standards set forth herein. Non-compliance will result in disciplinary action and potential criminal and/or civil penalties as provided by federal and state law. Authorized Persons shall also have the appropriate training and vaccinations as required by the Principal Investigator's Laboratory Security and Safety Plan for Laboratories Working with Select Agents and Toxins. A copy of the Principal Investigator's Laboratory Security and Safety Plan for Laboratories Working with Select Agents and Toxins is available from the Principal Investigator or the Research Compliance Office (979/458-1467).

IV. CRIMINAL LIABILITY

Under the USA Patriot Act, it is a crime (fines and/or imprisonment) for "restricted persons" to possess (which can mean merely being nearby or having access to) any biological agent or toxin listed as a select agent in Title 42, CFR Part 73 and not exempted therein. A list of Select Agents and Toxins can be located at <http://researchcompliance.tamu.edu/IBC> or by contacting the Research Compliance Office (979/458-1467).

A "Restricted Person" is an individual who

- is under indictment for a crime punishable by imprisonment for a term exceeding 1 year;
- has been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year;
- is a fugitive from justice;
- is an unlawful user of any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802));
- is an alien illegally or unlawfully in the United States;
- has been adjudicated as a mental defective or been committed to any mental institution;
- has been discharged dishonorably from the United States Armed Services; or
- has the status of a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism (currently Iran, Iraq, Syria, Cuba, North Korea, Sudan, and Libya)

V. ENTRANCE REGISTRATION

All visitors (both Facility Visitors and Select Agent Area Visitors) must register by signing the Facility Access Log upon entry and exit to the facility. Visitors must provide picture identification with name, organization affiliation, employee id (if University employee), reason for visit, location of visit, escort name, entry time, and exit time.

Select Agent Area Visitors within the secured areas or laboratories containing Select Agents must be accompanied at all times by an Authorized Person. Authorized Persons must maintain visual contact with the Select Agent Area Visitor(s) at all times. At no point, may a Select Agent Area Visitor(s) be left unattended while in secured areas or laboratories containing Select Agents.

VI. INSPECTION

When you request access to any secured facility, you are hereby volunteering to be searched. University security personnel have the right to inspect all items upon entry to and exit from the area where Select Agents and Toxins are stored or used.

VII. REPORTING

Campus Police

To report a loss, crime or emergency on campus, call the University Police Department at 9-911 (emergency) or 845-2345 (non-emergency/off campus) or extension 5-2345 (non-emergency/on campus). This number is answered 24 hours a day by certified telecommunications personnel who maintain two way radio communications with University Police Department officers on duty throughout the campus.

Security breach alarms reported by the access control security system will result in an immediate response by the University Police Department. The University Police Department will respond to any threatening situation or suspicious person reported or observed at the facility.

Environmental Health and Safety

To report accidents, spills, physical hazards or other laboratory issues, call Environmental Health and Safety immediately at 845-2132. After hours, dial 845-4311 and ask for the Environmental Health and Safety Services person on-call.

Research Compliance

Any other events or questions may be directed to the Responsible Official or the Research Compliance Office at 979/458-4167.

VIII. UNIVERISTY EMERGENCY RESPONSE PROCEDURES

Please refer to:

- University Crisis Management Plan: <http://finance.tamu.edu/ehsd/resources/generalsafety/crisismgmt.pdf>

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Manna Adu
Signature of Person Receiving Training

3/8/2007
Date

MASAKO ANDOH
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

3/8/07
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Maria Bell
Signature of Person Receiving Training

12/5/2005
Date

MASAKO ANDOM
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>JAPAN</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, MASAKO ANDOM, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Masaki Andom

Date: 3/8/2007

Printed Name: MASAKO ANDOM

Title: _____

Witness: _____

Printed Name: Eunhee Lee

Title: Research Associate

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

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Yes	No	Statements (Note: Affirmation must be executed below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? <u>JAPAN</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, MASAKO ANDOH (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Masaki Andoh

Date: 2/23/2006

Printed Name: MASAKO ANDOH

Title: Postdoc research associate

Witness: [Signature]

Printed Name: Davong Soumalay Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii & Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Masaki Andoh
Signature of Person Receiving Training

02/08/2005
Date

MASAKO ANDOH
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

2/8/05
Date

JAMES E. SAMUEL
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	<i>Statements (NOTE: affirmation must be executed, see below)</i>
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>JAPAN</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, MASAKO ANDOH, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Masako Andoh

Date: 04-21-2004

Printed Name: MASAKO ANDOH

Title: Post-Doc

Witness: [Signature]

Printed Name: Joselyn E. Hill

Title: Research Assistant

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

- 1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
*flu-like disease, pneumonia, hepatitis in acute cases and endocarditis in chronic cases.
2 or 3 weeks after exposure.*
- 2. What is the recommended treatment for Q fever?
Drug (tetracyclines or new quinolones) treatment.

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Angela M. Arenal
Signature of Person Receiving Training

3/23/07
Date

Angela M. Arenal
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

3/23/07
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL₃ if you are wearing a mask. **False**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **False**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **True**

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

high fever, headache, general malaise, flu-like symptoms (chills, ^{sores} throats, etc),
2-3 weeks initial onset

2. What is the recommended treatment for Q fever?

Doxycycline orally for 15-21 days (100mg/d)

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	No	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	No	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	No	(3) Are you a fugitive from justice?
	No	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
Yes		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	No	(6) Are you illegally or unlawfully in the United States?
	No	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	No	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Jared Barker (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Jared Barker

Date: 2/20/2006

Printed Name: Jared Barker

Title: Research Assistant

Witness: [Signature]

Printed Name: Daviny Soumaly Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Jared Barker
Signature of Person Receiving Training

12/5/05
Date

Jared Barker
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

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CERTIFICATION

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I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Jared Barber
Signature of Person Receiving Training

3/29/05
Date

Jared Barber
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/2/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
✓		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Jared Dale Barker, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin ed or imprisoned or both**.

Signature: Jared Barker
Printed Name: Jared Barker
Witness: Jim Samuel
Printed Name: Jim Samuel

Date: 3/29/05
Title: Research Assistant
Title: Professor

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

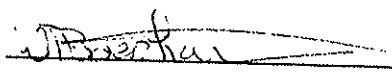
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

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Yes	No	Statements (Note: Affirmation must be executed below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? <u>The Netherlands</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Wilhelmina T Boerhout (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

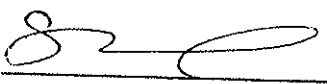
I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: 

Date: 02/20/06

Printed Name: Wilhelmina T Boerhout

Title: undergraduate research student

Witness: 

Printed Name: Darong S. Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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W. Boerhout
Signature of Person Receiving Training

12/05/2005
Date

Wilhelmina T. Boerhout
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
F
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
F
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.
T

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
Fever, Headache, seems like flu
2-3 weeks
2. What is the recommended treatment for Q fever?
Antibiotics

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

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Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>The Netherlands</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, W T Boerhout, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: W T Boerhout

Printed Name: Wilhelmina Thea Boerhout

Witness: Jim Samuel

Printed Name: Jim Samuel

Date: 09-12-'05

Title: non-affiliated student technician

Title: Professor

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? <u>GERMANY</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Moritz Bolle (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Moritz Bolle

Date: 2/20/2006

Printed Name: Moritz Bolle

Title: Graduate Research Asst.

Witness: [Signature]

Printed Name: Davong Soumaly Rattanasavanh Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	<i>Statements (NOTE: affirmation must be executed, see below)</i>
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>Germany</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Moritz Bole, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin**ed or **imprisoned** or both.

Signature: Moritz Bole

Date: 12/6/05

Printed Name: Moritz Bole

Title: Grad. research ass.

Witness: [Signature]

Printed Name: Davong Soumaly Rattanasavanh

Title: research assistant

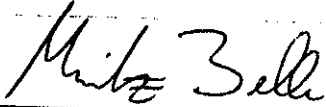
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

12/05/05

Date

MORITZ BOLLE

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12/5/05

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are TRUE or FALSE.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **False**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **False**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **True**

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
Some weeks after infection, flu-like symptoms such as fever, headache etc. occur.
2. What is the recommended treatment for Q fever?
Antibiotics Tetracycline or new quinolones.

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Robert E Brennan JR
Printed Name

Robert E Brennan
Signature

4-8-04
Date

James Samuel
Supervisor

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Robert E. Brennan, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Robert E. Brennan

Date: 7.22.02

Printed Name: Robert E. Brennan Jr

Title: _____

Witness: James E. Samuel

Printed Name: JAMES E. SAMUEL

Title: ASSOCIATE PROFESSOR

Bob

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *True*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur? *Periorbital headache, fever, chills
1 to 2 weeks*
2. What is the recommended treatment for Q fever?
Doxycycline

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

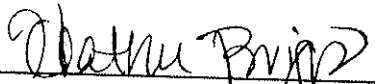
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Heather L Briggs (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.


I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: 

Date: 2/20/06

Printed Name: Heather Briggs

Title: Graduate Student

Witness: 

Printed Name: Davong Soumaly Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

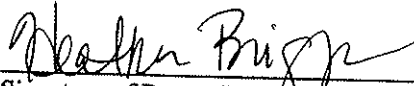
CERTIFICATION

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Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii laboratory room(s) _____ and the select agent storage facility in room: _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii & Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

2/8/05
Date

Heather Briggs

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/8/05
Date

JAMES E. SAMUEL

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

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I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Heather Briggs

Signature of Person Receiving Training

12/5/05

Date

Heather Briggs

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

12/5/05

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____ Dr. James E. Samuel _____. This includes the following recent modifications:

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Heather Briggs
Printed Name

Heather Briggs
Signature

4/8/04
Date

James E. Samuel
Supervisor

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Heather Lenore Briggs, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin ed or imprisoned or both**.

Signature: Heather L. Briggs

Date: 12/4/02

Printed Name: Heather L. Briggs

Title: GRADUATE STUDENT

Witness: James E. Samuel

Printed Name: JAMES E. Samuel

Title: ASSOCIATE PROFESSOR

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F** 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F** 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T** 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

- 1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
fever, weakness, headache
2-3 weeks
- 2. What is the recommended treatment for Q fever?
Doxycycline

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Kenneth H. Carson

Signature of Person Receiving Training

3-23-07

Date

Kenneth H. Carson

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

3/23/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *True*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur? *Flu-like symptoms in about 2 weeks*
High fever, severe headache, general malaise, myalgia, confusion, sore throat, chills, sweat, non-productive cough, russia, rinitis, diarrhea, abdominal pain, chest pain
2. What is the recommended treatment for Q fever? *Doxycycline*

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

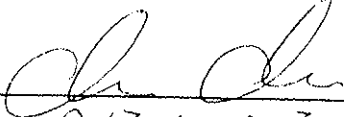
ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>P.R. China</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Chen Chen, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 

Printed Name: CHEN CHEN

Date: 3/8/07

Title: graduate research assistant

Witness: _____

Printed Name: Eunhee Lee

Title: Research Associate

Samuel

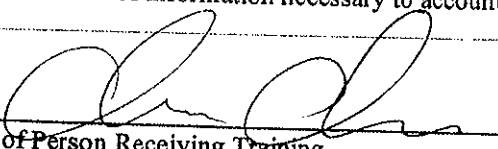
CERTIFICATION

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Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) 420 Reynolds and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

03/08/07
Date

CHEN CHEN

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

3/8/07
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **FALSE**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **FALSE**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **TRUE**

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
High fever, ~~the~~ chills, headache, weakness, pneumonitis and hepatitis are the initial symptoms of Q fever. The incubation times usually 2-3 weeks.
2. What is the recommended treatment for Q fever?
Antibiotic treatment is the recommended treatment for Q fever

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>P.R. China</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Chen Chen, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Chen Chen
Printed Name: CHEN CHEN

Date: 05-09-06
Title: _____

Witness: Guo Quan Zhang
Printed Name: Guo Quan Zhang

Title: Research Scientist

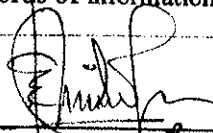
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

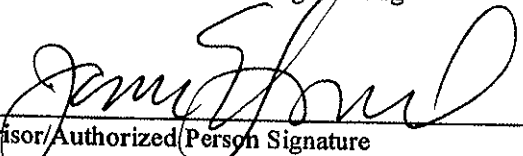


Signature of Person Receiving Training

06/22/06
Date

Subst Cirillo

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

11/10/07
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *True*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
Sudden onset, chills, headache, weakness, malaise, severe sore
incubation time = 2-3 wks.
2. What is the recommended treatment for Q fever?
Tetracycline, chloramphenicol and rifampin

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

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ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Suat Cirillo, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin**ed or **imprisoned or both**.

Signature: [Signature]
Printed Name: Suat Cirillo

Date: 06/22/06
Title: Researcher

Witness: [Signature]
Printed Name: Daveng Soumya Rattanasavanh

Title: Research Assistant

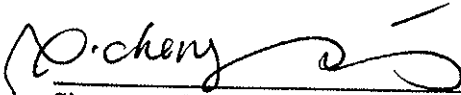
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.


Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____, under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.


