

**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: Ryan Byrd 12/7/06

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:

RB I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

RB I will not enter any room in which work is in progress.

RB I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

RB I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

RB 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.

RB Failure to report breaks in protocol is grounds for dismissal.

RB I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Ryan Byrd  
Name (Please Print)

Ryan Byrd  
Signature

6/28/05  
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.

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- 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).
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- 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: Ryan Boyd 6/28/05

Training Supervisor's Signature/Date: [Signature] 6-28-05

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I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date:   Ryan Beard     2/8/06  

Training Supervisor's Signature/Date:   [Signature]     2/08/06

## 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 Reynolds Medical Sciences Building animal holding room 420C under the direction of Renée Tsois and James Samuel, *Brucella* spp. in Veterinary Research Building animal holding room 135 under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in Laboratory Animal Resources and Research Building animal holding rooms 135, 136, 137, 140, 141, and 142 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.

Ralph J. Callicott  
Signature of Person Receiving Training

12-14-06  
Date

Ralph J. Callicott  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-14-06  
Date

Ken Gillenwater  
Printed Name of Authorized Person Providing Training

Ralph J Callicott

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- 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: Ralph J Callicott 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  
under the direction of Renée Tsolis 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 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.

Ralph J. Callicott  
Signature of Person Receiving Training

12-2-05  
Date

Ralph J. Callicott  
Printed name of Person Receiving Training

Stephen Sterle  
Supervisor/Authorized Person Signature

12/2/05  
Date

Stephen 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.* 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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Ralph Callicott  
Signature of Person Receiving Training

2-14-05  
Date

Ralph Callicott  
Printed name of Person Receiving Training

Stephen Sterle  
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)



## 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.*, *Coxiella burnetii*, and *Rickettsia prowazekii* 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.

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Ralph Callicott  
Signature of Person Receiving Training

2-14-05  
Date

Ralph Callicott  
Printed name of Person Receiving Training

Stephen Sterle  
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)

**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.

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.

Ralph Callicott  
Signature

11-18-04  
Date

Ralph Callicott  
Printed name

Assistant Lecturer  
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

2-26-73  
Date of birth

rcallicott@cmv.tamu.edu  
Email address

Melanie Thrig  
Supervisor's signature

11/19/04  
Date

Melanie Thrig  
Supervisor's printed name

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

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- 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: Ralph J. Callison - 2-14-05

Training Supervisor's Signature/Date: [Signature] 2-14-05

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I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Ralph J. Callcott 2/8/06

Training Supervisor's Signature/Date: [Signature] 2/8/06

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 Coxiella + Brucella in laboratory room(s) BL 3 and the select agent storage facility in room NA under the direction of NA.

I further certify that I understand the hazards of working with Coxiella + Brucella; 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.

Ralph Callicott

Printed Name

Ralph J. Callicott

Signature

9-10-03

Date

[Signature]

Supervisor

COPY

CERTIFICATION

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Tressie Cowen  
Signature of Person Receiving Training

12-7-06  
Date

Tressie Cowen  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-7-06  
Date

Kenneth Gillemwater  
Printed Name of Authorized Person Providing Training

Tressie Cowen

**TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)**

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I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Tressie Cowen 12-7-06

Training Supervisor's Signature/Date: [Signature] 12-7-0

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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, Renee 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

12/7/06  
Date

John D. Delaney  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12-7-06  
Date

Kenneth Gilgewater  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training





### CERTIFICATION

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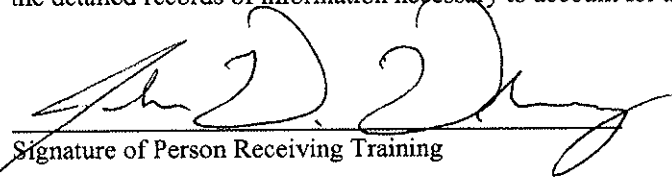
OC under the direction of Renée Tsohis and James Samuel, *Brucella* spp. in

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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Signature of Person Receiving Training

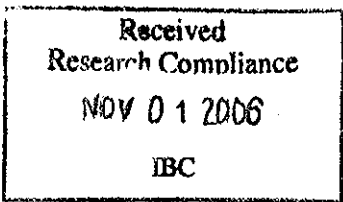
6/29/06  
Date

John D. Delaney  
Printed name of Person Receiving Training

  
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)

# COPY

## 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 accordance with 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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Xicheng  
Signature of Person Receiving Training

2-09-06

Xicheng Ding  
Printed name of Person Receiving Training

← Xicheng  
is Not yet

[Signature]  
Supervisor/Authorized Person Signature

Kenneth Gillevater  
Printed Name of Authorized Person Providing Train

SBAT Approved

(Reproduce this document as needed to cover all personnel)

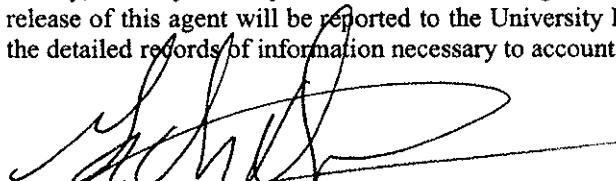
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under the direction of Thomas Ficht, and *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in  
under the direction of  
Thomas Ficht, Renée Tsois and James Samuel.

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

12-7-06  
Date

Gordon Draper  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12-7-06  
Date

Kenneth Gillevater  
\_\_\_\_\_  
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: Gordon Draper 12-7-06

Training Supervisor's Signature/Date: [Signature] 12-7-06

**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   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: [Signature] 2-20-06

Training Supervisor's Signature/Date: [Signature] 2-20-06

## CERTIFICATION

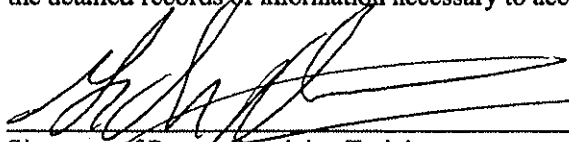
I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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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.

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

Gordon Draper  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/5/05  
Date

Stephen Sterle  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

## 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:

- SG I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.
- SG I will not enter any room in which work is in progress.
- SG I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.
- SG I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.
- SG 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.
- SG Failure to report breaks in protocol is grounds for dismissal.
- SG I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Stacy Gillenwater  
Name (Please Print)

Stacy Gillenwater  
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.

ORACY GILBERT  
**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: Oracy Gilbert / 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.
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- 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 Galaviz 2/15/06

Training Supervisor's Signature/Date: [Signature] 2/15/06

**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.

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.

Stacy Gillenwater  
Signature

11-18-04  
Date

Stacy Gillenwater  
Printed name

Tech Services Coordinator  
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 TAMU  
Date and location of training

111-000-0000  
Social security number

4-11-75  
Date of birth

stacy@111111.tamu.edu  
Email address

Robert E Rose  
Supervisor's signature

11-18-04  
Date

Robert E Rose  
Supervisor's printed name

**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 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; and the standard operating procedures for this laboratory.

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Stacy Gillenwater  
Signature

11-18-04  
Date

Stacy Gillenwater  
Printed name

Tech Services Coordinator  
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  
Date and location of training

\_\_\_\_\_  
Social security number

4-11-75  
Date of birth

Stacy@ tamu.edu  
Email address

Robert E Rose  
Supervisor's signature

11-18-04  
Date

Robert E Rose  
Supervisor's printed name

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 Coxiella Burnetii laboratory room(s) B13 and the select agent storage facility in room N/A under the direction of Elizabeth Browder

I further certify that I understand the hazards of working with Coxiella Burnetii; 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.

Stacy Gillenwater  
Printed Name

Stacy Gillenwater  
Signature

1-16-04  
Date

E. Browder  
Supervisor

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 \_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature of Person Receiving Training

12-7-06  
Date

Kenneth J. Gillenwater  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12-7-06  
Date

Chris Krawltan  
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.
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- 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: [Signature] 12-7-06

Training Supervisor's Signature/Date: [Signature] 12-7-06

## CERTIFICATION

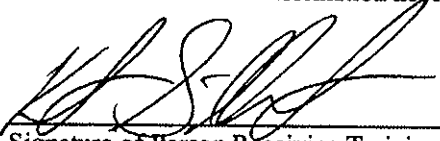
I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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under the direction of

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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

12-2-05  
Date

Kenneth Gillenwater  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/2/05  
Date

Stephen Sterle  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

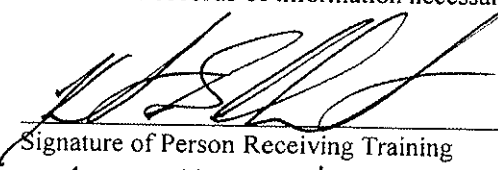
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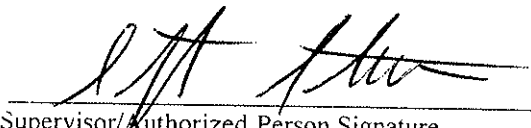
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\_\_\_\_\_  
Signature of Person Receiving Training

2-11-05  
Date

Ken Gillenwater  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/11/05  
Date

stephen storle  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



## CERTIFICATION

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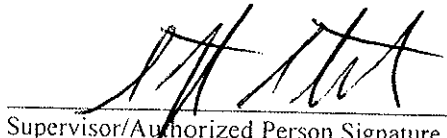
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\_\_\_\_\_  
Signature of Person Receiving Training

2-11-05  
Date

Ken Giltenwater  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/11/05  
Date

Stephen Storie  
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. under the direction of Thomas Ficht.

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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

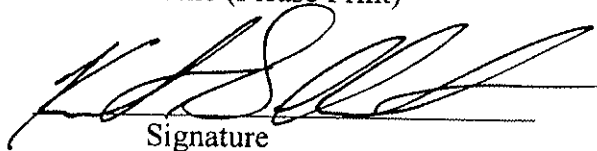
(Reproduce this page as needed to cover all personnel.)

## Acknowledgement and Consent

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- KG I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.
- KG I will not enter any room in which work is in progress.
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- KG 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.
- KG Failure to report breaks in protocol is grounds for dismissal.
- KG I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Ken Gillenwater  
Name (Please Print)

  
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)**

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- 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).
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- 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: \_\_\_\_\_

Training Supervisor's Signature/Date: \_\_\_\_\_

**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: [Signature] 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 *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in \_\_\_\_\_  
under the direction of Renée Tsolis 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 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.

Vincent C. Gresham DVM  
Signature of Person Receiving Training

12/7/06  
Date

VINCENT C GRESHAM  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-7-06  
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: Vincent C. Gresham DVM VINCENT C. GRESHAM DVM

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.* 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.

James Haywood  
Signature of Person Receiving Training

6/7/15  
Date

James Haywood  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

6/7/15  
Date

Stephan Sterle  
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 *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii* under the direction of Renée Tsois and James Samuel.

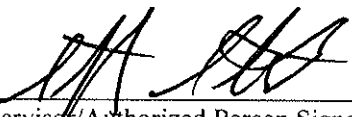
I further certify that I understand the hazards of working with *Brucella spp.*, *Coxiella burnetii*, and *Rickettsia prowazekii*; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological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

James Haywood  
Signature of Person Receiving Training

6/7/05  
Date

James Haywood  
Printed name of Person Receiving Training

  
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

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, *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 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.

Amy Henson

Signature of Person Receiving Training

12-7-06

Date

Amy Henson

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

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.

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Amy Henson  
Signature of Person Receiving Training

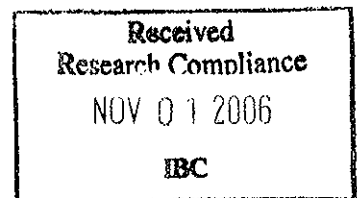
6-29-06  
Date

Amy Henson  
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)

## 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* is

under the direction of Renée Tsois and James Samuel, *Brucella* spp. in Veterinary Research Building

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.

Set Holster  
Signature of Person Receiving Training

12/7/06  
Date

Set Holster  
Printed name of Person Receiving Training

[Signature]  
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: Scot Holster 12/7/06 Scot Holster

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 R \_\_\_\_\_  
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, RENEE 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.

Scot A. Holster  
Signature of Person Receiving Training

2 December 2005  
Date

Scot A. Holster  
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.* 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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Scot Holster  
Signature of Person Receiving Training

2/11/05  
Date

Scot Holster  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/11/05  
Date

stephen sterile  
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 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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Scott Holster  
Signature of Person Receiving Training

2/11/05  
Date

Scott Holster  
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)



## 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:

- SH I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.
- SH I will not enter any room in which work is in progress.
- SH I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.
- SH I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.
- SH 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.
- SH Failure to report breaks in protocol is grounds for dismissal.
- SH I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Scott Holster

Name (Please Print)

Scott Holster

Signature

2/11/03

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: Scott Robinson 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.
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- 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: St Host 2/8/06

Training Supervisor's Signature/Date: [Signature] 2/8/06

**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.

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.