Signature of Person Receiving Training
Xicheng Ding
Printed name of Person Receiving Training

3-23-07
Date


Supervisor/Authorized Person Signature

2/23/07
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety, Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **F**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **T**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **T**

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

severe headache myalgia sore throat, chills, sweats
no-productive cough nausea vomiting chest pain diarrhea
abdominal pain, confusion general malaise

2. What is the recommended treatment for Q fever?

Doxycycline combined with

quinolones / hydroxychloroquine ~~are~~ are
the recommended treatments for Q fever

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ is under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Allison R. Schw

Signature of Person Receiving Training

3/23/07

Date

Allison R. Ficht

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

3/23/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F
1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
high fever, headache, myalgia, flu like symptoms with onset 2-3 weeks post exposure. May occur as soon as 5 days with heavy dose.
2. What is the recommended treatment for Q fever?
3 week treatment w/ doxycycline

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Phillip Heaton (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

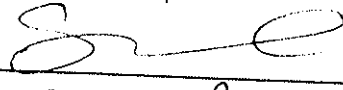
I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: 

Date: 2-20-06

Printed Name: Phillip Heaton

Title: Graduate Student

Witness: 

Printed Name: Davong Soumaly Rattanasavanh

Title: Research Assistant

Phillip Henton

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

Headache, chills, weakness, malaise
flu-like symptoms. Occur 2-3 weeks

2. What is the recommended treatment for Q fever?

antibiotic therapy

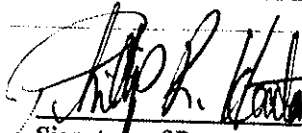
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) and the select agent storage facility in room ids under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

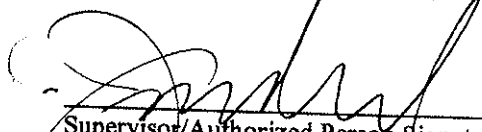


Signature of Person Receiving Training

02/13/06
Date

Phillip Heaton

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/13/06
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

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I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Laura Hendrix

Signature of Person Receiving Training

3/8/07

Date

Laura Hendrix

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

3/8/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	<i>Statements (NOTE: affirmation must be executed, see below)</i>
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Laura Hendrix, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin**ed or **imprisoned or both**.

Signature: Laura Hendrix

Date: 3/8/07

Printed Name: Laura Hendrix

Title: Asst. Prof.

Witness: _____

Printed Name: Eunhee Lee

Title: Research Associate

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

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Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Laura Hendrix (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Laura Hendrix

Date: 2/20/06

Printed Name: Laura Hendrix

Title: Asst. Prof.

Witness: [Signature]

Printed Name: Davong Sounaly Rattanasavanh Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ is under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Laura Hendrix
Signature of Person Receiving Training

12-05-05
Date

Laura Hendrix
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii & Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Laura R. Hendrix
Signature of Person Receiving Training

2-8-05
Date

Laura R. Hendrix
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

2/8/05
Date

JAMES E. SAMUEL
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Laura Hendrix
Printed Name

Laura Hendrix
Signature

4-8-04
Date

James E. Samuel
Supervisor

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
yes unless there is a strong wind blowing
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
*headache, fever, malaise
usually about 2 weeks post exp
range is great*
2. What is the recommended treatment for Q fever?
tetracycline

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
✓		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Laura R. Hendrix, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Laura R. Hendrix

Date: 7/22/02

Printed Name: Laura R. Hendrix

Title: Assistant Professor

Witness: James E. Samuel

Printed Name: JAMES E. SAMUEL

Title: ASSOCIATE PROFESSOR

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

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Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Josava Hill, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin**ed or **imprisoned or both**.

Signature: [Handwritten Signature]
Printed Name: Josava Hill

Date: 08 MAR 07
Title: Grad. Student

Witness: _____
Printed Name: Bunhee Lee

Title: Research Associate

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**


Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

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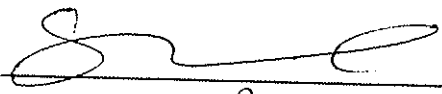
Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Joshua Hill (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: 
 Printed Name: Joshua Hill

Date: 20 Feb 06
 Title: GAR

Witness: 
 Printed Name: Davong Saumaly Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

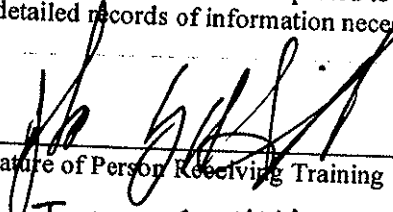
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

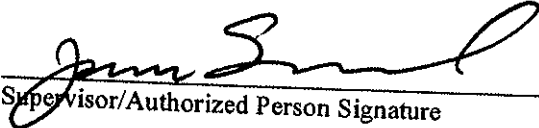


Signature of Person Receiving Training

5-Dec-05
Date

JOSHUA E. HILL

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

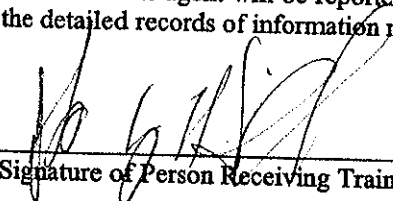
CERTIFICATION

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Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii & Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



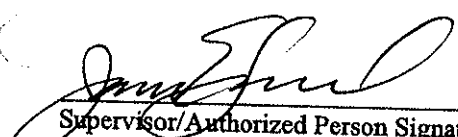
Signature of Person Receiving Training

8 Feb 05

Date

JOSAVA E. HILL

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/8/05

Date

JAMES E. SAMUEL

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____ Dr. James E. Samuel _____ . This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Josyva Hill
Printed Name

[Signature]
Signature

8 APR 04
Date

[Signature]
Supervisor

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Joshua E. Hill, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin**ed or **imprisoned or both**.

Signature: [Handwritten Signature]
 Printed Name: Joshua E. Hill

Date: 6/9/03
 Title: Research assistant

Witness: KThomason
 Printed Name: Kerrie Thomason

Title: Research Assistant

CERTIFICATION

have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ s under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

02/20/06

Date

MANIRATH KHOUNLOTHAM

Printed name of Person Receiving Training

Supervisor/Authorized Person Signature

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____ Dr. James E. Samuel _____ . This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii* ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Katalin A. Kiss
Printed Name

Katalin A. Kiss
Signature

8 APR 04
Date
[Signature]
Supervisor

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are TRUE or FALSE.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **FALSE**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **FALSE**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **True**

Please respond to the following questions with a SHORT ANSWER.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
**fever, peri-orbital headache
1-2 wks.**
2. What is the recommended treatment for Q fever?
tetracyclines

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____ Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Martijn van der Laag
Printed Name


Signature

08-04-'04
Date


Supervisor

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
F
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
F
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.
T

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
2-3 weeks,
symptoms: chills, headache, weakness, malaise, severe sweats
2. What is the recommended treatment for Q fever?
tetracycline, chloramphenicol and rifampin

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

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Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>Holland</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Martijn van der Laag, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

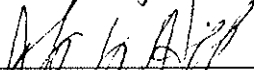
I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 

Date: 02-10-04

Printed Name: Martijn van der Laag

Title: non-affiliated student technician

Witness: 

Printed Name: Joshua E. Hill

Title: Research Assistant

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Lantshear

Signature of Person Receiving Training

02/09/2005

Date

Letty Lantshear

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

2/8/05

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F** 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F** 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T** 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

flu-like, 7-10d → 2-3 wks

2. What is the recommended treatment for Q fever?

antibiotics like tetracyclines or new quinolones

Received
Research Compliance
SEP 15 2004
IBC

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with C. Burnett & R. prowazekii in laboratory room(s) [redacted] and the select agent storage facility in room [redacted] under the direction of James E. Samuel.

I further certify that I understand the hazards of working with C. Burnett and R. prowazekii, the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level BSL-3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

[Signature]
Signature

09/13/2004
Date

[redacted]
Printed name

non-affiliated student technician
Position/Title

Are you a US citizen?
 Yes. No.

Netherlands
Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

9/13/2004 MARIANA
Date and location of training

[redacted]
Social security number

10/15/1982
Date of birth

[redacted]
Email address

[Signature]
Supervisor's signature

9/14/04
Date

James E. Samuel
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	<i>Statements (NOTE: affirmation must be executed, see below)</i>
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>The Netherlands</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, L. Lantsheer, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: L. Lantsheer

Printed Name: L. Lantsheer

Date: 09/08/2004

Title: Non-affiliated student technician

Witness: Davong S. Ratanasavanh

Printed Name: Davong S. Ratanasavanh

Title: research assistant

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____, and the select agent storage facility in room _____, under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Lantshear

Signature of Person Receiving Training

02/09/2005

Date

Letty Lantshear

Printed Name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

2/8/05

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



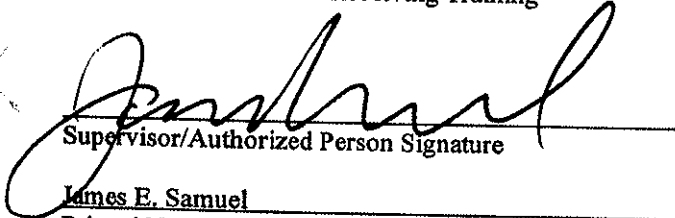
Signature of Person Receiving Training

Eunhee Lee

Printed name of Person Receiving Training

3/8/07

Date



Supervisor/Authorized Person Signature

James E. Samuel

Printed Name of Authorized Person Providing Training

3/8/07

Date

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room 420 Reynolds under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



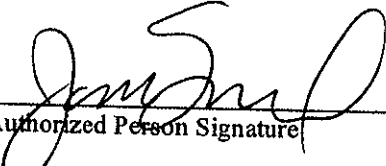
Signature of Person Receiving Training

Eunhee Lee

Printed name of Person Receiving Training

6/15/06

Date



Supervisor/Authorized Person Signature

1/10/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Eunhee Lee, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 

Date: 3/8/07

Printed Name: Eunhee Lee

Title: Research Associate

Witness: _____

Printed Name: Eunhee Lee

Title: Research Associate

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F** 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F** 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T** 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

- 1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

Flu-like symptoms : Fever, headache, chills
7-10 days ~ 2-3 weeks

- 2. What is the recommended treatment for Q fever?

Antibiotics : tetracycline, chloramphenicol, rifampin

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Eunhee Lee, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

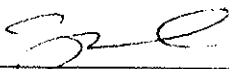
I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 

Date: 6/15/06

Printed Name: Eunhee Lee

Title: Research Assistant

Witness: 

Printed Name: Davong Somaly Rattarasavanh

Title: Research Assistant

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) 420 Reynolds and the select agent storage facility in room 420 Reynolds under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



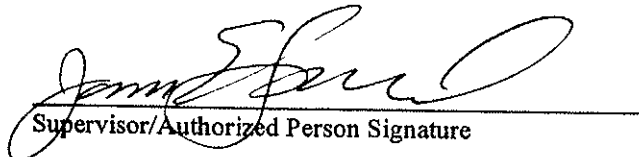
Signature of Person Receiving Training

3/23/07

Date

JOELYNE MAYOR (BRAY)

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

3/23/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
2 weeks
fever of ≥ 104 , headache, flu like symptoms
diarrhea, chest pain
possibly developing hepatitis
2. What is the recommended treatment for Q fever? doxycycline, Antibiotics

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>Germany</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Katja Mertens, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Katja Mertens

Date: 03/08/07

Printed Name: KATJA MERTENS

Title: Postdoc

Witness: James E. Samuel

Printed Name: JAMES E. SAMUEL

Title: PI

CERTIFICATION

have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Katja Mertens
Signature of Person Receiving Training

03/08/07
Date

KATJA MERTENS
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

3/8/07
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? <u>Germany</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Katja Mertens (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Katja Mertens

Date: 02/20/2006

Printed Name: Katja Mertens

Title: Ph.D.

Witness: [Signature]

Printed Name: Davong Soumaly Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Katja Kertens
Signature of Person Receiving Training

12/05/2005
Date

Katja Mertens
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____.

I further certify that I understand the hazards of working with _____; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Katja Mertens

Signature of Person Receiving Training

02/08/05

Date

KATJA MERTENS

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

2/8/05

Date

JAMES E. SAMUEL

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Katja Mertens

Printed Name

Katja Mertens

Signature

04/08/04

Date

James E. Samuel
Supervisor

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>Germany</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Katja Mertens, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Katja Mertens
Printed Name: KATJA MERTENS

Date: 02/11/2004
Title: Postdoc

Witness: [Signature]
Printed Name: Sarah E. Hill

Title: Research Assistant

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ is and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

W. Waithaka

Signature of Person Receiving Training

3/23/07

Date

Waithaka Mwangi

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

3/23/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **False**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. ~~True~~ **False**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **True**

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
high fever, severe headache, malaise, myalgia, conjunctivitis, sore throat
chills, sweats, rashes, vomiting, diarrhea, abdominal pain, chest pain
1 - 2 weeks.
2. What is the recommended treatment for Q fever?
Doxycycline

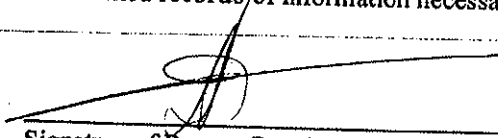
CERTIFICATION

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I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.


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Signature of Person Receiving Training

3/23/07
Date

Leo M. Njoroge
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

3/23/07
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

True

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

flu like symptoms - 2 weeks

2. What is the recommended treatment for Q fever?

Antibiotics doxycycline

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *false*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. ~~recapped~~ *false*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *true*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
incubation time: 2-3 weeks
symptoms: chills, headache, sweats, ~~disorientation~~
2. What is the recommended treatment for Q fever?
antibiotic therapy

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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Pei Jianwu
Signature of Person Receiving Training

3-23-07
Date

Jianwu Pei
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

3/23/07
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **F**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **F**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **T**

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
High fever, Headache, Sore throat, chills, sweats, etc.
It usually take 2 weeks to show symptoms.
2. What is the recommended treatment for Q fever?
Doxycycline 100mg orally twice a day for 15-21 days.

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or Select Agent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Mark W. J. Poels
Printed Name

[Signature]
Signature

4/8/04
Date

[Signature]
Supervisor

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>Netherlands</u>
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Mark W.J. Pels, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 

Printed Name: mark willem johan Pels

Witness: KThomas

Printed Name: Kerrie Thomason

Date: 9/16/03

Title: Non-Affiliated Student Technica

Title: Research Assistant

Mark

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
- fever
- headache
- severe sweats
etc.
- 2 - 3 weeks
2. What is the recommended treatment for Q fever?

~~Tetracycline~~

- tetracycline
- chloramphenicol
etc.

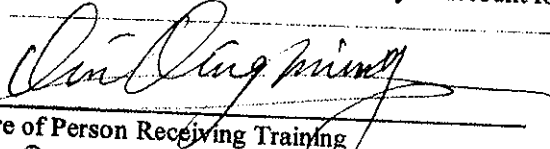
CERTIFICATION

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I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



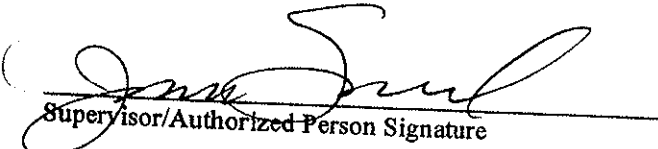
Signature of Person Receiving Training

QINGMING QIN

Printed name of Person Receiving Training

3/23/07

Date



Supervisor/Authorized Person Signature

James E. Samuel

Printed Name of Authorized Person Providing Training

3/23/07

Date

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. F
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. F
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. T

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

High fevers, severe headache, general malaise, myalgia, confusion, sore throat, chills, sweats...

2. What is the recommended treatment for Q fever?

Doxycycline ~~for~~ for 2-3 weeks.

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, JOHN M QUARLES (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.R.F. § 72.6(h), I can be fined or imprisoned or both.

Signature: John M Quarles

Date: 2/20/06

Printed Name: JOHN M QUARLES

Title: Professor & HEAD

Witness: [Signature]

Printed Name: Davong S. Rattanasavand

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

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AFFIRMATION

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Signature: John M Quarles
 Printed Name: John M Quarles

Date: 12/6/05
 Title: Professor and Head

Witness: [Signature]
 Printed Name: Daveng Saumaly Rattanasavanh

Title: Research Assistant

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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John M Quarles
Signature of Person Receiving Training

12/5/05
Date

John M Quarles
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

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John M Quarles
Signature of Person Receiving Training

2/8/05
Date

JOHN M QUARLES
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

2/8/05
Date

JAMES E. SAMUEL
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____ Dr. James E. Samuel _____ This includes the following recent modifications:

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JOHN M Quarles
Printed Name

John M Quarles
Signature

11-18-04
Date

James E. Samuel
Supervisor

CONFIDENTIAL

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

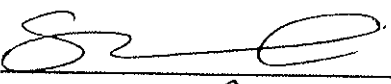
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Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
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X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
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	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Davong Soumalay Rattanasavanh (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

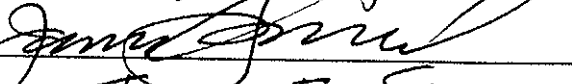
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Signature: 

Date: 2/20/06

Printed Name: Davong Soumalay Rattanasavanh

Title: Research Assistant

Witness: 

Printed Name: JAMES E. SAMUEL

Title: Professor

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

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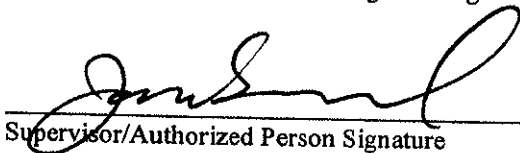
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Signature of Person Receiving Training

12/5/05
Date

Davong Soumahy Rattanasavanh
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii & Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



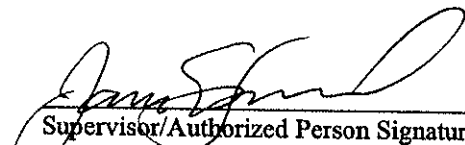
Signature of Person Receiving Training

2/8/05

Date

Davong S. Rattanasavanh

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/8/05

Date

JAMES E. SAMUEL

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Received
Research Compliance

SEP 15 2004

IBC

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with C. burnetii & R. prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of James E. Samuel.

I further certify that I understand the hazards of working with C. burnetii and R. prowazekii, the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level BSL 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Davong S. Rattanasavanh
Signature

9/12/04
Date

Davong S. Rattanasavanh
Printed name

research assistant
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

9/13/04 MMIA
Date and location of training

Social security number

6/14/81
Date of birth

rattanasavanh@medicine.tamu.edu
Email address

James E. Samuel
Supervisor's signature

9/14/04
Date

James E. Samuel
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

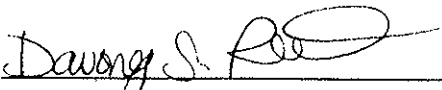
ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
✓		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

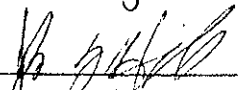
AFFIRMATION

I, Davong Soumaly Rattanasavanh, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 
 Printed Name: Davong S. Rattanasavanh

Date: 8/24/04
 Title: research assistant

Witness: 
 Printed Name: JUSTICE E. HILL

Title: Grad. Student

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *True*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

Flu-like disease, pneumonia, hepatitis in acute cases and endocarditis in chronic cases. 2 or 3 weeks after exposure

2. What is the recommended treatment for Q fever?

Antibiotic drugs like tetracyclines or new quinolones are recommended for treatment.

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Koon Russell-Lodrigue, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Koon Russell-Lodrigue
 Printed Name: Koon Russell-Lodrigue

Date: 8 MAR 07
 Title: Asst. Res. Scientist

Witness: _____
 Printed Name: Eunhee Lee

Title: Research Associate

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>AUSTRALIA</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Nathan Unsworth hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both.**

Signature: Nathan Unsworth
Printed Name: NATHAN UNSWORTH

Date: 5-8-06
Title: Postdoctoral Research Associate

Witness: [Signature]
Printed Name: Davong S. Rattanasavanh

Title: Research Assistant

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- T 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- F 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

- 1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

Flu like symptoms, fever, headache.
They occur upto 4 days post exposure

- 2. What is the recommended treatment for Q fever?

Treatments may include Tetracycline antibiotics

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

By Autoclaving it @ 121°C for 30mins

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

Wipe up excess liquid from the spill with a cloth.

~~Wipe~~ Wipe the area with 70% ethanol solution

Wipe the area with hypochlorite and inform a supervisor about the spill.

I, Nathan Unsworth have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature Nathan Unsworth

Date 5.8.2006

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

[Handwritten Signature]

Signature of Person Receiving Training

8 MAR 07

Date

Kari Russell-Lodrigue

Printed name of Person Receiving Training

[Handwritten Signature]

Supervisor/Authorized Person Signature

3/8/17

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Kasi Russell-Lodrigne (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.R.F. § 72.6(h), I can be fined or imprisoned or both.

Signature: Kasi Russell-Lodrigne

Date: 20 Feb 2006

Printed Name: Kasi Russell-Lodrigne

Title: Assistant Research Scientist

Witness: Davong Somaly Rattanasouvanh

Printed Name: Soumy

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Kasi Russell-Lodrigue, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Kasi Russell-Lodrigue

Printed Name: Kasi Russell-Lodrigue

Witness: Jim Samuel

Printed Name: Jim Samuel

Date: 9 Dec 2005

Title: Assistant Research Scientist

Title: Professor

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Kasi Russell-Lodrigue
Signature of Person Receiving Training

9 Dec 05
Date

Kasi Russell-Lodrigue
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/9/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii & Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Kasi E. Russell-Rodrigue
Signature of Person Receiving Training

8 Feb 05
Date

Kasi E. Russell-Rodrigue
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

2/8/05
Date

JAMES E. SAMUEL
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____ Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

KASI RUSSELL
Printed Name

Kasi Russell
Signature

15 APR 04
Date

Supervisor

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *True*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
*flu-like symptoms - fever, malaise, respiratory symptoms
approximately 2 weeks post exposure
complications can include pneumonia + hepatitis*
2. What is the recommended treatment for Q fever?
long-term tetracycline

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

autoclave

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

pour phenol or bleach on it + let it sit before wiping up

I, Kasi E. Russell, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature Kasi Russell

Date 4 Feb 03

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	/	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	/	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	/	(3) Are you a fugitive from justice?
	/	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
/		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	/	(6) Are you illegally or unlawfully in the United States?
	/	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	/	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, JAMES E. Samuel hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: *James Samuel*
 Printed Name: JAMES E. Samuel

Date: 3/8/17
 Title: PI

Witness: _____
 Printed Name: Emilee Lee

Title: Research Associate

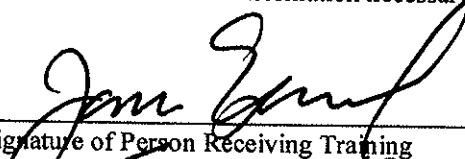
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) 420 Reynolds and the select agent storage facility in room 420 Reynolds under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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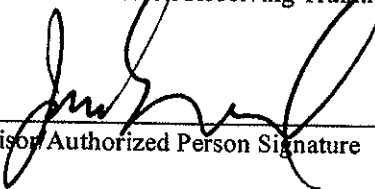
Signature of Person Receiving Training

3/8/17

Date

JAMES E. Samuel

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

3/8/17

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

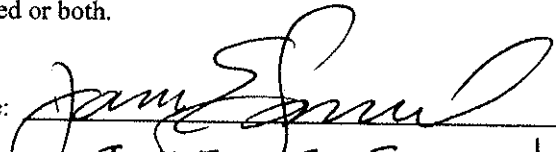
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

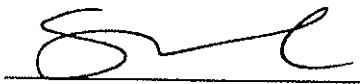
Yes	No	Statements (Note: Affirmation must be executed below)
	<input checked="" type="checkbox"/>	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	<input checked="" type="checkbox"/>	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	<input checked="" type="checkbox"/>	(3) Are you a fugitive from justice?
	<input checked="" type="checkbox"/>	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
<input checked="" type="checkbox"/>		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	<input checked="" type="checkbox"/>	(6) Are you illegally or unlawfully in the United States?
	<input checked="" type="checkbox"/>	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	<input checked="" type="checkbox"/>	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, JAMES E. Samuel (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: 
 Printed Name: JAMES E. Samuel

Date: 2/20/06
 Title: Professor

Witness: 
 Printed Name: Davong S. Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

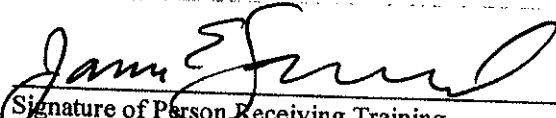
CERTIFICATION

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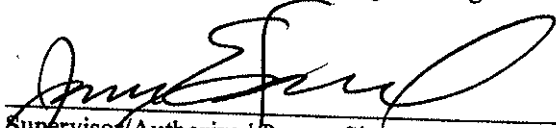


Signature of Person Receiving Training

12/5/05
Date

JAMES E. SAMUEL

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

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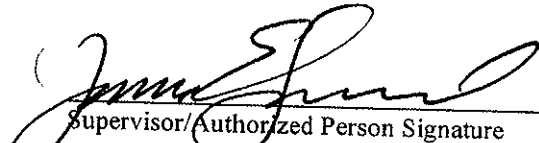
Signature of Person Receiving Training

2/8/05

Date

JAMES E. SAMUEL

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/8/05

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin.”

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

JAMES E. Samuel

Printed Name

James Samuel

Signature

4/8/04

Date

James Samuel

Supervisor

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)


ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	/	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, James E. Samuel, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 
 Printed Name: JAMES E. SAMUEL

Date: 7/22/02
 Title: ASSOCIATE PROFESSOR

Witness: Laura R. Hendrix
 Printed Name: Laura R. Hendrix

Title: ASSISTANT PROFESSOR

ANSWER KEY

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

F
F
T

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

about 2-3 weeks

2. What is the recommended treatment for Q fever?

tetracycline

What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

Autoclave

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

- Allow aerosols to settle
- cover spill w/ paper towels
- apply phenol to spill
- let sufficient time before clean up ~ 20 minutes
- Autoclave waste

I, _____, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature _____

Date _____

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

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Yes	No	Statements (NOTE: affirmation must be executed, see below)
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AFFIRMATION

I, JAMES E. Samuel hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin**ed or **imprisoned** or both.