Scot Holster  
Signature

18 November 2004  
Date

Scot Holster  
Printed name

Lab ANIMAL CARE TAKER  
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.

11/18/04  
Date and location of training

\_\_\_\_\_  
Social security number

06/15/1982  
Date of birth

\_\_\_\_\_  
Email address

[Signature]  
Supervisor's signature

18 November 2004  
Date

Stephen Sterle  
Supervisor's printed name

(Reproduce this page 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., *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; and the standard operating procedures for this laboratory.

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Scot Holster  
Signature

18 November 2004  
Date

Scot Holster  
Printed name

LAB 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.

11/18/04  
Date and location of training

Social security number

06/15/1982  
Date of birth

\_\_\_\_\_  
Email address

[Signature]  
Supervisor's signature

18 November 2004  
Date

Stephen Sterle  
Supervisor's printed name

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 Coxiella/Bruceella in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room LARR Main BL3 under the direction of \_\_\_\_\_.

I further certify that I understand the hazards of working with Coxiella/Bruceella; 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.

Scot Holster  
Printed Name

Scot Holster  
Signature

18 June 2004  
Date

[Signature]  
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 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.

Melanie Ithrig  
Signature of Person Receiving Training

12-14-06  
Date

MELANIE Ithrig  
Printed name of Person Receiving Training

Kenneth Gilleanwater  
Supervisor/Authorized Person Signature

12-14-06  
Date

Kenneth Gilleanwater  
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: Melanie Luby 12-14-06

Training Supervisor's Signature/Date: [Signature] 12-14-06



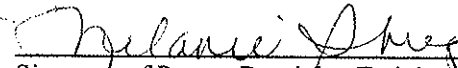
## CERTIFICATION

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 \_\_\_\_\_  
under the direction of Renée Tsolis 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 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

12/9/05  
Date

Melanie Irig  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/8/05  
Date

Kenneth Gillenwater  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

## CERTIFICATION

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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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Melanie Thraig  
Signature of Person Receiving Training

2/14/05  
Date

Melanie Thraig  
Printed name of Person Receiving Training

Robert E Rose  
Supervisor/Authorized Person Signature

2/14/05  
Date

Robert E Rose  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

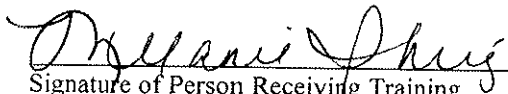
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\_\_\_\_\_  
Signature of Person Receiving Training

2/14/05  
Date

Melanie Thrig  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/14/05  
Date

Robert E. Rose  
\_\_\_\_\_  
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:

M

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

M

I will not enter any room in which work is in progress.

M

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

M

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

M

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.

M

Failure to report breaks in protocol is grounds for dismissal.

M

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Melanie Ithrig  
Name (Please Print)

Melanie Ithrig  
Signature

2/14/05  
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: Dorelani Phung 2/14/05

Training Supervisor's Signature/Date: [Signature] 2-14-05

**TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)**

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- 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: Melanie Shrie 2/14/06

Training Supervisor's Signature/Date: [Signature] 2-14-06

**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.

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.

Melanie Ihrig  
Signature

11/18/04  
Date

Melanie Ihrig  
Printed name

Director / Comparative Medicine Program  
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.

11/10/04  
Date and location of training

\_\_\_\_\_  
Social security number

10/01/53  
Date of birth

mihrig@tamu.edu  
Email address

[Signature]  
Supervisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.

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 accordance with 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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Melissa Kam-McDonagh  
Signature of Person Receiving Training

2/21/07  
Date

Melissa Kam-McDonagh  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2-21-07  
Date

Kenneth J. Gilgewater  
Printed Name of Authorized Person Providing Training



# COPY

## CERTIFICATION

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\_\_\_\_\_  
Signature of Person Receiving Training

2/9/06  
Date

Melissa Kahl-McDonagh  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/9/06  
Date

Kenneth Gilenwater  
\_\_\_\_\_  
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 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.

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Gabrielle Kapp  
Signature of Person Receiving Training

12.14.06  
Date

Gabrielle Kapp  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-14-06  
Date

Ken Gillessater  
Printed Name of Authorized Person Providing Training



**TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)**

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- 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: Sabrina Kye 12-14-06

Training Supervisor's Signature/Date: [Signature] 12-14-06

## CERTIFICATION

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Tammy L Kaus  
Signature of Person Receiving Training

2/11/05  
Date

Tammy L. Kaus  
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

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Tommy L. Kaus  
Signature of Person Receiving Training

2/11/05  
Date

TOMMY L. KAUS  
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)

**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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Tammy Kaus  
Signature

11/18/04  
Date

Tammy Kaus  
Printed name

Lab Animal Technologist  
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 - Texas A&M Univ.  
Date and location of training

                          
Social security number

08-16-1964  
Date of birth

tkaus@tamu.edu  
Email address

[Signature]  
Supervisor's signature

                          
Date

Stephen Sterle  
Supervisor's printed name

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

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Thomas Ficht, Renée Tsohis and James Samuel.

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Chris Kall  
Signature of Person Receiving Training

12-7-06  
Date

Chris Knowlton  
Printed name of Person Receiving Training

[Signature]  
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)**

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- 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: Chris Knowlton 12-7-06

Training Supervisor's Signature/Date: [Signature] 12-7-06



## 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.

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

12-2-05  
Date

Chris Knowlton  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
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.*, *Coxiella burnetii*, and *Rickettsia prowazekii* 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; the safety and security standards set forth above; and the standard operating safety and security procedures for this laboratory.

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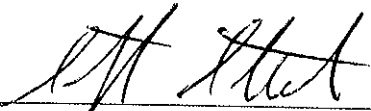
\_\_\_\_\_  
Signature of Person Receiving Training

2-14-05

\_\_\_\_\_  
Date



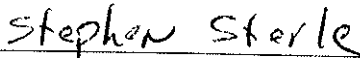
\_\_\_\_\_  
Printed name of Person Receiving Training



\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/14/05

\_\_\_\_\_  
Date



\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

# COPY

## 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.* 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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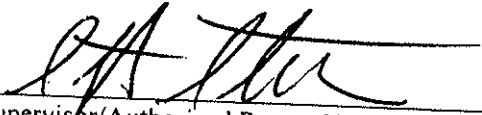
Signature of Person Receiving Training

2-14-05

Date

Chris Knowlton

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/14/05

Date

Stephen Sterk

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:

- CK I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.
- CK I will not enter any room in which work is in progress.
- CK I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.
- CK I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.
- CK 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.
- CK Failure to report breaks in protocol is grounds for dismissal.
- CK I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Chris Knowlton  
Name (Please Print)

CK  
Signature

2-14-05  
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)**

- F 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: *A. Koval* 2-14-05

Training Supervisor's Signature/Date: *[Signature]* 2-14-05

**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.
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- 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).
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- 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: Chris Knoulton 2/8/06


Training Supervisor's Signature/Date: [Signature] 2/8/06

**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 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; 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

11/19/04  
Date

Chris Knowlton  
Printed name

Student Worker  
Position/Title

Are you a US citizen?  
 Yes.       No.

\_\_\_\_\_  
Country of your citizenship (if not USA)

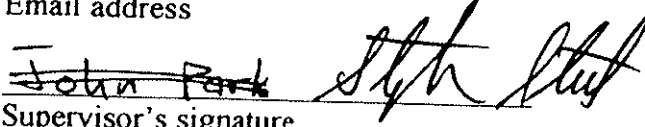
Have you undergone training in safety, security, and emergency response?  
 Yes.       No.

11/19/04  
Date and location of training

Social security number

1/13/81  
Date of birth

chrisknowlton@neo.tamu.edu  
Email address

  
Supervisor's signature

11/19/04  
Date

Stephen Sterle  
Supervisor's printed name

**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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Chris Knowlton  
Signature

11/19/04  
Date

Chris Knowlton  
Printed name

Student Worker  
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.

11/19/04  
Date and location of training

\_\_\_\_\_  
Social security number

1/13/81  
Date of birth

chrisknowlton@neo.tamu.edu  
Email address

Stephen Sterle  
Supervisor's signature

11/19/04  
Date

Stephen Sterle  
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 Coxiella/Bruceella 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 Coxiella/Bruceella; 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.

Chris Knowlton  
Printed Name

Chris Knowlton  
Signature

6-18-04  
Date

[Signature]  
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 \_\_\_\_\_  
Thomas Ficht, Renée Tsois and James Samuel. \_\_\_\_\_ 12 under the direction of \_\_\_\_\_

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

Anna C. Knox  
\_\_\_\_\_  
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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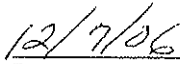
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under the direction of

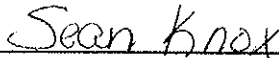
Thomas Ficht, Renée Tsohis and James Samuel.

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\_\_\_\_\_  
Signature of Person Receiving Training

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training



**TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)**

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- 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: Sean Knex 12-7-06

Training Supervisor's Signature/Date: [Signature] 12-7-06

## CERTIFICATION

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under the direction of Renée Tsolis 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 Tsolis and James Samuel.


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\_\_\_\_\_  
Signature of Person Receiving Training

12-2-05  
Date

Sean Knox  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/2/05  
Date

Stephen Esterle  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

## CERTIFICATION

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\_\_\_\_\_  
Signature of Person Receiving Training

2/11/05

\_\_\_\_\_  
Date

Sean Knox

\_\_\_\_\_  
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)

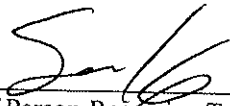
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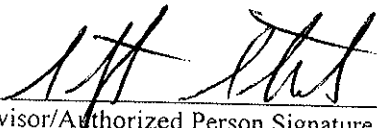
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\_\_\_\_\_  
Signature of Person Receiving Training

2/11/05  
\_\_\_\_\_  
Date

Sean Knox  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/11/05  
\_\_\_\_\_  
Date

Stephen Sterle  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

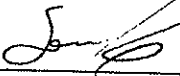
(Reproduce this document as needed to cover all personnel)

**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. 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

11/19/04  
Date

Sean Knox  
Printed name

LATG  
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.

CMP LADR Conference Room 11/19/04  
Date and location of training

\_\_\_\_\_  
Social security number

9/29/73  
Date of birth

Sean@tamu.edu  
Email address

  
Supervisor's signature

11/19/04  
Date

Stephen Sterle  
Supervisor's printed name

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



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

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[Signature]  
Signature

11/19/04  
Date

Sean Knox  
Printed name

LATG  
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.

CMP LARR Conference Rm 11/19/04  
Date and location of training

\_\_\_\_\_  
Social security number

9/29/73  
Date of birth

sean@larr.tamu.edu  
Email address

[Signature]  
Supervisor's signature

11/19/04  
Date

Stephen Sterk  
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:

SK I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

SK I will not enter any room in which work is in progress.

SK I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

SK I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

SK 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.

SK Failure to report breaks in protocol is grounds for dismissal.

SK I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Sean Knox  
Name (Please Print)

  
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: Sule 2/11/05

Training Supervisor's Signature/Date: SA [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 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: [Signature] 2/15/06

Training Supervisor's Signature/Date: [Signature] 2/15/06

## 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, *Brucella* spp. in Veterinary Research Building  
\_\_\_\_\_ 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.

Tennille Lamon  
Signature of Person Receiving Training

12-14-06  
Date

Tennille Lamon  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-14-06  
Date

Kenneth 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.
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- T   5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
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- 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: lennille Lamon 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 \_\_\_\_\_  
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.

Tennille Lamon, DVM  
Signature of Person Receiving Training

12/8/05  
Date

Tennille Lamon, DVM  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12/8/05  
Date

Kenneth Gillenwater  
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.* 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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Tennille K. Lamon, DVM  
Signature of Person Receiving Training

2/11/05  
Date

Tennille K. Lamon, DVM  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/11/05  
Date

Stephan Starke  
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 *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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Tennille K. Lamon, DVM  
Signature of Person Receiving Training

2/11/05  
Date

Tennille K. Lamon, DVM  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/11/05  
Date

stephen starke  
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:

TL I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

TL I will not enter any room in which work is in progress.