Signature: *James Samuel*
 Printed Name: JAMES E. Samuel

Date: 3/8/17
 Title: PI

Witness: _____
 Printed Name: Emilee Lee

Title: Research Associate

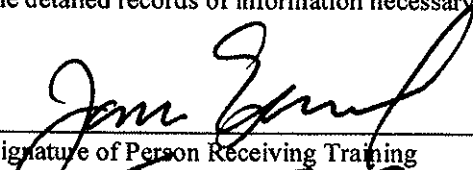
CERTIFICATION

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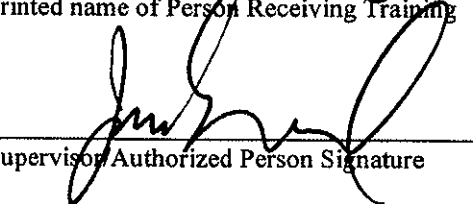
Signature of Person Receiving Training

3/8/7

Date

JAMES E. Samuel

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

3/8/7

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

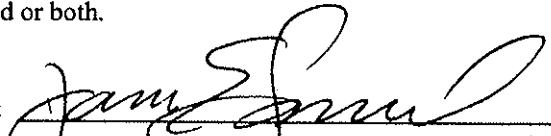
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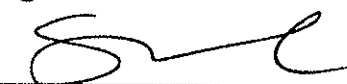
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I, JAMES E. Samuel (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

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Signature: 
 Printed Name: JAMES E. Samuel

Date: 2/20/06
 Title: Professor

Witness: 
 Printed Name: Davong S. Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

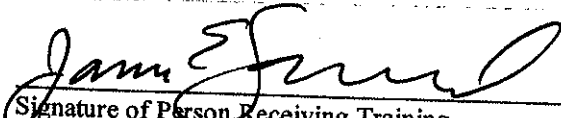
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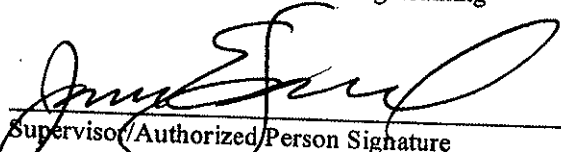


Signature of Person Receiving Training

12/5/05
Date

JAMES E. Samuel

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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Signature of Person Receiving Training

2/8/05

Date

JAMES E. SAMUEL

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/8/05

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of _____ Dr. James E. Samuel _____ . This includes the following recent modifications:

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JAMES E. Samuel
Printed Name

James Samuel
Signature

4/8/04
Date

James Samuel
Supervisor

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

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Yes	No	Statements (NOTE: affirmation must be executed, see below)
	<input checked="" type="checkbox"/>	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
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AFFIRMATION

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Signature: 
Printed Name: JAMES E. SAMUEL

Date: 7/22/02
Title: ASSOCIATE PROFESSOR

Witness: Laura R. Hendrix
Printed Name: Laura R. Hendrix

Title: ASSISTANT PROFESSOR

ANSWER KEY

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

F
F
T

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

about 2-3 weeks

2. What is the recommended treatment for Q fever?

tetracycline

THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, JANAKIRAM SESHU (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

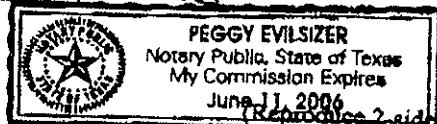
I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(i) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: J. Seshu
Printed Name: Janakiram Seshu

Date: 2-20-2006
Title: Assistant Professor
UTSA

Witness: Peggy Evilsizer
Printed Name: PEGGY EVILSIZER

Title: Spec. Projects Coord



CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) ___ and the select agent storage facility in room. _____, under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

J. Seshu

Signature of Person Receiving Training

12-13-05

Date

J. SESHU

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

12-13-05

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

J. Seshu

Signature of Person Receiving Training

2/9/05
Date

J. SESHU

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

2/9/05
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

J. SEBASTIAN
Printed Name

J. Sebastian
Signature

11-18-04
Date

[Signature]
Supervisor

CONFIDENTIAL

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>INDIA</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, JANAKIRAM SESHU, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: J. Seshu

Printed Name: JANAKIRAM SESHU

Witness: [Signature]

Printed Name: JAMES E. SAMUEL

Date: 7/26/02

Title: POST-DOCTORAL RESEARCH ASSOC.

Title: Associate Professor

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **False**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **False**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **true** ~~also to other disinfectants~~

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
Initial symptoms: sudden onset of chills, headache, weakness, malaise and severe sweats
Incubation period: 2-3 weeks
2. What is the recommended treatment for Q fever?
Antibiotic therapy: tetracycline, rifampin, chloramphenicol

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

autoclave

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

1. allow aerosols to settle
2. wear protective clothing
3. cover spill with ~~10~~ paper towels and apply 1% sodium hypochlorite, from the perimeter towards the center
4. Allow 30-60 min contact time
5. autoclave waste
6. display spill procedures in BL3 suite

I, Kelly Soltysiek, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature Kelly Soltysiek

Date 2/19/07

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
✓		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Kelly Ann Soltysiak, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 

Printed Name: Kelly Ann Soltysiak

Witness: _____

Printed Name: Eunhee Lee

Date: 3/8/07

Title: graduate student

Title: Research Associate


CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____, under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.




Signature of Person Receiving Training

3/8/07

Date

Kelly Ann Salgeziak

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

3/8/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)


CERTIFICATION

have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.


Signature of Person Receiving Training

12/05/2005
Date

Claudia Tersteeg
Printed name of Person Receiving Training


Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *True*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
- Flu-like symptoms, pneumonia
- 2-3 weeks after infection
2. What is the recommended treatment for Q fever?
Antibiotics, tetracycline or new quinolones

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

Autoclave all items

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

- 1) let aerosols settle
- 2) cover spills with papertowels
- 3) apply 1% sodium hypochlorite
- 4) let dry for 30-60 minutes
- 5) clean it up
- 6) autoclave waste

I, Claudia Tersteeg, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature

Claudia Tersteeg

Date

09/30/2005

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>The Netherlands</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, C. Tersteeg, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: 

Date: 09-12-'05

Printed Name: Claudia Tersteeg

Title: student

Witness: 

Printed Name: Davong Soumaly Rattanasavanh

Title: Research Assistant

Kerrin

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

F

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.

F

2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.

T

3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

Flu like symptoms, headache
~ 2 weeks

2. What is the recommended treatment for Q fever?

tetracycline

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

autoclave waste

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

- allow aerosols to settle
- cover spill area w/ bleach; or phenol
- let sit for ~20min/30min
- dab up with paper towels
- autoclave all waste

I, Kerrin B Thomason have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature K Thomason

Date 2/4/03

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>Australia</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Nathan Unsworth, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin ed or imprisoned or both**

Signature: Nathan Unsworth
 Printed Name: NATHAN UNSWORTH

Date: 2-8-07
 Title: Dr.

Witness: _____
 Printed Name: Eunhee Lee

Title: Research Associate

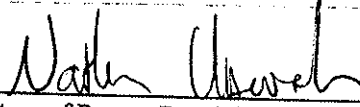
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.


Signature of Person Receiving Training

2-8-07
Date

NATHAN CHURCH
Printed name of Person Receiving Training


Supervisor/Authorized Person Signature

3/8/17
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Nathan Unsworth
Signature of Person Receiving Training

5-11-06
Date

NATHAN UNSWORTH
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

5/11/06
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Received
Research Compliance
SEP 15 2004
IBC

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with C. Burnett & R. Prowazek in laboratory room(s) _____, and the select agent storage facility in room _____ under the direction of James E. Samuel.

I further certify that I understand the hazards of working with C. Burnett and R. Prowazek; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level BSL-3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

[Signature]
Signature

9/13/04
Date

Simone E. Vargas
Printed name

post-doctorate
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

9/13/04 MMU
Date and location of training

Social security number

11-27-71
Date of birth

varghees@medicine.tamu.edu
Email address

[Signature]
Supervisor's signature

9/14/04
Date

James E. Samuel
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, S. Varghees, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin ed or imprisoned or both**.

Signature: [Handwritten Signature]
Printed Name: SUNITA E VARGHEES

Date: 9/8/04
Title: GAR

Witness: [Handwritten Signature]
Printed Name: Darvay S. Pattanasavanh

Title: research assistant

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?

flu-like; 7-10d → 2-3 wks

2. What is the recommended treatment for Q fever?

Doxy / Quinolones

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

Autoclave

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

- 1.) Let aerosols to settle
- 2.) Cover paper towels
- 3.) Apply 1% sodium hypochlorite
- 4.) Let dry 30-60 min
- 5.) Wipe up
- 6.) Autoclave waste

I, Sunita Varghese, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature

Sunita Varghese

Date

9/8/04

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

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Yes	No	Statements (NOTE: affirmation must be executed, see below)
	<input checked="" type="checkbox"/>	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	<input checked="" type="checkbox"/>	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	<input checked="" type="checkbox"/>	(3) Are you a fugitive from justice?
	<input checked="" type="checkbox"/>	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
<input checked="" type="checkbox"/>		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	<input checked="" type="checkbox"/>	(6) Are you illegally or unlawfully in the United States?
	<input checked="" type="checkbox"/>	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	<input checked="" type="checkbox"/>	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Itamar Villanueva, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: *Itamar Villanueva*

Date: 6/6/03

Printed Name: Itamar Villanueva

Title: Research Assistant

Witness: *K. Thomas*

Printed Name: Kerrie Thomas

Title: Research Assistant

Ita

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are TRUE or FALSE.

- F 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a SHORT ANSWER.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur? *The incubation period is about 2-3 weeks. There is a sudden onset of chills, headache, weakness, malaise, severe sweats, pneumonitis, pericarditis, hepatitis and other generalized infections.*
2. What is the recommended treatment for Q fever?
Antibiotic therapy Tetracycline has been shown to be effective along with chloramphenicol and rifampin.

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

place in biohazard bag inside hood, seal up bag and spray down with ethanol. ~~biohazard waste~~
Remove from hood and autoclave (solid - 20 min grav
liquid - 20 min liq)

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

- allow aerosol to settle
- locate bleach and flood spill and surrounding area
- allow time for bleach to work (~ 1 hr)
- wipe area w/ paper towels (wear gloves) and place paper towels in biohazard bag
- clean entire area of spill w/ Vosphen
- decontaminate all waste generated from spill before disposal and autoclave
- report spills that occurred outside hood to Dr. Samu

I, Itamar Villanueva, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature

Itamar Villanueva

Date

6/5/03

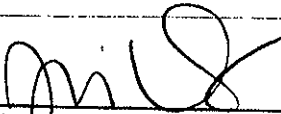
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) 420 Reynolds and the select agent storage facility in room 420 Reynolds under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.




Signature of Person Receiving Training
Jenni Weeks

Printed name of Person Receiving Training

3-23-07

Date



Supervisor/Authorized Person Signature
James E. Samuel

Printed Name of Authorized Person Providing Training

3/23/07

Date

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. *False*
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. *False*
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. *True*

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur? *1-2 weeks*
high fever, severe headaches, flu-like symptoms
2. What is the recommended treatment for Q fever?
Doxycycline 21 days

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

Autoclaved minimum 1 hour

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

~~Surround the spill with vermiculite~~
Allow aerosols to settle in the room, dress in protective clothing.
Cover the spill with paper towels and apply Nex-cide, working outside in.
Allow time to decontaminate 1 hr., clean up, autoclave waste.

I, Jenni Weeks, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature



Date

3/23/07

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	<input checked="" type="checkbox"/>	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	<input checked="" type="checkbox"/>	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	<input checked="" type="checkbox"/>	(3) Are you a fugitive from justice?
	<input checked="" type="checkbox"/>	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
<input checked="" type="checkbox"/>		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	<input checked="" type="checkbox"/>	(6) Are you illegally or unlawfully in the United States?
	<input checked="" type="checkbox"/>	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	<input checked="" type="checkbox"/>	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Mary J. Wilson (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: Mary J. Wilson

Date: 2/20/06

Printed Name: Mary J. Wilson

Title: Student Research Asst.

Witness: [Signature]

Printed Name: Darong Somaly Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Mary J. Wilson
Signature of Person Receiving Training

12/5/05
Date

Mary J. Wilson
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Mary J. Wilson

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
False
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
False
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.
True

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
flu-like symptoms within 7-10 days to 2-3 weeks
2. What is the recommended treatment for Q fever?
antibiotics such as tetracyclines OR quinolones

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

autoclave

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

- 1) let aerosols settle
- 2) cover the spill w/ paper towels
- 3) apply 1% sodium hypochlorite
- 4) let dry for 30-60 min
- 5) clean
- 6) autoclave waste

I, Mary J. Wilson, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature Mary J. Wilson

Date 1/14/05

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

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ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Mary J. Wilson, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin**ed or **imprisoned or both**.

Signature: Mary J. Wilson

Printed Name: Mary J. Wilson

Witness: Heather Briggs

Printed Name: Heather Briggs

Date: 1/11/05

Title: undergraduate research fellow

Title: Graduate Student

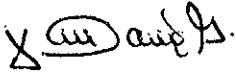
CERTIFICATION

have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) ___ and the select agent storage facility in room ___ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

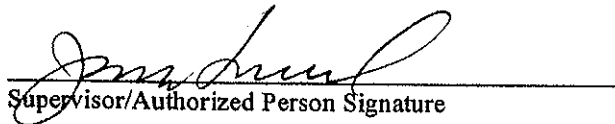


Signature of Person Receiving Training

3.23.07
Date

ARTURO WONG-GONZALEZ

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

3/23/07
Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask. **FALSE**
2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal. **FALSE**
3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols. **TRUE**

Please respond to the following questions with a **SHORT ANSWER**.

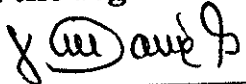
1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?
high fevers (up to 104-105°F), severe headache, myalgia, confusion, sore throat, chills, sweats, ~~chills, sweats~~ nausea, vomiting, diarrhea, abdominal pain and chest pain.
2. What is the recommended treatment for Q fever?
Doxycycline is the treatment of choice.

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?
All waste material must first be autoclaved for at least 60 min.

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

- Gently cover spill with paper towels and apply wex-cide, starting at perimeter and working toward the center.
- Allow sufficient contact time (30-60min) before clean up
- Decontaminate all waste before disposal: autoclave

I, ALFREDO WONG-GONZALEZ, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature 

Date 3.23.07

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins
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Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
✓	X	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Guoquan Zhang, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin ed or imprisoned or both**.

Signature: Guoquan Zhang

Date: 3-8-07

Printed Name: Guoquan Zhang

Title: Assistant professor-R

Witness: _____

Printed Name: Eunhee Lee

Title: Research Associate

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.


Signature of Person Receiving Training

3-8-07
Date

Guoquan Zhang
Printed name of Person Receiving Training


Supervisor/Authorized Person Signature

3/8/7
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**


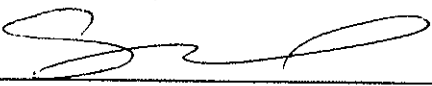
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
✓		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, Guoquan Zhang (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature:  Date: 2-20-06
 Printed Name: Guoquan Zhang Title: Research Scientist
 Witness: 
 Printed Name: Davong Soumaly Rattanasavanh Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	X	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	X	(3) Are you a fugitive from justice?
	X	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
X		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
	X	(6) Are you illegally or unlawfully in the United States?
	X	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	X	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, Guoquan Zhang, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: Guoquan Zhang

Date: 12/6/05

Printed Name: Guoquan Zhang

Title: Research Scientist

Witness: [Signature]

Printed Name: Davong Soumaly Rattanasavanh

Title: Research Assistant

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room 420 under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Guoquan Zhang
Signature of Person Receiving Training

12-5-05
Date

GUOQUAN zhang
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii & Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Guoquan Zhang

Signature of Person Receiving Training

2-2-05

Date

Guoquan Zhang

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

2/8/05

Date

JAMES E. SAMUEL

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel _____. This includes the following recent modifications:

A. Procedures for securing the area when individuals approved under part 73.8 include individual key card and thumb print secured entry. B. Each individual approved under 73.8 is required not to share with any other person, his or her unique means of accessing the area or SelectAgent or Toxin."

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii ; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Guoquan Zhang

Printed Name

Guoquan Zhang

Signature

4-8-04

Date

James E. Samuel
Supervisor

Zhang

Biosafety Level 3 Procedures Training Examination for *Coxiella burnetii*

You may consult the literature to find the answers

Please determine if the following statements are **TRUE** or **FALSE**.

- F** 1. It is OK to open tubes containing live *C. burnetii* outside the biosafety hood in the BL-3 if you are wearing a mask.
- F** 2. Used disposable needles must be recapped before disposal in a puncture-resistant container designated for sharps disposal.
- T** 3. *Coxiella burnetii* is reported to be susceptible to sodium hypochlorite (bleach), formalin, and phenols.

Please respond to the following questions with a **SHORT ANSWER**.

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur? *Flu-like after one week.*

2. What is the recommended treatment for Q fever?

*minomycin
antibiotics.*

3. What is the proper way to decontaminate non-radioactive *C. burnetii* waste before removing them from the BL-3 laboratory?

Autoclave.

4. Describe the procedure to be followed in the case of an uncontained spill of live *C. burnetii* outside the biosafety hood.

Clean the entire area of the spill with bleach.

I, Guo Quan Zhang, have received training and instruction in regard to proper handling procedures for *Coxiella burnetii* as well as operating procedures for the BL-3 laboratory. I agree to work in accordance with the regulations and procedures outlined therein.

Signature Guo Quan Zhang

Date 2/4/03

The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	<i>Statements (NOTE: affirmation must be executed, see below)</i>
		(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
		(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
		(3) Are you a fugitive from justice?
		(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
		(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? _____
		(6) Are you illegally or unlawfully in the United States?
		(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
		(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, _____, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fin ed or imprisoned or both**.

Signature: Yan Zhang
 Printed Name: yan zhang

Date: 3/08/07
 Title: CIRA

Witness: _____
 Printed Name: Dunhee Lee

Title: Research Associate

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Yanzhang

Signature of Person Receiving Training

3/08/07

Date

yan zhang

Printed name of Person Receiving Training

James E. Samuel

Supervisor/Authorized Person Signature

3/8/07

Date

James E. Samuel

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**THE TEXAS A&M UNIVERSITY SYSTEM
STATEMENT OF ELIGIBILITY TO HANDLE
SELECT BIOLOGICAL AGENTS OR TOXINS**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (Note: Affirmation must be executed below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding one (1) year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
✓		(5) Are you a citizen or permanent resident of the United States? If your answer is "No", of what country are you a citizen? _____
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

I, yan zhang (printed name), hereby affirm that the answers provided in this statement are truthful, correct and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be fined or imprisoned or both.

Signature: yan zhang

Date: 2-20-06

Printed Name: yan zhang

Title: Graduate student

Witness: [Signature]

Printed Name: Davong Sounaly Rattanasavanh

Title: Research Assistant

(Reproduce 2-sided document as needed to cover all personnel)

CERTIFICATION

have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ s under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

yan zhang
Signature of Person Receiving Training

12/05/05
Date

yan zhang
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

12/5/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Coxiella burnetii and Rickettsia prowazekii in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Dr. James E. Samuel.

I further certify that I understand the hazards of working with Coxiella burnetii and Rickettsia prowazekii; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Jan Zhang
Signature of Person Receiving Training

2-09-05
Date

Jan Zhang
Printed name of Person Receiving Training

James E. Samuel
Supervisor/Authorized Person Signature

2/9/05
Date

James E. Samuel
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**The Texas A&M University System
Statement of Eligibility to Handle Select Biological Agents or Toxins**

Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

ALL PERSONS HAVING ACCESS TO SELECT BIOLOGICAL AGENTS AND TOXINS AS DEFINED BY APPLICABLE FEDERAL LAW ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. SEE REVERSE FOR LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION AND DISMISSAL.

Yes	No	Statements (NOTE: affirmation must be executed, see below)
	✓	(1) Are you under indictment for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(2) Have you been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year?
	✓	(3) Are you a fugitive from justice?
	✓	(4) Do you unlawfully use any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802))?
	✓	(5) Are you a citizen or permanent resident of the United States? If your answer is "No," of what country are you a citizen? <u>CHINA</u>
	✓	(6) Are you illegally or unlawfully in the United States?
	✓	(7) Have you ever been adjudicated as a mental defective or been committed to any mental institution?
	✓	(8) Were you dishonorably discharged from the Armed Services of the United States?

AFFIRMATION

I, yan zhang, hereby affirm that the answers provided in this statement are truthful, correct, and complete to the fullest extent of my personal knowledge. I agree that I will promptly inform the Texas A&M University System should any of the above conditions change.

I understand that if I answered "Yes," to any of the above questions, (except no.5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized by the United States Government) any biological agent or toxin listed as a select agent in 42 C.F.R. § 72.6(j) and not exempt pursuant to 42 C.F.R. § 72.6(h), I can be **fined or imprisoned or both**.

Signature: yan zhang
Printed Name: YAN ZHANG

Date: 04 - 6 / 04
Title: Graduate Assistant-Research

Witness: [Signature]
Printed Name: Joshua E. Hill

Title: Lab Manager

Training: Tesh

Information on the Select Agent

(Updated December 5, 2003; April 9, 2004; April 1, 2005; November 11, 2005)

The Shiga toxin-producing bacteria, *Shigella dysenteriae* serotype 1 and Shiga toxin-producing *E. coli* (STEC), are the causative agents of bloody diarrheal diseases bacillary dysentery and hemorrhagic colitis, respectively. Humans infected with Shiga toxin-producing bacteria are at increased risk for developing life threatening systemic complications, including acute renal failure and central nervous system abnormalities which may manifest as disorientation, lethargy, paralysis, or seizures. In rare cases, infection with Shiga toxin producing bacteria results in death.

Clinical (wildtype) strains of Shiga-toxin producing bacteria have low infectious doses (10-100 organisms). The organisms are relatively acid tolerant. Following passage through the stomach, *Shigella dysenteriae* serotype 1 invade and replicate within colonic epithelial cells. STEC adhere in the large intestine by forming attaching and effacing lesions. It is thought that the organisms produce Shiga toxins within the intestinal tract which may contribute to the development of bloody diarrhea. Shiga toxins may also be transported across the intestinal epithelial barrier and access the bloodstream. The presence of the toxins in the blood is a prerequisite for the development of the systemic complications listed above. Because of their low infectious doses and pathogenic potential, clinical strains of *Shigella dysenteriae* serotype 1 and STEC are not used in the BL2 laboratories in

The laboratory is authorized to use the select agent, *E. coli* DH5 α (pCKS-112). *E. coli* DH5 α (pCKS-112) is a deep rough mutant strain of *E. coli* which harbors a plasmid encoding the *stx1* operon derived from STEC strain 933. The recombinant strain is used for the purification of Shiga toxin type 1. *E. coli* DH5 α has not been shown to be harmful to humans following ingestion. However, the effect of Shiga toxin production on the pathogenesis of *E. coli* DH5 α is unknown. Therefore, care must be taken in the laboratory to avoid accidental ingestion: food and drinks **are not** to be consumed in the laboratory; mouth pipetting is prohibited; gloves should be worn when handling the agent; and frequent hand-washing is advisable. *E. coli* DH5 α is not thought to be an inhalational hazard for immunocompetent individuals, but care should be taken to avoid the creation of aerosols. The most dangerous route for delivery of the select agent is the intravenous route. Experiments using baboons have shown that the LD₁₀₀ for purified Shiga toxin type 1 delivered via the intravenous route is 50-100 μ g/kg. Therefore, the use of sharp objects (needles, glass pipettes, scalpel blades, etc.) **must** be avoided when using the agent. All personnel in the laboratory should be familiar with the protocol for accidental inoculation of the agent contained in this safety manual.

The select agent is maintained within a secure environment. Only laboratory personnel who are authorized by the Department of Justice to handle Select Biological Agents and Toxins have access to, and may work with, the select agent. Protocols for: i) accessing the select agent; ii) transfer of the select agent into the BL2 laboratory; iii) decontamination/disinfection of the

Information on the Select Agent - continued

laboratory; and dealing with accidental spills are contained within the laboratory safety manual. All authorized personnel in the laboratory should be familiar with these protocols.

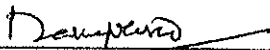
All personnel in the laboratory will be notified when the select agent is in use in the laboratory. When the select agent is in use in the laboratory, access to the laboratory is to be limited to **authorized personnel only**. All other personnel must exit the laboratory, and all doors will remain locked when the agent is in use. Approved personnel must sign into the access logbook for _____ when the agent is transferred from the BL3 Suite. In the case of an emergency while the select agent is in use, non-approved personnel must be accompanied by approved personnel into the laboratory. The names and affiliations of any non-approved emergency personnel who enter the laboratory while the select agent is in use must be recorded in the access logbook. A protocol for the decontamination of *E. coli* DH5 α (pCKS-112) bacterial lysates is available in this safety manual. All personnel with access to the select agent should be familiar with this protocol.

All personnel working in the laboratory should read and be familiar with the Standard Microbiological Practices for working in a Biosafety Level 2 laboratory as outlined in *Biosafety in Microbiological and Biomedical Laboratories*, 4th Edition, April 1999 which is contained in this safety manual.

The laboratory is **not** authorized to possess more than the "aggregate amount" of purified Shiga toxin type 1. The currently (12/5/03) approved "aggregate amount" is 100 micrograms. Purified Shiga toxin type 1 is stored within a secure environment in the laboratory. A Chemical Hygiene Plan is maintained for Shiga toxin type 1 in this laboratory safety manual.

The laboratory is **not** authorized to ship or transport purified Shiga toxin type 1 to any facility outside _____.

I have read and understand my responsibilities concerning the availability and use of the select agent *E. coli* DH5 α (pCKS-112) in the laboratory.

Signature: 

Date: 9/21/06

Print Name: RAMA P. CHERLA

Principal Investigator: 

Date: 9/21/06

Print Name: Vernon L. Tesk

c:/safetymanual.wpd

FEBRUARY, 2005

**Texas A&M University
Security and Safety Training Certificate
For**

**Authorized Persons who have Access to Areas or Facilities and Research Laboratories
Working with Select Agents or Toxins**

I. INTRODUCTION

Texas A&M University (University) places great importance on the laboratory safety, including work practices, appropriate containment equipment, well-designed facilities, and administrative controls that reduce the risk of infection or injury for laboratory workers, the contamination of the external environment and the general safety and welfare of the University and the surrounding communities. Due to the heightened concerns about the use of biological, chemical, and radioactive materials for terrorism and criminal activity, the University is taking action to strengthen laboratory and data security to meet the requirement of the CDC and USDA Select Agent Regulations (43 CFR Part 73, 7 CFR Part 331, 9 CFR Part 121). The following procedures are a necessary part of these security policies.