TL I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

TL I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

TL 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.

TL Failure to report breaks in protocol is grounds for dismissal.

TL I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Tennille Lamon  
Name (Please Print)

Tennille Lamon  
Signature

Feb 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)**

- 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: Erinell Turner DVM 2-14-05

Training Supervisor's Signature/Date: [Signature] 2-14-05

**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.
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- 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.
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- 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: Terrielle Toman 2/18/06

Training Supervisor's Signature/Date: [Signature] 2/18/06

**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 \_\_\_\_\_ per 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.

Tennille K. Lamon  
Signature

11/18/04  
Date

Tennille K. Lamon  
Printed name

Assistant Lecturer  
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.

11/18/04 , TAMU  
Date and location of training

\_\_\_\_\_  
Social security number

7/28/76  
Date of birth

Tlamon@cvm.tamu.edu  
Email address

Debbie Thrig  
Supervisor's signature

11/19/04  
Date

Melanie Thrig  
Supervisor's printed name

(Reproduce this page 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., *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; and the standard operating procedures for this laboratory.

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Tennille K Lamon  
Signature

11/18/04  
Date

Tennille K Lamon  
Printed name

Assistant Lecturer  
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.

11/18/04 TAMU  
Date and location of training

Social security number

7/28/76  
Date of birth

Tlamon@cvm.tamu.edu  
Email address

Melanie Thrig  
Supervisor's signature

11/19/04  
Date

Melanie Thrig  
Supervisor's printed name

Received  
JAN 09 2007  
Research Compliance

### CERTIFICATION

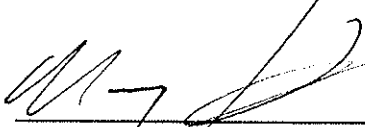
I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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\_\_\_\_\_ under the direction of Renée Tsolis 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 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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\_\_\_\_\_  
Signature of Person Receiving Training

1/4/07  
\_\_\_\_\_  
Date

MARY Lopez  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

1/4/07  
\_\_\_\_\_  
Date

Stephen Sterle  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training



## CERTIFICATION

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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.

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\_\_\_\_\_  
Signature of Person Receiving Training

12/2/05  
\_\_\_\_\_  
Date

MARY LOPEZ  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12-2-05  
\_\_\_\_\_  
Date

Robert E Rose  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training



**TEST OF BIOSAFETY MANUAL COMPREHENSION: ABSL-3 (TRUE/FALSE)**

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- 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: Alamy Lopez 4/4/07

Training Supervisor's Signature/Date: [Signature] 1/4/07

## CERTIFICATION

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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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\_\_\_\_\_  
Signature of Person Receiving Training

MARY E. LOPEZ  
\_\_\_\_\_  
Printed name of Person Receiving Training

JUNE 7 2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

stephan starke  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

6/7/05  
\_\_\_\_\_  
Date

(Reproduce this document as needed to cover all personnel)

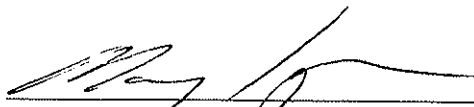
## CERTIFICATION

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\_\_\_\_\_  
Signature of Person Receiving Training

MARY E. LOPEZ  
\_\_\_\_\_  
Printed name of Person Receiving Training

June 7 2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

Stephen Storie  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

6/7/05  
\_\_\_\_\_  
Date

(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:

ML

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

ML

I will not enter any room in which work is in progress.

ML

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

ML

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

ML

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.

ML

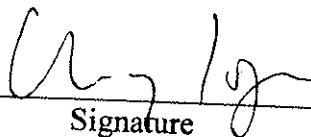
Failure to report breaks in protocol is grounds for dismissal.

ML

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

MARY LOPEZ

Name (Please Print)

  
Signature

July 2, 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)**

- 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.
- F   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: Mary Lopez 7/1/05

Training Supervisor's Signature/Date: [Signature] 7/1/05



## 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* 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.

Pamela L. Newton  
Signature of Person Receiving Training

12/2/05  
Date

PAMELA L. NEWTON  
Printed name of Person Receiving Training

R. 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.

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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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Pamela L. Newton  
Signature of Person Receiving Training

6/7/05  
Date

PAMELA L. NEWTON  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

6/7/05  
Date

Stephan Storie  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



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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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Pamela L. Newton  
Signature of Person Receiving Training

6/7/05  
Date

PAMELA L. NEWTON  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

6/7/05  
Date

Stephen Starke  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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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. 6,

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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Per Ji  
Signature of Person Receiving Training

2-21-07  
Date

Jianwu Per  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2-21-07  
Date

Kenneth J. Gillemater  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



# COPY

## 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 J 137, 140, 141, and 142 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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Pei Jian

Signature of Person Receiving Training

2-09-06

Date

Jianwu Pei

Printed name of Person Receiving Training

[Signature]

Supervisor/Authorized Person Signature

2-9-06

Date

Kenneth Gilenwater

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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nder the direction of Renée Tsohis and James Samuel, *Brucella* spp. in \_\_\_\_\_  
nder 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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Andrew T. Peseck, Jr.  
Signature of Person Receiving Training

12/2/05  
Date

Andrew T. Peseck, Jr.  
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

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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.* 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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Andrew T. Pesek, Jr.  
Signature of Person Receiving Training

3/14/05  
Date

Andrew T. Pesek, Jr.  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

3/14/05  
Date

Stephen Stehle  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

# CERTIFICATION

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Andrew J. Pesek, Jr.  
Signature of Person Receiving Training

2/14/05  
Date

Andrew T. Pesek, Jr.  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/14/05  
Date

\_\_\_\_\_  
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. 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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Andrew T. Peschk, Jr.  
Signature

11-18-04  
Date

Andrew T. Peschk, Jr.  
Printed name

Animal Resources Supervisor  
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.

11-18-04 LARR Facility  
Date and location of training

Social security number

03/27/72  
Date of birth

Andy @ LARR.TAMU.EDU.  
Email address

Melanie Thrig  
Supervisor's signature

11/19/04  
Date

Melanie Thrig  
Supervisor's printed name

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

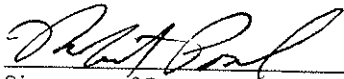
## CERTIFICATION

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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 animal holding room 135 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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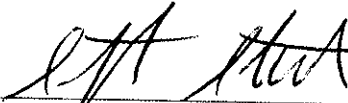
\_\_\_\_\_  
Signature of Person Receiving Training

2-11-05

\_\_\_\_\_  
Date

Robert Pool

\_\_\_\_\_  
Printed name of Person Receiving Training



\_\_\_\_\_  
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)



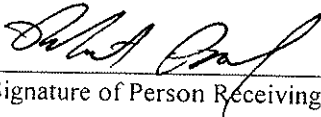
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Signature of Person Receiving Training

2-11-05  
Date

Robert Ped

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

2/11/05  
Date

2/11/05 Stephen Stork

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CMP/  
FICHT

### CERTIFICATION

above policies on admittance as an Authorized Person into a secured area or laboratory containing signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in

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.

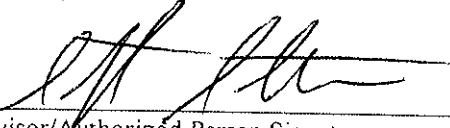
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\_\_\_\_\_  
Signature of Person Receiving Training

2/14/05  
Date

Stephen Prince  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/14/05  
Date

Stephen Stork  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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Stephen Prince  
Signature of Person Receiving Training

2/14/05  
Date

Stephen Prince  
Printed name of Person Receiving Training

Stephen Sterle  
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)

**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

Stephen Prince  
Printed name

CMP LATG  
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

\_\_\_\_\_  
Social security number

10/25/1979  
Date of birth

stephen@larr.tamu.edu  
Email address

  
Supervisor's signature

12-14-04  
Date

Andrew T. Posek, Jr.  
Supervisor's printed name

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

**CERTIFICATION**

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Laura J. Quinlivan  
Signature of Person Receiving Training

12/14/06  
Date

Laura J. Quinlivan  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-14-06  
Date

Ken Gilgewater  
Printed Name of Authorized Person Providing Training



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Laura J. Quinlivan  
Signature of Person Receiving Training

2/11/05  
Date

Laura J. Quinlivan  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/11/05  
Date

Stephon Sterle  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

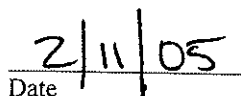
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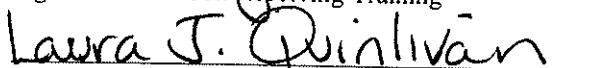
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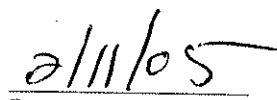
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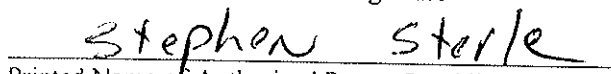
  
Signature of Person Receiving Training

  
Date

  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

  
Date

  
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. under the direction of Thomas Ficht.

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Laura J. Quinlivan  
Signature

11/22/04  
Date

Laura J. Quinlivan  
Printed name

LATg  
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 CMP-LARR  
Date and location of training

\_\_\_\_\_  
Social security number

11/7/61  
Date of birth

laura@larr.tamu.edu  
Email address

[Signature]  
Supervisor's signature

11/22/04  
Date

Stephen Sterle  
Supervisor's printed name

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



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\_\_\_\_\_  
Signature of Person Receiving Training

12/5/05  
Date

Angelia Raines  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/5/05  
Date


Stephen Stoffe  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

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

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Signature

11-19-04  
Date

James Reid  
Printed name

ALAT  
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.

11-19-04  
Date and location of training

\_\_\_\_\_  
Social security number

11-10-78  
Date of birth

\_\_\_\_\_  
Email address

  
Supervisor's signature

11/19/04  
Date

Stephen Sterle  
Supervisor's printed name

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\_\_\_\_\_  
Signature of Person Receiving Training

12-2-05

\_\_\_\_\_  
Date

Robert E Rose

\_\_\_\_\_  
Printed name of Person Receiving Training



\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/2/05

\_\_\_\_\_  
Date

stephen sterle

\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

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\_\_\_\_\_  
Signature of Person Receiving Training

2/11/05  
Date

Robert E Rose  
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)

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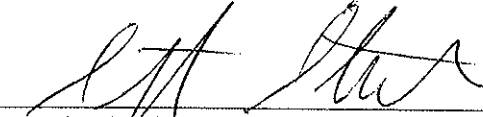
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\_\_\_\_\_  
Signature of Person Receiving Training

2/11/05  
Date

Robert E Rose  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

2/11/05  
Date

Stephen Starke  
\_\_\_\_\_  
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**

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Robert E Rose  
Signature

11-18-04  
Date

Robert E Rose  
Printed name

Clinical 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.

11-18-04 LARR facility  
Date and location of training

Social security number

12-1-59  
Date of birth

rrose@cvm.tamu.edu  
Email address

Melanie Ihrig  
Supervisor's signature

11/19/04  
Date

Melanie Ihrig  
Supervisor's printed name

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

## CERTIFICATION

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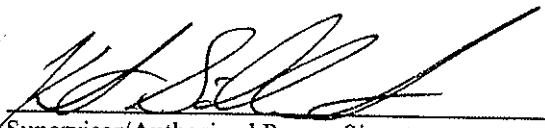
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\_\_\_\_\_  
Signature of Person Receiving Training

7 Dec 2006  
Date

Kari Russell-Lodrigue  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
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)

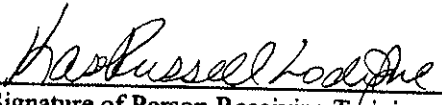
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\_\_\_\_\_  
Signature of Person Receiving Training

2 Dec 2005  
Date

Kasi Russell-Lodrigue  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/2/05  
Date

Stephen Storte  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

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under the direction of

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JKL  
Signature of Person Receiving Training

12/17/06  
Date

Kevin L. Sanders  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-14-06  
Date

Kenneth Gillenwater  
Printed Name of Authorized Person Providing Training

## CERTIFICATION

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Thomas Ficht, Renée Tsohis and James Samuel.

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Deborah Sargent  
Signature of Person Receiving Training

12/7/06  
Date

Deborah Sargent  
Printed name of Person Receiving Training

[Signature]  
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.
- F   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: Deborah Sargent 12/7/06

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.

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Deborah Sargent  
Signature of Person Receiving Training

12/2/05  
Date

D. Sargent  
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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D. Sargent  
Signature of Person Receiving Training

2.11.05  
Date

D. Sargent  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/11/05  
Date

stephen sterile  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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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.*, *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.