II. VISITOR CLASSIFICATIONS

Select Agent Area Visitor: A person who has not undergone a security assessment by the Department of Justice nor been approved for access to Select Agents pursuant to Title 42, CFR, Part 73. Select Agent Area Visitors must fit within the classes listed below:

- Maintenance Visitor - A University employee or University approved contractor who has been authorized as an accompanied-person with a business need to perform routine cleaning, maintenance or repairs within a secured area or laboratory containing Select Agents or Toxins.
- Delivery Visitor - University employee or University approved contractor who has been authorized as an accompanied-person with a business need to deliver or receive Packages within a secured area or laboratory containing Select Agents or Toxins.
- Research Visitor - University employee, student or University approved collaborator who has been authorized as an accompanied-person with a business need to conduct or witness research, train or tour within a secured area or laboratory containing Select Agents or Toxins.
- General Visitor - University employee or University approved visitor (e.g. CDC/FDA/USDA or other inspectors) who has been authorized as an accompanied-person with a business need within a secured area or laboratory containing Select Agents or Toxins.

III. COMPLIANCE REQUIREMENTS

The information contained within this form meets the requirements for training authorized persons with access to a Select Agent Area within a secured facility at the University. All authorized persons accessing areas with select agents or toxins or visiting facilities with select agents or toxins will adhere to the safety and security standards set forth herein. Non-compliance will result in disciplinary action and potential criminal and/or civil penalties as provided by federal and state law. Authorized Persons shall also have the appropriate training and vaccinations as required by the Principal Investigator's Laboratory Security and Safety Plan for Laboratories Working with Select Agents and Toxins. A copy of the Principal Investigator's Laboratory Security and Safety Plan for Laboratories Working with Select Agents and Toxins is available from the Principal Investigator or the Research Compliance Office (979/458-1467).

IV. CRIMINAL LIABILITY

Under the USA Patriot Act, it is a crime (fines and/or imprisonment) for "restricted persons" to possess (which can mean merely being nearby or having access to) any biological agent or toxin listed as a select agent in Title 42, CFR Part 73 and not exempted therein. A list of Select Agents and Toxins can be located at <http://researchcompliance.tamu.edu/IBC> or by contacting the Research Compliance Office (979/458-1467).

A "Restricted Person" is an individual who

- is under indictment for a crime punishable by imprisonment for a term exceeding 1 year;
- has been convicted in any court or received deferred adjudication for a crime punishable by imprisonment for a term exceeding 1 year;
- is a fugitive from justice;
- is an unlawful user of any controlled substance (as defined by § 102 of the Controlled Substances Act (21 U.S.C. § 802));
- is an alien illegally or unlawfully in the United States;
- has been adjudicated as a mental defective or been committed to any mental institution;
- has been discharged dishonorably from the United States Armed Services; or
- has the status of a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism (currently Iran, Iraq, Syria, Cuba, North Korea, Sudan, and Libya)

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CERTIFICATION

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Ramprasad

Signature of Person Receiving Training

4/19/06

Date

RAMA P. CHERLA

Printed name of Person Receiving Training

Vernon L. Tesh

Supervisor/Authorized Person Signature

April 19, 2006

Date

Vernon L. Tesh

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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Security and Safety Training Certificate
For**

**Authorized Persons who have Access to Areas or Facilities and Research Laboratories
Working with Select Agents or Toxins**

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Rama Cherala

Signature of Person Receiving Training

2/14/05

Date

RAMA CHERLA

Printed name of Person Receiving Training

Vernon L. Tesh

Supervisor/Authorized Person Signature

2/14/05

Date

Vernon L. Tesh

Printed Name of Authorized Person Providing Training

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STAFF RE-CERTIFICATION DOCUMENT

PERTAINING TO CHANGES INITIATED IN RESPONSE TO
THE CDC SITE VISIT FOR THE POSSESSION, USE AND
TRANSPORT OF SELECT BIOLOGICAL AGENTS

April 8, 2004

We the undersigned registrants for the Possession, Use and Transport of Select Biological Agents, have read and understand the following observations and responses made to address comments from the CDC inspection process.

Vernon L. Tesh (Signature) Rama P. Cherla (Signature)
Vernon L. Tesh, Ph.D. Rama P. Cherla, Ph.D.
April 8, 2004 (Date) April 8 2004 (Date)

6. Observation: The door to laboratory room 461 (Building 1504) where the select agent is in use is not capable of being securely locked. The lock is easily opened by removing a loose bolt on the lock mechanism.

6. Response: The lock to the walk-in warm-room (laboratory room 461) will be changed to improve security.

8. Observation: For building 1504, rooms 466 and 469, under the direction of PI Tesh, there were no access records maintained.

Committee note: Has an amendment to register these rooms been submitted?

8. Response: As per a telephonic conversation with Mr. Brent Mattox (3/25/04), an amendment to register rooms 466 and 469 has been prepared for submission to the CDC. Page 7 of the *Operating Procedures and Safety Plan for Work with E. coli DH5 α (pCKS112)* will be changed to read: "Access to the laboratory (Reynolds Medical Building Rooms 469 and 466) will be limited when the select agent is in use. All non-approved personnel must exit the laboratory, and the laboratory doors will be locked, while the select agent is in use."

10. Observation: Signage posted on the door to laboratory room 461 (Building 1504) did not include required personal protective equipment, immunizations and procedures for exiting the laboratory.

10. Response: Signage posted on the door of the walk-in warm-room (room 461) when experiments are in progress has been redacted to include required personnel protective clothing (Lab coats) and required immunizations (None). There are no specific procedures for exiting the walk-in warm-room.

Information on the Select Agent

(Updated December 5, 2003; April 9, 2004; April 1, 2005; November 11, 2005)

The Shiga toxin-producing bacteria, *Shigella dysenteriae* serotype 1 and Shiga toxin-producing *E. coli* (STEC), are the causative agents of bloody diarrheal diseases bacillary dysentery and hemorrhagic colitis, respectively. Humans infected with Shiga toxin-producing bacteria are at increased risk for developing life threatening systemic complications, including acute renal failure and central nervous system abnormalities which may manifest as disorientation, lethargy, paralysis, or seizures. In rare cases, infection with Shiga toxin producing bacteria results in death.

Clinical (wildtype) strains of Shiga-toxin producing bacteria have low infectious doses (10-100 organisms). The organisms are relatively acid tolerant. Following passage through the stomach, *Shigella dysenteriae* serotype 1 invade and replicate within colonic epithelial cells. STEC adhere in the large intestine by forming attaching and effacing lesions. It is thought that the organisms produce Shiga toxins within the intestinal tract which may contribute to the development of bloody diarrhea. Shiga toxins may also be transported across the intestinal epithelial barrier and access the bloodstream. The presence of the toxins in the blood is a prerequisite for the development of the systemic complications listed above. Because of their low infectious doses and pathogenic potential, clinical strains of *Shigella dysenteriae* serotype 1 and STEC are not used in the BL2 laboratories in

The laboratory is authorized to use the select agent, *E. coli* DH5 α (pCKS-112). *E. coli* DH5 α (pCKS-112) is a deep rough mutant strain of *E. coli* which harbors a plasmid encoding the *stx1* operon derived from STEC strain 933. The recombinant strain is used for the purification of Shiga toxin type 1. *E. coli* DH5 α has not been shown to be harmful to humans following ingestion. However, the effect of Shiga toxin production on the pathogenesis of *E. coli* DH5 α is unknown. Therefore, care must be taken in the laboratory to avoid accidental ingestion: food and drinks **are not** to be consumed in the laboratory; mouth pipetting is prohibited; gloves should be worn when handling the agent; and frequent hand-washing is advisable. *E. coli* DH5 α is not thought to be an inhalational hazard for immunocompetent individuals, but care should be taken to avoid the creation of aerosols. The most dangerous route for delivery of the select agent is the intravenous route. Experiments using baboons have shown that the LD₁₀₀ for purified Shiga toxin type 1 delivered via the intravenous route is 50-100 μ g/kg. Therefore, the use of sharp objects (needles, glass pipettes, scalpel blades, etc.) **must** be avoided when using the agent. All personnel in the laboratory should be familiar with the protocol for accidental inoculation of the agent contained in this safety manual.

The select agent is maintained within a secure environment. Only laboratory personnel who are authorized by the Department of Justice to handle Select Biological Agents and Toxins have access to, and may work with, the select agent. Protocols for: i) accessing the select agent; ii) transfer of the select agent into the BL2 laboratory; iii) decontamination/disinfection of the

Information on the Select Agent - continued

laboratory; and dealing with accidental spills are contained within the laboratory safety manual. All authorized personnel in the laboratory should be familiar with these protocols.

All personnel in the laboratory will be notified when the select agent is in use in the laboratory (). When the select agent is in use in the laboratory, access to the laboratory is to be limited to **authorized personnel only**. All other personnel must exit the laboratory, and all doors will remain locked when the agent is in use. Approved personnel must sign into the access logbook for () when the agent is transferred from the BL3 Suite (). In the case of an emergency while the select agent is in use, non-approved personnel must be accompanied by approved personnel into the laboratory. The names and affiliations of any non-approved emergency personnel who enter the laboratory while the select agent is in use must be recorded in the access logbook. A protocol for the decontamination of *E. coli* DH5 α (pCKS-112) bacterial lysates is available in this safety manual. All personnel with access to the select agent should be familiar with this protocol.

All personnel working in the laboratory should read and be familiar with the Standard Microbiological Practices for working in a Biosafety Level 2 laboratory as outlined in *Biosafety in Microbiological and Biomedical Laboratories*, 4th Edition, April 1999 which is contained in this safety manual.

The laboratory is **not** authorized to possess more than the "aggregate amount" of purified Shiga toxin type 1. The currently (12/5/03) approved "aggregate amount" is 100 micrograms. Purified Shiga toxin type 1 is stored within a secure environment in the laboratory. A Chemical Hygiene Plan is maintained for Shiga toxin type 1 in this laboratory safety manual.

The laboratory is **not** authorized to ship or transport purified Shiga toxin type 1 to any facility outside ().

I have read and understand my responsibilities concerning the availability and use of the select agent *E. coli* DH5 α (pCKS-112) in the laboratory.

Signature: Dinorah Leyva Illades

Date: September 20, 2006

Print Name: Dinorah Leyva Illades

Principal Investigator: Vernon L. Teske

Date: 9/20/06

Print Name: Vernon L. Teske

c:/safetymanual.wpd

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Security and Safety Training Certificate
For**



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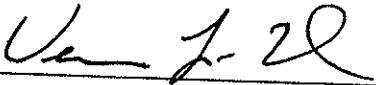
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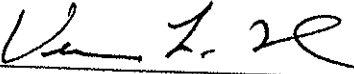
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Environmental Health and Safety

To report accidents, spills, physical hazards or other laboratory issues, call Environmental Health and Safety immediately at 845-2132. After hours, dial 845-4311 and ask for the Environmental Health and Safety Services person on-call.

Research Compliance

Any other events or questions may be directed to the Responsible Official or the Research Compliance Office at 979/458-4167.

VIII. UNIVERISTY EMERGENCY RESPONSE PROCEDURES

Please refer to:

- University Crisis Management Plan: <http://finance.tamu.edu/ehsd/resources/generalsafety/crisismgmt.pdf>

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with E. coli DH5a (pCKS112) in laboratory room(s) _____ and the select agent storage facility in room _____ under the direction of Vernon L. Tesh, Ph.D.

I further certify that I understand the hazards of working with E. coli DH5a (pCKS112); the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Vernon L. Tesh

Signature of Person Receiving Training

2/14/05

Date

Printed name of Person Receiving Training

Vernon L. Tesh

Supervisor/Authorized Person Signature

2/14/05

Date

Vernon L. Tesh

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Training:
Comparative
Medicine Program
(CMP)

ABSL-3 Training Last Updated: 7/1/2007

	Stacie Brown	Gordon Draper	Deborah Sargent	Trassie Cowen	Jody Smith
Initial Training	1/26/2006	1/3/2001	2/26/2002		
Trainer	KG	SG	SK		
Initial Training	1/30/2006	1/4/2001	2/27/2002		
Trainer	KG	SG	SK		
Initial Training	1/31/2006	1/15/2001	2/28/2002		
Trainer	KG	SS	SK		
Training Status	X	X	X		
Annual Update Training:					
SBAT Approved	yes	yes	yes		yes
Last SBAT Security Training	6/12/2007	6/18/2007	12/7/2006	12/7/2006	1/4/2007
Last ABSL-3 PowerPoint	12/7/2006	12/7/2006	12/7/2006	12/7/2006	1/4/2007
Last ABSL-3: BSafeManuals	12/7/2006	12/7/2006	12/7/2006	12/7/2006	1/4/2007
100%ABSL-3 Biosafety Test	yes	yes	yes	yes	yes

Main: ABSL-3 Training

	Kim Abatie	Ryan Byrd	Scot Holst
Initial Training	2/26/2002	6/28/2005	8/3/2004
Trainer	SK	KG	KG
Initial Training	2/27/2002	6/29/2005	8/10/2004
Trainer	SK	KG	KG
Initial Training	2/28/2002	7/1/2005	8/11/2004
Trainer	SK	KG	KG
Training Status	X	X	X
Annual Update Training:			
SBAT Approved	yes	yes	yes
Last SBAT Security Training	6/12/2007	6/12/2007	12/7/2006
Last ABSL-3 PowerPoint	12/14/2006	12/7/2006	12/7/2006
Last ABSL-3: BSafeManuals	12/14/2006	12/7/2006	12/7/2006
100%ABSL-3 Biosafety Test	yes	yes	yes

= Training Started
 = Trained/ Follow-up & Watch Closely
 X= Training Completed

	Chris Knowlton	Sean Knox	Ken Gillenwater	Stacy Gillenwater (Galaviz)	Mary Lopez	Steve Sterne	Andrea Taylor		Dr. Browder	Dr. Callcott	Dr. Gresham	Dr. Inng	Gabby Kapp	Dr. Lamom	Dr. Sivula
7/3/2004	9/28/1997	9/19/2001	7/12/1999	7/1/2005	8/20/1998	7/22/2005		Annual Update Training:	yes	yes	yes	yes	yes	yes	yes
	KG	JP	SS	KG	JP	KG		SBAT Approved	6/1/2007	6/1/2007	6/1/2007	6/1/2007	6/1/2007	6/1/2007	6/1/2007
	KG	JP	SS	KG	JP	KG		Last SBAT Security Training	12/7/2006	12/14/2006	12/7/2006	12/14/2006	12/14/2006	12/14/2006	12/7/2006
	KG	JP	SS	KG	JP	KG		Last ABSL-3 PowerPoint	12/7/2006	12/14/2006	12/7/2006	12/14/2006	12/14/2006	12/14/2006	12/7/2006
	SK	JP	SS	KG	JP	KG/PN		Last ABSL-3: BSafetManuals	12/7/2006	12/14/2006	12/7/2006	12/14/2006	12/14/2006	12/14/2006	12/7/2006
	X	X	X	X	X	X		100%ABSL-3 Biosafety Test	yes	yes	yes	yes	yes	yes	yes
	yes	yes	yes	yes	yes	yes									
6/1/2007	6/18/2007	6/12/2007	2/15/2007	6/12/2007	6/18/2007	6/1/2007									
12/7/2006	12/7/2006	12/7/2006	2/15/2007	1/4/2007	1/4/2007	12/14/2006									
12/7/2006	12/7/2006	12/7/2006	2/15/2007	1/4/2007	1/4/2007	12/14/2006									
yes	yes	yes	yes	yes	yes	yes									

Main-ABSL-3 Training

(Mayor) r

CMP Meeting/Training Attendance Record

Event: PAPR Air-Mate HEPA filter Use

Date: 2/28/2007

Event Trainer: Chris Knowlton

Name (Print)	UIN
Allison R. Ficht	
Xicheng Ding	
Thomas Ficht	
SANGEETA KHARE	
Elihu Aranday	
JOCELYNE MAYOR (BRAY)	
LEO M. NJONGMETA	
Wattakes Mwangi	
Michael Reams	
Travis Kincannon	
Lionel Ghera	
David B. Johnson	
FRAM PHAM	
Deed Hartmanguler	
Freddie Wilhelm	

Laboratory
Mechanics
Services

3-9-07

3-9-07

3-07

4-13-07

4-13-07

6-4-07

6-4-07

6-4-07

6-4-07

6/28/07

7-2-07

7-2-07

TRAINING RECORD

EVENT TITLE: (PAPR) Air-Mate HEPA filter USE

EVENT TRAINER: Ken Gillenwater

EVENT DATE: 5/16/06

NAME: (Please Print)

UIN #

Toshiko Yamamoto _____

Christine McFarland _____

Justin Dominguez _____

Hyosun Cho _____

1/18/06

Dave McMurray _____ KG 5/18/06

Lan Ly _____ KG 5/18/06

Amminkutty Jeevan _____ 6/6/06

DIANA BONIUA _____ 6/6/06

Kirti Sawant _____ 6/6/06

SABURO YAMAMOTO _____ Guest 6/6/06

1-31-06

Rebecca Coulter _____ 8/31/06

7/12/06

Joseph Kwanglok Hsu _____ 9/12/06

1/21/07

Jianwu Pei _____ 2-21-07

ALFREDO WONG - GONZALEZ _____ 2-21-07

Melissa Kahl-McDonagh _____ 2/21/07

Angela Owen _____ 2/21/07

Main ABSL-3 Guest Training Log

<u>Guest Name (print)</u>	<u>Guest Signature</u>	<u>Accompanied by</u>	<u>Date/Time</u>	<u>Agent</u>	<u>Risk</u>	<u>Approved by</u>
PETROS KARAKOJIS			5/8/06	TB	✓	KG
SABURO YAMAMOTO		Dr. Murray's Group	6/18/06	TB	✓	KG
CHRIS OSBOEN		Chris Knowlton	7/20/06	TB/Bruceella	✓	KG
Joseph Kwangyuh Hsu		Dr. Murray's Group or Dr. Cirillo's Group	9/12/06	TB	✓	KG
CHRIS MCCAIN		Sean Knox / Bo Richards	8/12/07	TB/Bruceella Q-fever	✓	KG
LeRoy Hall		Sean Knox / Bo Richards	2/12/07	TB/Bruceella Q-fever	✓	KG
David R. Johnson		Bo Richards	6-4-07	TB/Bruceella Q-fever	✓	CK
Lionel Gray		Bo Richards	6-4-07	TB/Bruceella Q-fever	✓	CK
Michael Reams		Bo Richards	6-4-07	TB/Bruceella Q-fever	✓	CK
TRAVIS KINGANOW		Bo Richards	6-4-07	TB/Bruceella Q-fever	✓	CK

services

COPY

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in animal holding room under the direction of Renée Tsolis and James Samuel, *Brucella* spp. in animal holding room 13' under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in animal holding room under the direction of Thomas Ficht, Renée Tsolis and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Kim Abatie

Signature of Person Receiving Training

12-14-06

Date

Kim Abatie

Printed name of Person Receiving Training

[Handwritten Signature]

Supervisor/Authorized Person Signature

12-14-06

Date

Ken Gillemater

Printed Name of Authorized Person Providing Training



TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- T 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- T 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- T 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- T 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- T 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- T 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- T 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- T 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Kim HDate 12-14-06

Training Supervisor's Signature/Date: [Signature] 12-14-06

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in animal holding room under the direction of Renée Tsohis and James Samuel, *Brucella* spp. in animal holding room under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in Laboratory Animal Resources and Research Building animal holding room under the direction of Thomas Ficht, Renée Tsohis and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Jim Alabi
Signature of Person Receiving Training

12-2-05
Date

Kim Abatie
Printed name of Person Receiving Training

Robert E Rose
Supervisor/Authorized Person Signature

12-2-05
Date

Robert E Rose
Printed Name of Authorized Person Providing Training

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.* in animal holding room under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella spp.*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Kim Abatie
Signature of Person Receiving Training

2-11-05
Date

Kim Abatie
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

2/11/05
Date

Stephen Sterle
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

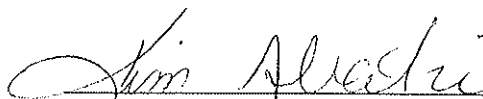
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii* in animal _____ under the direction of Renée Tsofis and James Samuel.

I further certify that I understand the hazards of working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

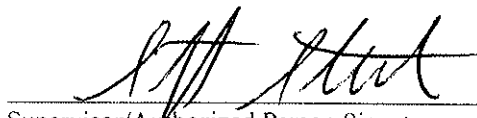
Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

2-11-05
Date

Kim Abatie
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/11/05
Date

Stephen Sterle
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp. in animal holding room under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella* spp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Kim Abatie
Signature

11-18-04
Date

Kim Abatie
Printed name

ALAT
Position/Title

Are you a US citizen?
 Yes. No.

USA
Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

11-18-04 LARR Facility
Date and location of training

Social security number

9-13-1964
Date of birth

Email address

[Signature]
Supervisor's signature

11/18/04
Date

Stephen Sterle
Supervisor's printed name

Acknowledgement and Consent

I have been informed of the accompanying risks involved in working in CMP maintained biohazard areas and have been instructed in the methodologies necessary to assure containment of the agents of concern. Please initial in the space provided before each of the following statements:

JA

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

JA

I will not enter any room in which work is in progress.

JA

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

JA

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

JA

I agree to report any breaks in protocol that I may commit or observe to my immediate supervisor. Reporting is intended to ensure the safety of myself and others and will in no way jeopardize my position. Strict confidentiality will be maintained.

JA

Failure to report breaks in protocol is grounds for dismissal.

JA

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Kim Abatie

Name (Please Print)

Kim Abatie
Signature

2-11-05

Date

Please be aware that it is your job to provide animal care in an area in which you are placed at risk. Anyone that is lax about the procedures followed in this area is creating a risk to other individuals and animals therein. Your health and safety are dependent not only on your own behavior, but also that of your co-workers, supervisors, and investigative staff using the area.

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- T 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- T 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- T 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- T 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- T 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- T 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- T 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- T 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Jim Abatie 2-11-05

Training Supervisor's Signature/Date: [Signature] 2-11-05

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- T 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- T 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
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- F 8. Broken glass is only to be handled by hand.
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- T 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- T 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Ami Marie 2-8-06

Training Supervisor's Signature/Date: [Signature] 2-8-06

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in animal holding rooms under the direction of James Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Masaki Andoh
Signature of Person Receiving Training

12/7/2006
Date

MASAKO ANDOH
Printed name of Person Receiving Training

Kenneth Gillenwater
Supervisor/Authorized Person Signature

12-7-06
Date

Kenneth Gillenwater
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

COPY

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Coxiella burnetii* and *Rickettsia prowazekii* in) animal holding rooms under the direction of James Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii* and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Masa Andoh
Signature of Person Receiving Training

12/2/2005
Date

MASAKO ANDOH
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

12-2-05
Date

Robert E Rose
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

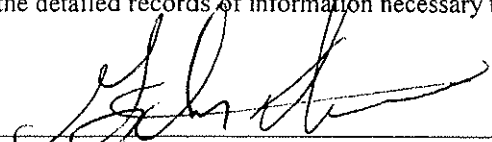
CERTIFICATION

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Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.* in under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella spp.*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Signature of Person Receiving Training

2-11-05

Date

Gordon Drape

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/11/05

Date

Stephen Sterle

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

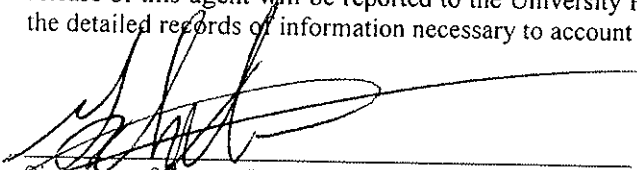
CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii* in _____ under the direction of Renée Tsohis and James Samuel.

I further certify that I understand the hazards of working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii*: the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

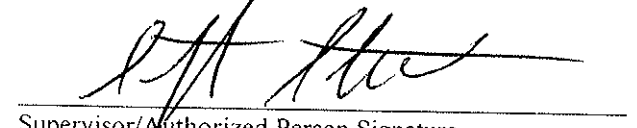


Signature of Person Receiving Training

2-11-05
Date

Gordon Daper

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/11/05
Date

Stephen Steele

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Acknowledgement and Consent

I have been informed of the accompanying risks involved in working in CMP maintained biohazard areas and have been instructed in the methodologies necessary to assure containment of the agents of concern. Please initial in the space provided before each of the following statements:



I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.



I will not enter any room in which work is in progress.



I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.



I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.



I agree to report any breaks in protocol that I may commit or observe to my immediate supervisor. Reporting is intended to ensure the safety of myself and others and will in no way jeopardize my position. Strict confidentiality will be maintained.



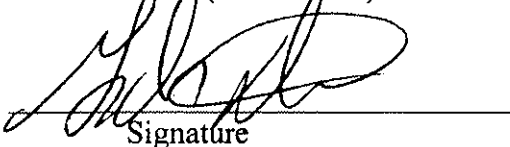
Failure to report breaks in protocol is grounds for dismissal.



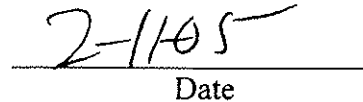
I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.



Name (Please Print)



Signature



Date

Please be aware that it is your job to provide animal care in an area in which you are placed at risk. Anyone that is lax about the procedures followed in this area is creating a risk to other individuals and animals therein. Your health and safety are dependent not only on your own behavior, but also that of your co-workers, supervisors, and investigative staff using the area.

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- ~~T~~ 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- T 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- T 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- T 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- T 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- T 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- T 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- T 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date:

[Handwritten Signature] 2-17-05

Training Supervisor's Signature/Date:

[Handwritten Signature] 2/11/05
[Handwritten Signature] 2-11-05

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in _____ under the direction of Renée Tsois and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Signature

Date

Printed name

Position/Title

Are you a US citizen?

Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?

Yes. No.

Date and location of training

social security number

Date of birth

Email address

Supervisor's signature

Date

Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

Document of Training

Texas A&M University

Facilities and Research Laboratories With Select Agents

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella, Coxiella in laboratory room(s) ALB and the select agent storage facility in room _____ under the direction of _____.

I further certify that I understand the hazards of working with Brucella, Coxiella; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level <2 or 3> work; and the standard operating procedures for this laboratory.

Gordon Draper
Printed Name

[Signature]
Signature

01-16-04
Date

Stephen Sterle
Supervisor

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in _____
under the direction of Renée Tsois and James Samuel, *Brucella* spp. in _____
under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in _____
under the direction of
Thomas Ficht, Renée Tsois and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Stacy Gillenwater-Galawiz
Signature of Person Receiving Training

2/15/07
Date

Stacy Gillenwater-Galawiz
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

2/15/07
Date

Kenneth Gillenwater
Printed Name of Authorized Person Providing Training

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- T 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- T 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- T 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- T 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- T 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- T 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- T 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- T 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Stacy Gillumster - Galaviz 2/15/07

Training Supervisor's Signature/Date: [Signature] 2/15/07

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in

under the direction of Renée Tsohis and James Samuel, *Brucella* spp. in

under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in

under the direction of

Thomas Ficht, Renée Tsohis and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Stacy Galaviz
Signature of Person Receiving Training

12/2/05
Date

Stacy Galaviz
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

12/2/05
Date

Stephan Sterle
Printed Name of Authorized Person Providing Training

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.* under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella spp.*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Stacy Gullenwater
Signature of Person Receiving Training

2-11-05
Date

Stacy Gullenwater
Printed name of Person Receiving Training

MA Sterle
Supervisor/Authorized Person Signature

2/11/05
Date

stephen sterle
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii* in _____ under the direction of Renée Tsolis and James Samuel.