D. Sargent  
Signature of Person Receiving Training

2/1/05  
Date

D. Sargent  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/1/05  
Date

[Signature]  
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:

- DS I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.
- DS I will not enter any room in which work is in progress.
- DS I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.
- DS I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.
- DS 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.
- DS Failure to report breaks in protocol is grounds for dismissal.
- DS I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Deborah Sargent  
Name (Please Print)

Deborah Sargent  
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: D. Sargent

Training Supervisor's Signature/Date: [Signature] 2-11-05



Deborah Sargent

**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.
- ~~T~~ 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: A. Sargent 2/8/06

Training Supervisor's Signature/Date: [Signature] 2/8/06

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) BL3 and the select agent storage facility in room BL3 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.

Deborah Sargent  
Printed Name

Deborah Sargent  
Signature

1/16/04  
Date

Stephen Steh  
Supervisor









## CERTIFICATION

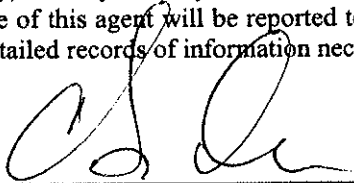
I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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 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.



Signature of Person Receiving Training

Christine Sivula

Printed name of Person Receiving Training

12/07/06

Date



Supervisor/Authorized Person Signature

Kenneth Gilgewater

Printed Name of Authorized Person Providing Training

12-7-06

Date



Christine Sivala

**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: Christine Sivala 12/07/06

Training Supervisor's Signature/Date: [Signature] 12-7-06

**From:** "Shannon Davis" <sdavis@vprmail.tamu.edu>  
**To:** <bbrowder@cvm.tamu.edu>  
**Date:** 9/4/2006 10:40:16 AM  
**Subject:** SBAT Required Documentation

Betsy,

I wanted to let you know that Christine Sivula has received her UIN number and has been notified via email. She has been instructed to contact Bert Kretzshmar to be fingerprinted and to complete the registration process.

If you have any questions, please feel free to contact me at 458-1467.

Thank you,

Shannon Davis

on behalf of:

Angelia Raines  
Director, VPR Office of Research Compliance  
TAMU 1186  
1500 Research Parkway  
Suite 150 B (Centeq Building)  
College Station, Texas 77843-1186  
araines@vprmail.tamu.edu  
(979) 847-9362 office  
(979) 862-3176 fax



## 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:

CS

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

CS

I will not enter any room in which work is in progress.

CS

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

CS

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

CS

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.

CS

Failure to report breaks in protocol is grounds for dismissal.

CS

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Christine Sivula

Name (Please Print)

Christine Sivula

Signature

11/13/06

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.

**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: M. V. S. / 1/13/06

Training Supervisor's Signature/Date: [Signature] / 1-13-06

# 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 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.



Signature of Person Receiving Training

12/02/05

Date

Christine Sivula

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12-2-05

Date

Robert E Rose

Printed Name of Authorized Person Providing Training

Received  
JAN 9 2007  
Research Compliance

### 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 F  
under the direction of Renée Tsolis 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, Renee 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.

Joely Smell  
Signature of Person Receiving Training

1-4-07  
Date

Joely Smith  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

1/4/07  
Date

Stephen Sterle  
Printed Name of Authorized Person Providing Training



**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.
- F   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: Wody Smith

Training Supervisor's Signature/Date: [Signature] 1/4/07

## 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:

JS

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

JS

I will not enter any room in which work is in progress.

JS

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

JS

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

JS

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.

JS

Failure to report breaks in protocol is grounds for dismissal.

JS

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Jody Smith

Name (Please Print)

Jody Smith

Signature

2/14/2005

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)**

- true 1. Eating, Drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human use is strictly prohibited.
- true 2. Animals not involved in the work being performed are not permitted into ABSL-3 areas.
- true 3. Always sign in on the entry/exit log when entering and sign out when leaving the ABSL-3 area.
- true 4. Always check the doors after entering and exiting the ABSL-3 area to ensure that they remain secured/locked behind you.
- true 5. Should any questions arise while working in the biohazard area you should always consult with the area supervisor.
- False 6. It is OK to allow another caretaker to use your access card to gain entrance into the ABSL-3 area.
- False 7. All used needles and syringes are to be re-capped and placed into a biohazard containment bag.
- False 8. Broken glass is only to be handled by hand.
- true 9. The biological safety cabinet is to be cleaned and disinfected both before and after use (to include underneath the work platform).
- true 10. Disinfectant should be poured into sink and floor drains daily so that liquid traps remain filled.
- False 11. It is OK to wear jewelry, watches and/or street clothes inside the ABSL-3 biohazard area.
- true 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: Wendy Smelt 2-14-05

Training Supervisor's Signature/Date: [Signature] 2-14-05

**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.
- 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.
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- 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: Wally Smith 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 *Brucella* spp., *Coxiella burnetii*, and *Rickettsia prowazekii* in \_\_\_\_\_  
an \_\_\_\_\_ 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.

  
\_\_\_\_\_  
Signature of Person Receiving Training

12-2-05  
Date

Jody Smith  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12/2/05  
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.

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.

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Jody Smith  
Signature of Person Receiving Training

2/14/05  
Date

JODY SMITH  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/14/05  
Date

Stephen Storte  
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* 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.

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Jody Smith  
Signature of Person Receiving Training

2/14/05  
Date

Jody Smith  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

2/15/05  
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., *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.

Jody Smith  
Signature

11/19/04  
Date

Jody Smith  
Printed name

LAT  
Position/Title

Are you a US citizen?  
 Yes.  No.

N/A  
Country of your citizenship (if not USA)

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

7-10-65  
Date and location of training  
Date of birth

Social security number

Jody S. .TAMU.edu  
Email address

[Signature]  
Supervisor's signature

11/19/04  
Date

Stephen Sterle  
Supervisor's printed name

**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.

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.

Jody Smith  
Signature

11/19/04  
Date

Jody Smith  
Printed name

LAT  
Position/Title

Are you a US citizen?  
 Yes.       No.

N/A  
Country of your citizenship (if not USA)

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

LARR main  
Date and location of training

Social security number           

7-10-65  
Date of birth

Jody@LARR.TAMU.edu  
Email address

Stephen Sterle  
Supervisor's signature

11/19/04  
Date

Stephen Sterle  
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 Coxiella Brucella 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 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.

Jody Smith

Printed Name

Jody Smith

Signature

3/29/04

Date

[Signature]

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 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, Renee 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.

Kim Snider  
Signature of Person Receiving Training

12/5/05  
Date

Kim Snider  
Printed name of Person Receiving Training

[Signature]  
Supervisor Authorized Person Signature

12/5/05  
Date

Stephen Sterle  
Printed Name of Authorized Person Providing Training


## CERTIFICATION

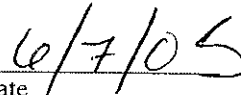
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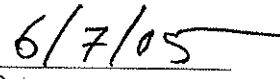
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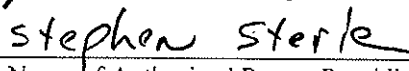
  
\_\_\_\_\_  
Signature of Person Receiving Training

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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.*, *Coxiella burnetii*, and *Rickettsia prowazekii* under the direction of Renée Tsohis and James Samuel.

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Kim Snider  
Signature of Person Receiving Training

6/7/05  
Date

Kim Snider  
Printed name of Person Receiving Training

Stephen Starke  
Supervisor/Authorized Person Signature

6/7/05  
Date

Stephen Starke  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

CERTIFICATION

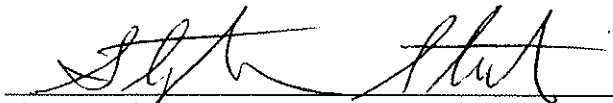
Received  
JAN 09 2007  
Research Compliance  
of laboratory containing

I have read and understood the above policies on admittance as an Authorized Person into a secured area of 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* under the direction of Thomas Ficht, Renée Tsois and James Samuel.

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Signature of Person Receiving Training

1/4/07  
Date

Stephen Sterle  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

1/4/07  
Date

Kenneth Gillenwater  
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, *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 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

Stephen Sterle  
\_\_\_\_\_  
Printed name of Person Receiving Training

December 2, 2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

Robert E Rose  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

12-2-05  
\_\_\_\_\_  
Date

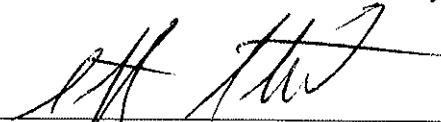
## CERTIFICATION

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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.* i under the direction of Thomas Ficht.

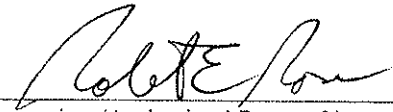
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\_\_\_\_\_  
Signature of Person Receiving Training

Stephen Steirle  
Printed name of Person Receiving Training

2/11/05  
Date

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

Robert E. Rose  
Printed Name of Authorized Person Providing Training

2/11/05  
Date

(Reproduce this document as needed to cover all personnel)

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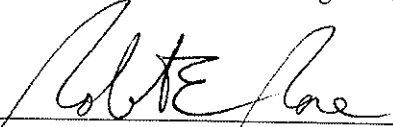
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\_\_\_\_\_  
Signature of Person Receiving Training

2/11/05  
Date

Stephen Sterle  
\_\_\_\_\_  
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)

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 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; and the standard operating procedures for this laboratory.

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Stephen Sterle  
Signature

November 18, 2004  
Date

Stephen Sterle  
Printed name

Animal Resources Supervisor  
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  
Date and location of training

Social security number

02/07/66  
Date of birth

steve@tamv.edu  
Email address

Melanie Ihrig  
Supervisor's signature

11/18/04  
Date

Melanie Ihrig  
Supervisor's printed name

**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.

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Signature

November 18, 2004  
Date

Stephen Sterle  
Printed name

Animal Resources Supervisor  
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  
Date and location of training

Social security number

02/07/66  
Date of birth

steve@.tamv.edu  
Email address

  
Supervisor's signature

11/19/04  
Date

Melanie Thrig  
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.

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under the direction of Renée Tsolis and James Samuel, *Brucella* spp. in  
a) \_\_\_\_\_ 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.

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Andrea B. Taylor  
Signature of Person Receiving Training

12-14-'06  
Date

Andrea B. Taylor  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12-14-06  
Date

Ken 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 \_\_\_\_\_  
Thomas Ficht, Renée Tsois and James Samuel. under the direction of \_\_\_\_\_

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Andrea B. Taylor  
Signature of Person Receiving Training

12-2-'05  
Date

Andrea B. Taylor  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

12/2/05  
Date

Stephen Sterle  
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: Andrea B. Taylor 2/8/06

Training Supervisor's Signature/Date: [Signature] 2/8/06

**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.
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- 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: Quinton B. Taylor 7/22/05

Training Supervisor's Signature/Date: [Signature] 7/22/05

## 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:

AT

I agree to perform duties in biohazard areas in a manner that will assure both containment of hazardous agents and safety of personnel.

AT

I will not enter any room in which work is in progress.

AT

I will follow all safety protocols regarding appropriate attire, sanitation, animal handling and material disposal.

AT

I will consult my supervisor at any time should questions arise regarding my involvement in biohazard areas.

AT

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.

AT

Failure to report breaks in protocol is grounds for dismissal.

AT

I have read and understand this document and agree with each of the above statements as evidence by my initials placed before each statement.

Andrea B. Taylor  
Name (Please Print)

Andrea B. Taylor  
Signature

7-22-05  
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.
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I have read and fully understand the procedures covered in this manual.

Employee's Signature/Date: Quidea B. Taylor 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.* 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.

  
\_\_\_\_\_  
Signature of Person Receiving Training

6-8-05  
Date

Andrea B. Taylor  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

6/8/05  
Date

Stephen Sterle  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)


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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.*, *Coxiella burnetii*, and *Rickettsia prowazekii* 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.

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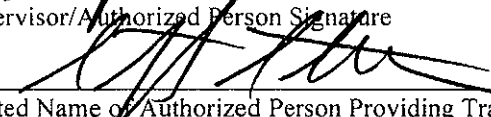
  
\_\_\_\_\_  
Signature of Person Receiving Training

6-8-05  
Date

Andrea B. Taylor  
Printed name of Person Receiving Training

  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

6/8/05  
Date

  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

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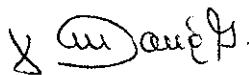
## CERTIFICATION

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 137, 140, 141, and 142 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.