I further certify that I understand the hazards of working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Stacy Gillenwater
Signature of Person Receiving Training

2-11-05
Date

Stacy Gillenwater
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

2/11/05
Date

Stephen Stork
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.* in : _____ under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella spp.*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Harin Bailey

Signature of Person Receiving Training

2-11-05

Date

Harin Bailey

Printed name of Person Receiving Training

[Signature]

Supervisor/Authorized Person Signature

2/11/05

Date

Stephen Sterle

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii* in animal holding under the direction of Renée Tsolis and James Samuel.

I further certify that I understand the hazards of working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Harin Bailey

Signature of Person Receiving Training

2-11-05

Date

Harin Bailey

Printed name of Person Receiving Training

[Signature]

Supervisor/Authorized Person Signature

2/11/05

Date

Stephen Skerle

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp. in _____ under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella* spp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Karin Bailey
Signature

12/14/04
Date

Karin Bailey
Printed name

CMP Laboratory Animal Caretaker
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

12/14/04 LARR main
Date and location of training

1
Social security number

01-30-1981
Date of birth

Email address

[Signature]
Supervisor's signature

12/14/04
Date

Stephen Sterle
Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

CERTIFICATION


I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in Reynolds Medical Sciences Building animal holding room under the direction of Renée Tsolis and James Samuel, *Brucella* spp. in Veterinary Research Building animal holding room under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in _____ under the direction of _____

Thomas Ficht, Renée Tsolis and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

December 7, 2006
Date

Elizabeth Browder
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12-7-06
Date

Kenneth Gilgewater
Printed Name of Authorized Person Providing Training

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- T 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- T 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- T 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- T 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- T 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- T 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- T 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- T 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: *E. Brown* December 7, 2006

Training Supervisor's Signature/Date: *[Signature]* 12-7-06

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in animal holding room 420C under the direction of Renée Tsois and James Samuel, *Brucella* spp. in _____ under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in _____ under the direction of _____

La
Thomas Ficht, Renée Tsois and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

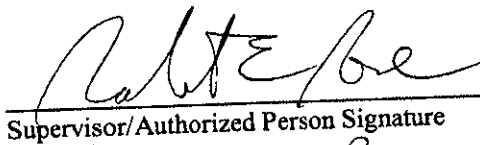


Signature of Person Receiving Training

December 2, 2005
Date

Elizabeth J. Browder

Printed name of Person Receiving Training



Supervisor/ Authorized Person Signature

12-2-05
Date

Robert E. Rose

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.* in _____ under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella spp.*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

E. Browder
Signature of Person Receiving Training

February 11, 2005
Date

Elizabeth Browder
Printed name of Person Receiving Training

Robert E. Rose
Supervisor/Authorized Person Signature

2/11/05
Date

Robert E. Rose
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- T 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- T 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- T 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- T 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- T 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- T 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- T 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- T 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: *K. Brander* / 2/14/05

Training Supervisor's Signature/Date: *K. J. [Signature]* 2-14-05

Acknowledgement and Consent

I have been informed of the accompanying risks involved in working in CMP maintained biohazard areas and have been instructed in the methodologies necessary to assure containment of the agents of concern. Please initial in the space provided before each of the following statements:

EP

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

EP

I will not enter any room in which work is in progress.

EP

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

EP

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

EP

I agree to report any breaks in protocol that I may commit or observe to my immediate supervisor. Reporting is intended to ensure the safety of myself and others and will in no way jeopardize my position. Strict confidentiality will be maintained.

EP

Failure to report breaks in protocol is grounds for dismissal.

EP

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Elizabeth J. Browder

Name (Please Print)

Elizabeth J. Browder
Signature

February 14, 2005
Date

Please be aware that it is your job to provide animal care in an area in which you are placed at risk. Anyone that is lax about the procedures followed in this area is creating a risk to other individuals and animals therein. Your health and safety are dependent not only on your own behavior, but also that of your co-workers, supervisors, and investigative staff using the area.

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- I 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- I 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- I 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- I 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- I 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- I 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- I 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- I 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: J. Brower 2-08-06

Training Supervisor's Signature/Date: [Signature] 2-8-06


CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii* in _____ under the direction of Renée Tsohis and James Samuel.

I further certify that I understand the hazards of working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.



Signature of Person Receiving Training

February 3, 2005
Date

Elizabeth Browder
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/11/05
Date

Robert E Rose
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

COPY

CERTIFICATION

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Signature of Person Receiving Training

February 3, 2005
Date

Elizabeth Browder

Printed name of Person Receiving Training



Supervisor/Authorized Person's Signature

2/11/05
Date

Robert E Rose

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp. in animals under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella* spp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

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E. Browder
Signature **ELIZABETH**

J. BROWDER
Printed name

11/22/04
Date **Associate Director C.M.P.**
Attending Veterinarian
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

11/22/04 **C.M.P. TAMU**
Date and location of training

Social security number

9/28/49
Date of birth

ejb@tamu.edu
Email address

Melanie Ihrig
Supervisor's signature

11/22/04
Date

Melanie Ihrig
Supervisor's printed name

COPY

Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in under the direction of Renée Tsois and James Samuel.

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Elizabeth Browder
Signature
ELIZABETH
J. BROWDER
Printed name

11/22/04
Date
Associate Director CMP
Attending Veterinarian
Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

11/22/04 O.M.P. LARR TAMU
Date and location of training

Social security number

9/28/49
Date of birth

ejb@tamu.edu
Email address

Melanie Inrig
Supervisor's signature

11/22/04
Date

Melanie Inrig
Supervisor's printed name

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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I further certify that I understand the hazards of working with *Brucella spp.*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Brittanie Brown

Signature of Person Receiving Training

6-7-05

Date

Brittanie Brown

Printed name of Person Receiving Training

AA Sterle

Supervisor/Authorized Person Signature

6/7/05

Date

Stephen Sterle

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

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Brittanie Brown
Signature of Person Receiving Training

~~6-7-05~~ 6-7-05
Date

Brittanie Brown
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

6/7/05
Date

Stephen Sterle
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

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under the direction of Renée Tsohis and James Samuel, *Brucella* spp. in
under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in
under the direction of

Thomas Ficht, Renée Tsohis and James Samuel.

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Brittanie Brown
Signature of Person Receiving Training

12.5.05
Date

Brittanie Brown
Printed name of Person Receiving Training

Stephen Starke
Supervisor/Authorized Person Signature

12/5/05
Date

Stephen Starke
Printed Name of Authorized Person Providing Training

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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under the direction of

Thomas Ficht, Renée Tsolis and James Samuel.

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Stacie Brown
Signature of Person Receiving Training

12/07/06
Date

Stacie Brown
Printed name of Person Receiving Training

Kenneth Gilenwater
Supervisor/Authorized Person Signature

12/7/06
Date

Kenneth Gilenwater
Printed Name of Authorized Person Providing Training

CERTIFICATION

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under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in
under the direction of
Thomas Ficht, Renée Tsolis and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Stacie Brown
Signature of Person Receiving Training

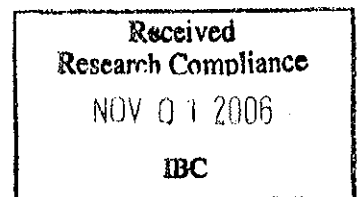
06/29/06
Date

Stacie Brown
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

6/29/06
Date

Kenneth Gillenwater
Printed Name of Authorized Person Providing Training



(Reproduce this document as needed to cover all personnel)

TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)

- I 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- I 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- I 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- T 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- I 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- F 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- F 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- F 8. Broken glass is only to be handled by hand.
- I 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- I 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- F 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- I 12. Whenever possible, avoid the use of sharp objects and glass objects.

I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Stacie Brown 12/07/06

Training Supervisor's Signature/Date: [Signature] 12-7-06

Acknowledgement and Consent

I have been informed of the accompanying risks involved in working in CMP maintained biohazard areas and have been instructed in the methodologies necessary to assure containment of the agents of concern. Please initial in the space provided before each of the following statements:

SB

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

SB

I will not enter any room in which work is in progress.

SB

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

SB

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

SB

I agree to report any breaks in protocol that I may commit or observe to my immediate supervisor. Reporting is intended to ensure the safety of myself and others and will in no way jeopardize my position. Strict confidentiality will be maintained.

SB

Failure to report breaks in protocol is grounds for dismissal.

SB

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Jacqui Brown

Name (Please Print)

Jacqui Brown

Signature

01/23/06

Date

Please be aware that it is your job to provide animal care in an area in which you are placed at risk. Anyone that is lax about the procedures followed in this area is creating a risk to other individuals and animals therein. Your health and safety are dependent not only on your own behavior, but also that of your co-workers, supervisors, and investigative staff using the area.

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I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Hawes Brown 01/23/06

Training Supervisor's Signature/Date: [Signature] 1/23/06

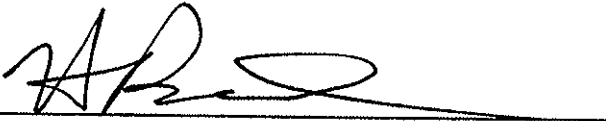
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under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in
Labora _____ under the direction of
Thomas Ficht, Renée Tsois and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

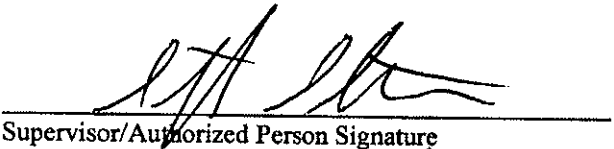
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Signature of Person Receiving Training

12/2/05
Date

Heather Burckhardt
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12/2/05
Date

Stephen Sterle
Printed Name of Authorized Person Providing Training

CERTIFICATION

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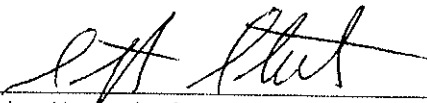
Signature of Person Receiving Training

2/14/05

Date

Heather Burckhardt

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/14/05

Date

Stephen Sterle

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

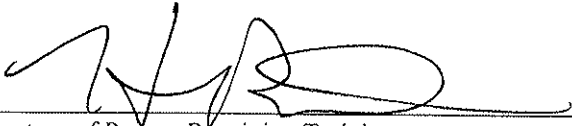
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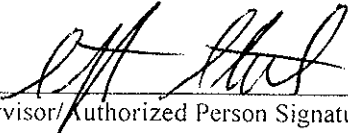
Signature of Person Receiving Training

2/14/05

Date

Heather Bunckhardt

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/14/05

Date

Stephen Sterle

Printed Name of Authorized Person Providing Training

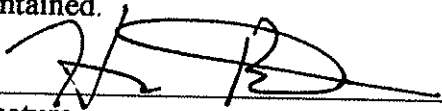
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Texas A&M University
Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp. under the direction of Thomas Ficht.

I further certify that I understand the hazards of working with *Brucella* spp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; and the standard operating procedures for this laboratory.

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Signature

12/14/04

Date

Heather Burckhardt

Printed name

Student Worker / CMP MS Candidate

Position/Title

Are you a US citizen?
 Yes. No.

Country of your citizenship (if not USA)

Have you undergone training in safety, security, and emergency response?
 Yes. No.

12/14/04 LARR

Date and location of training

452-79-8045

Social security number

12/01/1981

Date of birth

hburckhardt@cvr.tamu.edu

Email address



Supervisor's signature

12/14/04

Date

Stephen Sterle

Supervisor's printed name

(Reproduce this page as needed to cover all personnel.)

CERTIFICATION

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in :
under the direction of Renée Tsois and James Samuel, *Brucella* spp. in
under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in
under the direction of

Thomas Ficht, Renée Tsois and James Samuel.

I further certify that I understand the hazards of working with *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information necessary to account for all activities related to this agent will be maintained.

Ryan Burd
Signature of Person Receiving Training

12/7/06
Date

Ryan Burd
Printed name of Person Receiving Training

Ken Gilgewater
Supervisor/Authorized Person Signature

12-7-06
Date

Ken Gilgewater
Printed Name of Authorized Person Providing Training

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Ryan Byrd
Signature of Person Receiving Training

12/2/05
Date

Ryan Byrd
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

12-2-05
Date

Robert E Rose
Printed Name of Authorized Person Providing Training

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I further certify that I understand the hazards of working with *Brucella spp.*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special Biosafety practices required for Biosafety Level 3 work according to the Biosafety in Microbiological and Biomedical Laboratories guidebook; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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Ryan Byrd
Signature of Person Receiving Training

6/7/05
Date

Ryan Byrd
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

6/7/05
Date

Stephen Sterle
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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Ryan Byrd
Signature of Person Receiving Training

6/7/05
Date

Ryan Byrd
Printed name of Person Receiving Training

[Signature]
Supervisor/Authorized Person Signature

6/7/05
Date

stephen sterle
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)