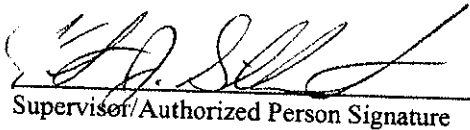
\_\_\_\_\_  
Signature of Person Receiving Training

ALFREDO WONG-GONZALEZ

\_\_\_\_\_  
Printed name of Person Receiving Training

2-21-07

\_\_\_\_\_  
Date



\_\_\_\_\_  
Supervisor/Authorized Person Signature

Kenneth J. Gillenwater

\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

2-21-07

\_\_\_\_\_  
Date

(Reproduce this document as needed to cover all personnel)

## **EMERGENCY RESPONSE:**

### **Medical Emergencies:**

- In case of a medical emergency, dial 9-911.
- If the individual is conscious and can be moved, remove the individual from the facility immediately.
- If the individual is unconscious, immediately begin first aid.
- If possible (and if it will not cause further harm) move the unconscious person to the outside of the facility through the transition rooms.
- If the individual cannot be moved instruct the emergency personnel in proper suit up procedures to enter the area.
- Continue first aid until emergency medical personnel arrive and take over.

**Emergency incidents are immediately reported to the Main Supervisor (who will then report the incident to the Facility Director).**

### **Electrical Power Failures:**

- In case of a power outage remain calm.
- If working with animals at the time of failure, attempt to contain the animals using a micro-isolator lid.
- An emergency generator is in place and will start up within 15 seconds after power failure.
- Once power has been restored, assess the situation.
- If the blower fan of a biological safety cabinet that is in use stops working, cease working in the cabinet, disinfect the area using an appropriate disinfectant and follow proper exit procedures.
- In case of a blackout (if backup generator does not work), all personnel must exit the area.
- If power has not been restored within two minutes, the animal room doors are to be taped shut.
- When exiting the area follow proper exit procedures.

### **Fire Emergencies:**

- In the event of a fire or fire alarm, evacuate the facility following proper exiting procedures (when possible), exit the building and meet with other personnel in the parking lot located on the south side of the Facility (toward the vet school).
- If the fire exists in or near the ABSL-3 area, spray self down with disinfectant solution (if possible), immediately exit the area using the emergency exit located at the end of the biohazard corridor, exit the Facility and wait in the grassy area located directly behind the Main Facility until decontamination assistance can be provided.

## CDC Inspection Response

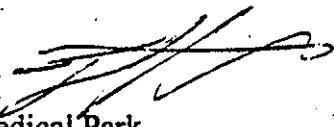
- List of Employees:
  - Dr. Frank Stein
  - William Skrivanek
  - Melissa Horsman
- SOPs:
  - None at this time
- Policies and Procedures:
  - Building and key issuing procedure
    - Investigator must have a current Animal Use Protocol (AUP) and IBC committee approval
    - Investigator or representative must fill out both Biosafe Building Assignment Memo and Housing Request for Animals Infected with Biohazardous Agents Form
    - Building assignment is made by VMP staff and key(s) are issued
- Training Records:
  - All training records available at this time may be obtained through the Office of Research Compliance
- Animal Protocols:
  - All animal protocols involving work with hazardous agents can be obtained through the Office of Research Compliance
- Animal Models Used for Biohazardous Agent Work:
  - Bison
  - Cattle
  - Deer
  - Goats
  - Sheep
- Facility Maintenance Logs:
  - All work orders for buildings or the last 3 years have been requested and will be provided ASAP
- Animal Room Access Logs:
  - Copies of all animal room access logs can be provided by the Office of Research Compliance

The Texas Veterinary Medical Center  
College of Veterinary Medicine  
Texas A&M University

Veterinary Medical Park

**MEMORANDUM**

**TO:**

**FROM:** Franklin J. Stein, DVM   
Director, Veterinary Medical Park

**SUBJECT:** Biosafe Building Assignment

In accordance with your recent request, you are assigned the Biosafe Building Facility (ies) as indicated below. It is your responsibility to disinfect the building as required by your needs prior to moving into the facility. It is also your responsibility to leave the building clean when you terminate your use of the building. As appropriate, you are also responsible for any special considerations regarding disinfection to prevent human and/or animal contamination after you terminate use of the building.

Copies of approvals from the appropriate committees (Infectious Agents, Biosafety, ULAC, IAACC) and the Request Form must be submitted for my review prior to assignment.

You will be billed a daily charge of \$6.00 for use of the building beginning the date your key is issued. Billing will end the date the key is returned and the building is inspected and accepted for re-issue.

AUP Number \_\_\_\_\_

Building Number(s) \_\_\_\_\_

Date of Assignment \_\_\_\_\_

Investigator acknowledgment: I have read and agree to abide by the protocols that govern the use of the Biosafe Buildings.

\_\_\_\_\_  
(Signature)



Veterinary Medical Park  
Housing Request for Animals  
Infected With Biohazardous Agents

AUP Number:

Building Number:

1. Type of Agent:  Infectious  Chemical Carcinogen  Radioactive  
 Other (specify)
2. Specific name of agent:
3. Animal to be used:
4. How will these animals be infected?
5. What is the expected duration of excretion of the agent?
6. What is the expected route of excretion?
7. How is the agent likely to be transmitted to workers?
8. Who will perform daily animal care?
9. Which of the following procedures will be necessary to prevent human infection and contain this agent in the Bio facility?  
 Shower Procedure     Shoe Cover     Paper mask     Respirator  
 Gown     Gloves     Other (specify)
10. Beginning Study Date:  
Ending Study Date:
11. Who will be authorized to enter the Biofacility? Please give name and title.

\_\_\_\_\_  
Signature of Applicant

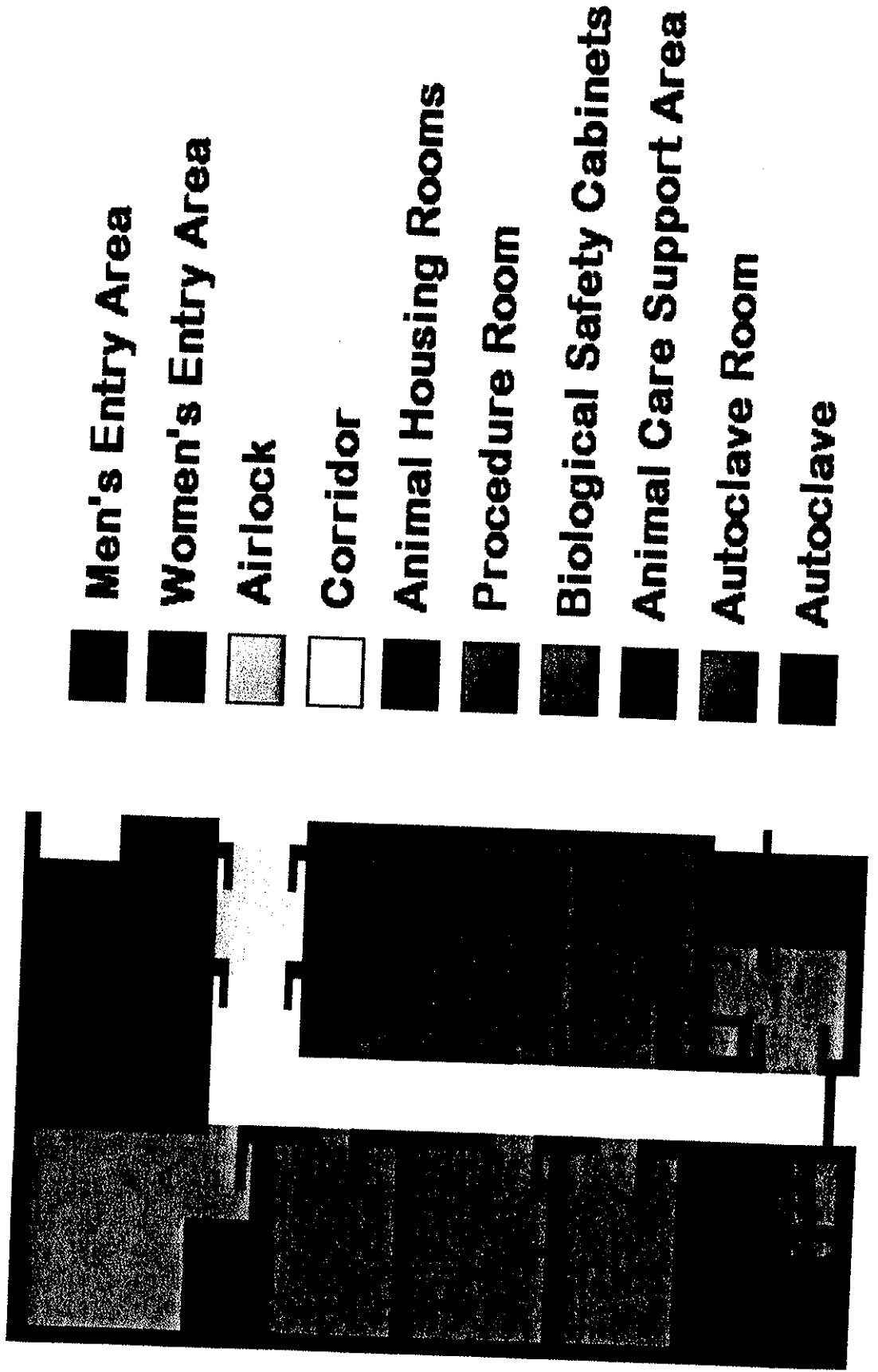
\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Phone

# Facility

## BL3 Animal Housing Area



# INCIDENT RESPONSE PLAN

PI – CMP Director, *Thomas Ficht, and James Samuel*

Texas A&M University, College Station, TX 77843  
to ensure compliance with  
42 CFR Part 73.14 – Select Agents and Toxins

## 1. Purpose

- 1.1 General. This is the incident response plan for the possession and use of *Coxiella burnetti* and *Brucella spp* at Texas A&M University main campus (College Station, TX). This incident response plan meets the requirements of 42 CFR Part 73 and 9 CFR Part 121. This plan covers the use of these select agents when used in a laboratory room.
- 1.2 This plan describes the entity's response procedures for the theft, loss, or release of a select agent or toxin, inventory discrepancies, security breaches (including information systems), severe weather and other natural disasters, workplace violence, bomb threats, suspicious packages, and emergencies such as fire, gas leak, explosion, power outage. This plan is coordinated with the University-wide incident response plans in place at TAMU.

## 2. Roles and Responsibilities

- 2.1 Principal Investigator (PI). The Principal Investigator, Thomas Ficht and James Samuel, has primary responsibility for the implementation of the select agent program within a particular laboratory or select agent work area. Where possible, all incidents covered in this plan must be reported directly to Thomas Ficht and James Samuel. The PI is responsible for ensuring all incidents regarding theft, loss or release are immediately reported to the proper institutional officials. This document outlines response actions concerning any theft, loss, or release from select biological agents and toxins (SBAT) facilities, including illness of personnel or visitors in SBAT facilities. Certain actions outlined below are performed in parallel rather than sequentially (see attached flowchart).
- 2.2 All lab personnel (including the PI) are responsible for immediately reporting an incident to the University Police Department (UPD) for theft or loss or to the Institutional Biosafety Officer (BSO) for release (including occupational exposure).
- 2.3 UPD – Responsible for immediately contacting the Alternate Responsible Official (ARO) and beginning an investigation of the incident. A written investigation report will be submitted to the Institutional Biosafety Committee (IBC), the PI and the ARO within 5 days of the incident. UPD will also work with the PI to conduct a security assessment following any incident involving loss or theft.
- 2.3 BSO - Responsible for immediately contacting the Alternate Responsible Official and beginning an investigation of the incident. A written investigation report will be submitted to the IBC, the PI and the ARO within 5 days of the incident. The BSO will also work with the PI to conduct a safety assessment following any incident involving a release (including occupational exposure).
- 2.4 ARO - Responsible for immediately contacting the Responsible Official, CDC, NIH (if rDNA) and other key institutional contacts regarding the incident. The ARO will work with the BSO, UPD and the PI to insure that the written report is correct and that the report will be submitted to CDC, NIH (if rDNA) and other key institutional contacts.

- 2.5 Responsible Official – Is responsible for compliance to the Select Agent regulations and insuring requirements (registration, investigations, etc) are properly carried out.
- 2.6 Contact information is found on the Emergency contact list. The list is attached to this document and is posted throughout the lab.
- 2.7 Annual Program Review. The Responsible Official or Alternate Responsible Official will audit the incident response program on an annual basis. This review will include drills and exercises to ensure the effectiveness of the incident response plan. Based on the outcome of drills, exercises or reported incidents, this incident response plan will be reviewed and updated as necessary.

**3. Description of Work**

This plan covers all work being performed at TAMU. Each lab will be responsible for providing information specific to the work being performed as follows:

Lab	Work description	Unique features of Agent	Biosafety Level	Biological Use Authorization
	Animal Housing	BSC	3	
	Animal Housing	BSC	3	
	Challenge, Lab work	BSC, Aerosol Chamber	3	

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Additional information concerning the laboratories and the select agent use is contained in the facility's CDC select agent application for registration on file at the CDC's Select Agent Program office. A copy is also securely stored at the entity's Office of Research Compliance or Environmental Health and Safety Office.

**4. Response to theft:**

- 4.1 Determination of Loss or Theft – The following are examples of events that may be considered a loss or theft. Possible loss or theft of the select agent will be reported initially to the Principal Investigator if any of the following have occurred: AGENTS ARE NOT STORED IN BUILDING
  - 4.1.1 The lock on the Select Agent storage area has been found open or appears to have been tampered with;
  - 4.1.2 Evidence of forced entry into the laboratory or storage areas has been found;
  - 4.1.3 A discrepancy in the Select Agent inventory that can not be reconciled;
  - 4.1.4 An employee reports cultures or samples missing;
  - 4.1.5 A package containing select agents fails to arrive in the laboratory at the time indicated on CDC Form 2;
  - 4.1.6 An infected animal is missing from its microisolator cage.

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**4.2 Report/Investigation Process:**

- Theft** (unauthorized removal) or **Loss** (failure to account for) a select agent or toxin
- 4.2.1 All individuals approved for access or visiting SBAT facilities shall upon discovery immediately report any actual or suspected theft or loss of SBATS to UPD. UPD contact numbers are as follows: office (845-8900) and Dispatch (845-2345). Based on circumstances, UPD will notify EHSD.

If the release is discovered and UPD is notified by an individual other than the Lab Director (LD) or Principal Investigator (PI), the person shall then notify the LD/PI.



After notification to UPD by the LD/PI or other individual, the LD/PI will immediately notify all individuals with approved access to the select agent or toxin to temporarily halt research activities for investigation. The LD/PI will also contact ORC.

- 4.2.1.1 Upon notification of discovery of a theft or loss, UPD will immediately notify ORC.
- 4.2.1.2 Upon notification from UPD, ORC will immediately notify the Responsible Official (RO) and Centers for Disease Control and Prevention (CDC) via fax, email or phone call. ORC will confirm notification of CDC to the RO, LD/PI, and UPD.
- 4.2.1.3 UPD (and ESHD, based on circumstances) will immediately investigate the incident. The investigation will include coordination with the LD/PI and others approved with access or visiting SBAT facilities. UPD will submit a written report to ORC within 5 days of being notified about the discovery of the theft or loss. If the investigation provides evidence that a theft or loss did not occur, circumstances will be documented in UPD's investigation report.
- 4.2.1.4 Based on the UPD report, ORC will prepare and file Form 3 (Guidance Document for Report of Theft, Loss or Release of Select Agents and Toxins) with CDC. ORC will maintain an official copy of information submitted to CDC and will provide a copy of the submission to the RO, UPD/EHSD, and LD/PI.
- 4.2.1.5 UPD will notify the appropriate Federal, State, or local law enforcement agencies.
- 4.2.1.6 The LD/PI will ensure notification to the funding agency
- 4.2.2 A risk assessment will be conducted immediately upon discovery of a loss or theft. The risk assessment will be a part of the investigation report.
  - 4.2.2.1 In addition to the investigation, upon notification of a theft or loss, UPD (with input from EHSD and the LD/PI) will conduct a risk assessment to determine if the laboratory is operating in a safe and secure manner and to attempt to determine the cause of the theft. This risk assessment shall include, but not be limited to a comprehensive laboratory survey, review of access logs, review of inventory records, and verification that all equipment is operating within normal parameters (e. g. biological safety cabinets, centrifuges, or aerosolization units). Research protocols in use at the time of theft will also be reviewed and modified, as warranted. If deficiencies in safe and secure practices are discovered, all work in the laboratory will cease until corrective actions have been taken.
  - 4.1.2.2 If deemed necessary, the EHSD/UPD will contact Biosafety Program Coordinator to convene a special meeting of the Institutional BioSafety Committee (IBC).
  - 4.1.2.3 Documentation of the risk assessment will be maintained by UPD with a copy sent to the LD/PI, EHSD and ORC.

4.1.2.4 Security Risk Assessments will be completed by UPD, with input from the LD/PI (and EHSD, based on circumstances). The results of the risk assessment and findings, including any requirements for post theft procedures, medical surveillance, and alterations made to laboratory protocols or plans (Safety, Security or Incident) will be documented. A copy of the information will be sent to the LD/PI, EHSD, and ORC.

4.1.2.5 The ORC will contact CDC, and if needed, a copy of the assessment will be submitted. ORC will also update the RO.

4.2.3 UPD will establish and maintain a specific file for each theft or loss incident, with all pertinent information.

4.2.4 The LD/PI shall train all individuals approved for access or visiting SBAT facilities to immediately report any actual or suspected loss or theft to UPD and the LD/PI. Documentation for completion of training shall be maintained by the LD/PI.

## 5. Investigation

5.1 The Investigation Committee for all releases will be headed by the EHSD's Institutional Biosafety Officer (BSO) with input from UPD and the PI. UPD will lead investigations involving theft or loss, with input from the BSO and PI.

5.1.1 The BSO/UPD will investigate the event as quickly as possible, but no later than 24 hours of the initial report or the incident.

5.1.2 The investigation should include a review of all materials related to the research, including access logs, inventory logs, laboratory notes and laboratory plans (security, safety and incident response)

5.1.3 Once the investigation is complete, the BSO or UPD will submit an investigation report to the IBB and RO.

5.1.4 Once the Committee has determined the response and informed the RO and IBC (through the Office of Research Compliance), the IBC will review the report and make a recommendation to the RO of any additional actions that they believe are needed.

5.1.5 After the RO has approved of the recommended actions, the PI will receive a written response from the IBC.

## 6. Reporting

6.1 All incident reports are included in the IBC agenda minutes for review by the full board at the next convened meeting. Serious events should be specifically presented to the IBC by the BSO/UPD or IBC Chair at the next convened meeting.

6.1.1 The investigation report, at a minimum, shall include the following information:

6.1.1.1 A detailed description of the incident.

6.1.1.2 A list of all personnel involved in the incident.

6.1.1.3 A description of what occurred and what has or needs to be done to prevent any future incident.

6.1.1.4 An assessment of the safety or security risk of continuing the research.

6.1.1.5 A recommendation of any changes that need to be made to the plans (safety, security or incident response), medical surveillance or laboratory procedures to reduce the risk of a reoccurrence.

6.1.1.6 A recommendation for training, if needed.

6.1.2 Incidents involving SBAT will be immediately reported to the CDC with a written report (Form 3) submitted within seven (7) days.

6.1.3 Events involving rDNA must be reported to the NIH immediately in writing but no later than 30 days of the incident.

## 7. Release of a Select Agent or Toxin.

Examples of a possible release (including occupational exposures of the agent or toxin include but are not limited to the following:

- 7.1 A package containing the Select Agent or toxin that has been received which has been damaged in transit such that the primary containment vessel appears to have been compromised;
- 7.2 Simultaneous complete power failure of the Biosafety cabinet and negative pressure in the BSL-3 suite during work in the Biosafety cabinet with open cultures;
- 7.3 Simultaneous spill of cultures outside the Biosafety cabinet and failure of negative pressure in the Biosafety Level 3 suite. In case of a spill, a spill kit containing absorbent material and disinfectant will be located in a designated lab for each Principal Investigator;
  - 7.3.1 Personnel are advised to immediately leave the lab after removing any contaminated clothing and to return in Tyvek suits with Powered Air Purifying Respirator (PAPR) after the air has been scrubbed clean by air handlers (approx. one hour).
- 7.4 In case release of the Select Agent or toxin outside the BSL-3 laboratory is suspected, the Principal Investigator will notify the BSO laboratories on the first floor of the VRB, as well as the Responsible Official, and the building manager.
- 7.5 Exposure of laboratory personnel to cultures. The following incidents may result in unintentional exposure to the Select Agent that can result in a laboratory-acquired infection. In any of these cases, personnel should report the exposure to the Principal Investigator and report to TAMU Occupational Health, where they will be given the option to initiate post-exposure prophylaxis. The exposure will be reported by the Principal Investigator to the BSO who reports immediately to the Responsible Official, who will notify CDC of the exposure. The following are examples of unintentional exposure:
  - 7.5.1 A spill of live culture outside the Biosafety cabinet;
  - 7.5.2 Failure of the Biosafety cabinet during work with a select agent;
  - 7.5.3 Needle stick or cut with sharps contaminated with a select agent;
  - 7.5.4 If a bite from a select agent--infected animal penetrates the double gloves and breaks the skin;
  - 7.5.5 A centrifuge accident that results in aerosolization of a select agent..

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## 8. Process of reporting and investigating a Release:

**Release** – Occupational exposure (clinical symptoms confirmed by laboratory evidence or an abnormal event in which the agent could have been release outside of the primary bio-containment barrier.) or release of an agent or toxin outside of the primary barriers of the biocontainment area.

- 8.1 All individuals approved for access or visiting SBAT facilities shall upon discovery immediately report any actual or suspected release to the Environment Health and Safety Department (EHSD). Based on circumstances, EHSD will notify the University Police Department (UPD). During normal business hours, call EHSD at 845-2132. If it is

outside of normal business hours, call UPD who will notify EHSD. UPD contact numbers are as follows: office (845-8900) and Dispatch (845-2345).

If the release is discovered and EHSD is notified by an individual other than the Lab Director (LD) or Principal Investigator (PI), the individual shall then notify the LD/PI.

After notification to EHSD by the LD/PI or other individual, the LD/PI will immediately notify all individuals with approved access to the select agent or toxin to temporarily halt research activities for investigation. The LD/PI will also contact the Office of Research Compliance (ORC).

- 8.1.1 Upon notification of discovery of a release, EHSD will immediately notify Scott & White Occupational Health Clinic and ORC.
- 8.1.2 Upon notification from EHSD, ORC will immediately notify the Responsible Official (RO) and the Centers for Disease Control and Prevention (CDC) via fax, email or phone call. ORC will confirm notification of CDC to the RO, LD/PI, EHSD, and UPD.
- 8.1.3 EHSD (and UPD, based on circumstances) will immediately investigate the incident. The investigation will include the coordination with the LD/PI and others approved with access or visiting SBAT facilities. EHSD will submit a written report to ORC within 5 days of being notified about discovery of the release. If the investigation provides evidence that a release did not occur, circumstances will be documented in EHSD's investigation report.
- 8.1.4 Based on the EHSD report, ORC will prepare and file Form 3 (Guidance Document for Report of Theft, Loss, or Release of Select Agents and Toxins) with the CDC within seven calendar days of the discovery of the release. ORC will maintain an official copy of information submitted to the CDC and will provide a copy of the submission to the RO, EHSD, and LD/PI.
- 8.1.5 EHSD will obtain confirmation from health care providers that reports to other state or federal health agencies have been submitted. The LD/PI will ensure notification to the funding agency.
- 8.2 A risk assessment will be conducted immediately upon discovery regarding any release.
  - 8.2.1 In addition to the investigation, upon notification of a release, EHSD (under the direction of the Biological Safety Officer (BSO)) will conduct a risk assessment to determine if the laboratory is operating in a safe manner and attempt to determine the cause or most likely route of the release. This risk assessment shall include but not be limited to a comprehensive laboratory survey, review of access logs to determine potential occupational exposures, review of inventory records, and verification that all equipment is operating within normal parameters (e.g., biological safety cabinets, centrifuges, or aerosolization units). Research protocols in use at the time of the release will also be reviewed by EHSD and modified, as warranted, in consultation with the LD/PI. If deficiencies in safe practices are discovered, all work in the laboratory will cease until corrective actions have been taken.
  - 8.2.2 If deemed necessary based on the risk assessment, the BSO will contact ORC to convene a special meeting of the Institutional BioSafety Committee.
  - 8.2.3 Documentation of the risk assessment will be maintained by EHSD with a copy sent to the LD/PI and the ORC.

- 8.2.4 Risk assessments will be completed with input from the LD/PI. The results of the risk assessment and findings, including any requirements for post decontamination procedures, medical surveillance, and alterations made to laboratory protocols or plans (Safety, Security or Incident) will be documented. A copy of the information will be sent to the LD/PI and ORC.
- 8.2.5 ORC will contact CDC, and if needed, a copy of the risk assessment will be submitted. ORC will also update the RO.
- 8.3 The following additional steps will also be taken immediately upon discovery regarding an actual or suspected occupational exposure:
  - 8.3.1 EHSD will direct the LD/PI to notify laboratory personnel and visitors that a potential exposure has occurred and refer them to Scott & White Occupational Health for consultation. EHSD will obtain access logs and other information to determine a complete list of potentially exposed personnel. EHSD will then follow-up with potentially exposed personnel to ensure notification.
  - 8.3.2 Individuals will be encouraged to contact Occupational Health at Scott & White Clinic, or to immediately identify to medical personnel, the agent they were potentially exposed to if treatment is sought. Scott & White Occupational Health Clinic or the attending physician will screen for the organism (e. g. Brucella species), and begin prophylaxis as deemed appropriate by the attending physician.
  - 8.3.3 If an occupational exposure is confirmed through appropriate medical tests or as determined by a physician, all personnel and potentially exposed individuals will be immediately referred to Scott & White for screening, testing, or preventive prophylaxis as determined by the attending physician. If personnel or visitors are at remote locations (other university facilities, traveling), they should immediately report to a physician of choice and explain that a positive occupational exposure to a specific organism has occurred and specific treatment or screening is desired. Personal physicians should be encouraged to contact either EHSD or Scott and White Occupational Health if they have any questions.
  - 8.3.4 EHSD, in consultation with Scott & White, will perform periodic follow-up with the group of exposed or potentially exposed personnel for a period of time as appropriate for the organism.
- 8.4 EHSD will establish and maintain a specific file for each release incident, with all pertinent information.
- 8.5 The LD/PI shall train all individuals approved for access or visiting SBAT facilities to immediately report any actual or suspected release to EHSD and the LD/PI. Documentation for completion of training shall be maintained by the LD/PI.

**9. Security Breach:**

A security breach will be determined to have occurred if any of the following are observed:

- 9.1 The access control system has failed, leaving the BSL-3 suite accessible to unauthorized persons;
- 9.2 An unauthorized person is observed unaccompanied in the BSL-3 suite;
- 9.3 A lost or stolen card was used to access the BSL-3 suite;

- 9.4 An unauthorized person has accessed the computer used to control entry to the BSL-3 suite;
- 9.5 An unexpected or suspicious package arrives in the laboratory.

If any of the above occurrences is observed, it must be reported immediately to the Principal Investigator. The Principal Investigator will then notify the Responsible Official of the security breach and take steps to correct the problem. Corrective procedures will be secured immediately, but no later than 24 hours; an inventory will be performed of all samples and animals in the laboratory and in Select Agent storage. Any missing Select Agent samples or animals will be reported to CDC using Form 3. Regardless of the outcome of the security breach, the Principal Investigator and the Responsible Official will review the incident to determine whether changes to the Security plan are required to avoid similar occurrences in the future.

**10. Severe weather or natural disasters.**

The most likely occurrences in this area are severe thunderstorms, floods or tornadoes.

- 10.1 If severe weather (thunderstorms or flooding) is predicted, experiments with Select Agents should be suspended until the severe weather has passed to avoid power outages during the work. All samples should be secured inside the locked -80°C freezer or the locked +4°C storage.
- 10.2 If an earthquake is felt, workers should immediately leave the suite-if possible, shedding gloves and lab coat on the way out of the BSL-3 suite. Cleanup, if necessary, can be performed once it is safe to re-enter the building.
- 10.3 Power to the BSL-3 suite may be affected if the emergency generator is flooded. In this case, all samples should be secured inside the -80°C freezer. If the vivarium is threatened by flooding, animal cages should be fastened shut, put into secondary containers (biohazard bag or large Tupperware) and transported to LARR (CMP) for secure holding until the threat of flooding has passed. If it becomes necessary to evacuate the College Station area, all animal experiments will be terminated before evacuation by euthanizing the animals and storing the carcasses in the secure select agent storage in room.
- 10.4 In case of a power outage, if there is no immediate danger to the building, secure all infectious samples inside a -80°C freezer, the +4°C refrigerator, or the incubators. The Biosafety cabinets and air handling system of the BSL-3 suite are on emergency backup power, which will prevent exposure to infectious samples in case of a power outage. Follow standard procedures for leaving the laboratory and return once the power has been restored to resume work.

**11. Fire, Gas leak, Steam leak, Explosion, Bomb threat:**

- 11.1 If work is being performed in the Biosafety cabinet, cap all samples, dispose of gloves and outer laboratory coat, and leave the laboratory immediately. If the fire is within the BSL 3 laboratory, and the worker feels (s)he can safely extinguish the fire, then the fire extinguisher located in the interior hall may be used. If a worker feels his or her safety threatened, (s)he should leave the laboratory immediately without stopping to decontaminate or secure any work, using the designated escape routes (through the emergency exit located on the west side of the BSL-3 suite and immediately out of the back dock doors located Upon leaving the building, ing in the assigned spot (the north part building towards the Vet School) and report to the Area Coordinator for attendance.

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- 11.2 Notify the appropriate emergency responders: Fire 9-911 or 911 from mobile phones, the Principal Investigator and the Biosafety Officer. For steam and gas leaks, notify TAMU Operations and Maintenance.
- 11.3 In case a bomb threat is received by telephone, follow TAMU procedure to notify the University Police immediately by calling the emergency number, 9-911 or 911. Also inform the Principal Investigator and Responsible Official. Always be sure to give the number and location of the building and your name and telephone extension number.
  - 11.3.1 The University Police Department will assign personnel to investigate the call and take whatever police action they may deem necessary and reasonable for the safety of the campus community. The University Police will conduct a search of the building, or of specific locations in or around the building. When judged prudent and feasible to do so, the search will be conducted with the assistance and cooperation of the Principal Investigator and/or Responsible Official. After an evaluation/assessment of the content of the bomb threat, the decision to evacuate or close building shall be made jointly, whenever possible, by the Police and the Principal Investigator and/or Responsible Official.
  - 11.3.2 Any unusual or suspicious object should be reported immediately to the University Police or to any immediate supervisor or administrative officer. Suspected objects or materials should NOT be touched or disturbed. Every bomb threat or incident of a suspected explosive device should be considered valid until all reasonable precautions for public safety have been taken or until the danger to life and property is terminated.

**12. Failure of Select Agent Storage Freezer:**

- 12.1 Select agents are not stored at building

**13. Workplace violence:**

- 13.1 Incidents of disruptive or threatening behavior on the part of an employee, student or visitor should be reported immediately to the Principal Investigator, who will report the incident to the Department Head, the Responsible Official and the Workplace Violence Response Team, as proscribed by the TAMU Personnel and Procedures manual section 290-09. If the individual accused of disruptive or threatening behavior is authorized for access to select agents, this person's access will be suspended pending the results of an investigation by the Workplace Violence Response Team. If an act of violence or a physical assault has occurred, or the threatening activity occurs within the BSL-3 laboratory, the person feeling threatened should call the police immediately to report the incident. If the person accused of violence has access to select agents, the person's access will be suspended pending the outcome of the investigation. Suspension of select agent access will be reported to the Responsible Official and a suspended individual's access will be inactivated within 24 hours.

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**14. Entry of emergency responders into the BSL-3 laboratory.**

- 14.1 In a case in which a life-threatening injury or medical condition (i.e. heart attack) occurs inside the BSL-3 laboratory, emergency responders will be allowed to enter the laboratory. If possible, upon feeling ill the laboratory worker should immediately exit the suite to facilitate treatment by emergency responders. Personnel protective equipment, including Tyvek suits, N95 masks, HEPA-filtered respirators and gloves, are located inside the entries (locker rooms) to the BSL-3 suite. A spill kit containing absorbent materials and disinfectant is located under the bench in each of the labs. A First Aid kit is located inside the lab. If responders are required to enter an area where a spill has

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occurred, they will be referred to Scott and White Clinic and offered post-exposure prophylaxis.

- 14.1.1 Entry procedure for the BSL-3 laboratory: Dress yourself in a Tyvek suit, gloves, shoe covers and respiratory protection (N95 mask) before entering the laboratories.
- 14.1.2 Providing first aid and emergency medical treatment in the BSL-3 laboratory: A person working inside the Biosafety hood is not considered to be contagious unless a spill has occurred. The person's gloves may be contaminated, and may be removed to facilitate treatment. If there is no space within the labs to put the person on the floor, move the person to the interior hallway to administer treatment.
- 14.1.3 Exit procedure from the BSL-3 laboratory: Emergency responders should remove Tyvek suit, mask, shoe covers and gloves before exiting and leave them behind in the BSL-3 laboratory. Hands should be washed immediately upon exit from the BSL-3 laboratory.
- 14.1.4 Decontamination procedures for medical equipment and clothing: Emergency responders should decontaminate equipment before leaving the laboratory by one of the following methods:
  - 14.1.4.1 Autoclaving. Autoclaves are located in the northwest corner of the y in the wall between room : the BSL-3 suite and the hallway outside the BSL-3 suite.
  - 14.1.4.2 Spraying surfaces with a Wexcide solution at 1 oz Wexcide to 1 gallon of water.

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## 15. Incident Response Plan Testing (Drills)

- 15.1 Drills or tabletop exercises will be conducted annually to test the effectiveness of the Biosafety plan. The drills or exercises will be coordinated with the TAMU Police Department and will include, but not be limited to, the Principal Investigator or designee, BSO, TAMU Fire Department representative and the Campus Emergency Planner.
- 15.2 The drill or exercise will include, but not be limited to, accessibility to restricted space, attempted or unauthorized entry into restricted spaces challenge, animal room security, staff knowledge of hazard/emergency protocols for their work location(s) and other situations that are deemed appropriate for each work location.
- 15.3 Following the drill or exercise, which will test the various components of the incident response plan for completeness, those involved will critique their findings for each drill/exercise location. The Principal Investigator working with the Responsible Official and Biosafety Officer will implement changes as necessary changes to the plan. Results of the drill or exercise will be reviewed by the Biological Safety Administrative Advisory Committee (Institutional Biosafety Committee).

## 16. Texas A&M University Crisis Management Plan

- 16.1 The entity crisis management plan is contained in a separate document and is referenced in the individual laboratory emergency response plan.
- 16.2 Additional information concerning the laboratory emergency response plan is contained in the laboratory's CDC select agent application for registration on file at the CDC's Select Agent Program office. A copy is also securely stored at the entity's Office of Research Compliance or the Environmental Health & Safety Department.

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- 16.3 The Responsible Official and Biosafety Officer should be contacted immediately in the case of any emergency in a select agent lab. The Responsible Official will coordinate access and information issues with campus police, fire, and emergency responders.
- 16.4 If necessary, the Responsible Official will coordinate the emergency relocation of select agents to another secure location.
- 17. Site security and control are described in detail in the Select Agent Security Plan**
- 17.1 The buildings are secured by a keyed lock. Sharing of keys with other personnel is not permitted.
- 17.2 Individuals not authorized for access to Select Agents must be accompanied by approved personnel at all times while in the buildings.
- 17.3 Data that could enable access to select agents by unauthorized personnel should be located on password-protected computers.
- 17.4 If approved personnel are observed violating security or Biosafety procedures, this observation should be reported immediately to the Principal Investigator. The Principal investigator will investigate the allegation and determine whether the violator should have his/her Select Agent access suspended or revoked. Suspension of Select Agent access will be reported to the Responsible Official and the individual's key card access will be terminated within 24 hours.
- 18. Inventory Discrepancies:**
- 18.1 Inventory discrepancies will be documented on the agent access form.
- 18.2 All discrepancies will be immediately reported to the Principal Investigator.
- 18.3 If the discrepancy is believed to be a result of loss or theft, the incident response procedures for loss or theft and release will be followed.
- 18.4 If the discrepancy is a result of a transfer, the transfer form will be documented.
- 19. References**
- 19.1 42 CFR Part 73
- 19.2 7 CFR Part 331
- 19.3 9 CFR Part 121
- 19.4 Biosafety in Microbiological and Biomedical Laboratories, Centers for Disease Control and Prevention, National Institutes of Health, Fourth Edition, May 1999
- 19.5 Laboratory Security and Emergency Response Guidance for Laboratories Working with Select Agents (Revised BMBL, Appendix F), published in Morbidity and Mortality Weekly Report, December 6, 2002.

**SBAT Incident Response**  
**Emergency Contact Numbers**

<b>PI Information</b>	
<b>PI Thomas Ficht</b> Office – (979) 845-4118 Mobile – (979) 574-9466 Home – (979) 574-8622	<b>PI James Samuel</b> Office – (979) 862-1684 Mobile – (979) 220-8269 Home – (979) 693-4118
Building Manager Dave Carlton Work: (979) 845-3091 Cell: (979) 777-0285	
Department Head CMP Director Office - (979) 845-7433	
Incidents involving Theft or Loss University Police Department (UPD) contact  Bert Kretzschmar Office – 979 845-8900 Mobile – 979 777-9033 Home – 979 774-0017.	
Incidents involving a Release (or Occupational Exposure) Environmental Health and Safety Office contact  Between 8:00 a.m. and 5:00 p.m. Brent Mattox, Biosafety Officer (BSO) Alternate Responsible Official (ARO) Office – 979 865-2132 Mobile – 979 450-0662  After hours 5:00 pm Contact the University Police Department contact Lt. Bert Kretzschmar Office – 979 845-8900 Mobile – 979 777-9033 Home – 979 774-0017	
<b>Other Contact information</b>	
Vice President for Research/Responsible Official (RO)	Richard Ewing (RO) 979 845-8585 (Office) or (Mobile)
	Fuller Bazer (ARO) 979 693-2876 (Office) or (Mobile)
	Angelia Raines (ARO) 979 847-9362 (Office) or (Mobile)
Comparative Medicine Program	Melanie Ihrig 979 845-7433 (Office) or (Mobile)
	Elizabeth Browder 979 845-7433 (Office) or (Mobile)
	Frank Stein 979 845-6488 (Office) or (Mobile)
Institutional Biosafety Committee (IBC)	Thomas Ficht 979 845-4118 (Office) or (Mobile)
	Vernon Tesh 979 862-4113 (Office) or (Mobile)
	Tiffany Agnew 979 458-3624 (Office) or (Mobile)
Other Emergency Numbers	College Station Police 979 764-3600 or 9-911
	Medical Emergency 9-911
	College Station Fire 979 764-3700 or 9-911
	Radiological Emergency 979 832-1111
	University Maintenance 979 845-4311

Decontamination Procedures for Spills of Cultures  
(Please customize for specific laboratories.)

1. Signal others in the BL3 labs of any spill outside the biological safety cabinet. All personnel should change out of contaminated clothing and wash any exposed skin with a disinfectant, such as Purell. Clothes must be removed within the BL3 area and will be autoclaved by those cleaning up.
2. Put on a clean scrub suit and go to the shower on the first floor animal facility. Shower thoroughly with soap.
3. Return to the lab for cleanup: Put on a full face respirator and tyvek suit (contained in the SPILL KIT). Put on double gloves and shoe covers.
4. Use paper towels to cover the spill. Prevent creation of contaminated aerosols.
5. Saturate all materials with 10% bleach solution (see previous section for description).
6. Allow to soak 15 minutes while remaining in the room. Clean up debris and other contaminated materials and place in autoclave bags.
7. Disinfect all exposed surfaces using 1X Wexcide or 1% Virkon (surface disinfectant solution).
8. Wipe surface of full-face respirator with 1% Virkon or 1X Wexcide, being careful to avoid skin contact with Wexcide.
9. Remove all clothing and place in autoclave bag.
10. Remove full face respirator and spray off all surfaces in the lab with 1% Virkon or 1X Wexcide.
11. Make sure that all contaminated material is autoclaved, surface-disinfected or incinerated.
12. Inform others not to work in the lab until the air handling system is able to clear any residual organisms from the air (3h).
13. Return to the lab after 3 hours and perform another decontamination of all lab surfaces with 1% Virkon or 1X Wexcide.
14. Report accident to the Principal Investigator, who will report it to other officials.

Contents of spill kit located in BL-3 labs:

Full-face respirator, Tyvek suit, clean scrub suit, absorbent material, Purell skin disinfectant, towel, copy of decontamination procedures for spills.

**RESPONSIBILITY:**

All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins.**

**GENERAL INFORMATION:**

1. All ABSL-3 locations require an individual security access card to enter the ABSL-3 area.
2. CMP Individual access cards and keys required to gain access to the Building  
ABSL-3 area and the Building ABSL-3 area are stored in the Main facility supervisor's office in a double lock box. Individual access cards and keys are signed out/in daily to personnel assigned to each area by an area supervisor. The lock box access log is stored inside on the first door of the double lock box and is checked at the end of the day by an area supervisor to ensure that all cards and keys have been returned.
3. Access cards are only to be used by the individual assigned to that card (never shared).
4. All individuals entering ABSL-3 areas containing select agents must sign-in and out of the area on the proper select agent facility access log.
5. Always make sure each secured door that you enter/exit secures before leaving the area.
6. All individuals escorting non DOJ approved individuals into an ABSL-3 area containing select agents must verify the individuals identification, sign the individual in as a visitor (record ID type and #) and stay with the individual at all times when in the ABSL-3 select agent area.
7. The University Police Department (UPD) must be notified before transporting Select Agents on public roadways so that a police escort can be provided. **Note: many of the roads on campus are considered to be public roadways.**

**LARR Main ABSL-3 Access Control:**

- Main Facility (Vivarium) access is secured by way of individual security card access readers located at Vivarium entry doors.
2. The ABSL-3 area located inside of the Vivarium is also secured by way of individual security card access readers. Each animal room and lab room inside of the ABSL-3 area is secured by coded key pad locks.
  3. Main ABSL-3 Security access cards are assigned by the Area Coordinator only to individuals who have been approved to enter the ABSL-3 area. Codes to access key pad controlled rooms containing Select Agents in the ABSL-3 area are only provided to individuals that have been cleared to work with select agents by the DOJ.
  4. All individuals entering the ABSL-3 area must sign in and out on the Main ABSL-3 area log. All individuals entering a room containing animals exposed to a select agent must sign in and out on the specific select agent access log.

5. Actual agents (outside of animals) are not stored in the ABSL-3 area.

**Building (RMB) ABSL-3 Access Control:**

1. The ABSL-3 area located inside of the Vivarium is secured by way of individual security card access readers as well as a finger print scan reader.
2. RMB ABSL-3 Security access cards are assigned by the Facility Coordinator only to individuals who have been cleared to work with select agents by the DOJ. The Facility Coordinator will also take an electronic finger scan of the cleared individual.
3. Individuals must use both access card and finger scan before they are granted access to the ABSL-3 area.

**Building (VMR) ABSL-3 Access Control:**

1. The ABSL-3 area located inside of the VMR building is secured by way of individual security card access readers as well as an entry door key lock.
2. VMR ABSL-3 security access cards are assigned only to individuals who have been cleared to work with select agents by the DOJ.
3. Individuals must use both access card and a key before they can gain access to the ABSL-3 area.
4. Always ensure that the locks on access doors remain locked behind you after entering and exiting.

**Incident Reporting & Breaches In Security**

The University Police Department (9-911 emergency, 845-2345 non-emergency), the Responsible Official or designee (Brent Mattox, 862-2062 or 450-0662), and Environmental Health and Safety (845-2132) must be notified in the event of:

1. Any loss or compromise of keys, passwords, combinations, etc.;
2. Any suspicious persons or activities;
3. Suspicious packages;
4. Any loss or theft of Select Agents or toxins;
5. Missing chemicals;
6. Any release of Select Agents or toxins;
7. Any sign that inventory and use records of Select Agents or toxins have been altered or otherwise compromised;
8. Cyber security breach;
9. Non-biological incident such as violence against person;

10. Unusual or threatening phone calls;
11. Undocumented visitors;
12. Severe weather and natural disasters.

Breaches in security and detection of unauthorized or suspicious persons must be immediately reported to the University Police Department at 9-911. UPD will direct your actions once notified and have the authority to forcefully remove any unauthorized or suspicious persons.

Date Time Format: Local  
 Start Date Time: 5/1/2005 12:00:00AM  
 End Date Time: 5/31/2005 11:59:59PM  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: , Bio  
 Sort by: Datetime  
 Print Shading: Yes

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
5/1/2005	8:12:26AM	Accept	>>None<<		6016429723558409 - DRAPER, GORDON B.	In	In
5/2/2005	9:37:50AM	Accept	>>None<<		6016421270647222 - HOLSTER, SCOT	In	In
5/3/2005	10:23:58AM	Accept	>>None<<		6016421270647222 - HOLSTER, SCOT	In	In
5/4/2005	9:36:32AM	Accept	>>None<<		6016421270647222 - HOLSTER, SCOT	In	In
5/4/2005	10:36:04AM	Accept	>>None<<		6016427193957606 - MCMURRAY, DAVID	In	In
5/5/2005	8:24:20AM	Accept	>>None<<		6016422116706980 - KNOWLTON, CHRISTOPHER	In	In
5/5/2005	9:06:16AM	Accept	>>None<<		6016420193060075 - DAY, JR., CEDRIC	In	In
5/5/2005	9:14:08AM	Accept	>>None<<		6016427346205240 - QUINLIVAN, LAURA	In	In
5/6/2005	9:16:24AM	Accept	>>None<<		6016421270647222 - HOLSTER, SCOT	In	In
5/7/2005	10:12:32AM	Accept	>>None<<		6016422116706980 - KNOWLTON, CHRISTOPHER	In	In
5/8/2005	10:09:22AM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
5/9/2005	9:59:06AM	Accept	>>None<<		6016421270647222 - HOLSTER, SCOT	In	In
5/10/2005	9:33:00AM	Accept	>>None<<		6016420193060075 - DAY, JR., CEDRIC	In	In
5/11/2005	10:19:46AM	Accept	>>None<<		6016421270647222 - HOLSTER, SCOT	In	In
5/11/2005	1:17:44PM	Accept	>>None<<		6016421270647222 - HOLSTER, SCOT	In	In
5/12/2005	10:17:30AM	Accept	>>None<<		6016429723558409 - DRAPER, GORDON B.	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dures
5/12/2005	10:19:00AM	Accept	>>None<<	;	6016429723558409 - DRAPER, GORDON B.	In	In
5/12/2005	10:31:14AM	Accept	>>None<<	;	6016429723558409 - DRAPER, GORDON B.	In	In
5/12/2005	10:34:30AM	Accept	>>None<<	;	6016429723558409 - DRAPER, GORDON B.	In	In
5/13/2005	8:30:26AM	Accept	>>None<<	;	6016420193060075 - DAY, JR., CEDRIC	In	In
5/13/2005	8:40:10AM	Accept	>>None<<	;	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
5/13/2005	8:54:32AM	Accept	>>None<<	;	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
5/13/2005	10:00:24AM	Accept	>>None<<	;	6016429723558409 - DRAPER, GORDON B.	In	In
5/14/2005	9:33:12AM	Accept	>>None<<	;	6016429723558409 - DRAPER, GORDON B.	In	In
5/14/2005	9:35:44AM	Accept	>>None<<	;	6016429723558409 - DRAPER, GORDON B.	In	In
5/15/2005	9:27:16AM	Accept - Msg Displayed	>>None<<	;	6016420136463048 - POOL, ROBERT	In	In
5/15/2005	11:24:44AM	Accept - Msg Displayed	>>None<<	;	6016420136463048 - POOL, ROBERT	In	In
5/16/2005	9:59:32AM	Accept	>>None<<	;	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
5/16/2005	2:12:00PM	Accept - Msg Displayed	>>None<<	;	6016420136463048 - POOL, ROBERT	In	In
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5/18/2005	1:42:38PM	Accept - Msg Displayed	>>None<<	;	6016420136463048 - POOL, ROBERT	In	In
5/18/2005	1:45:26PM	Accept - Msg Displayed	>>None<<	;	6016420136463048 - POOL, ROBERT	In	In
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5/19/2005	1:48:00PM	Accept - Msg Displayed	>>None<<	;	6016420136463048 - POOL, ROBERT	In	In



# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dures
5/19/2005	2:05:16PM	Accept	>>None<<	Biohazard Entry -	6016420193060075 - DAY, JR., CEDRIC	In	In
5/20/2005	9:50:44AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
5/23/2005	9:45:56AM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT	In	In
5/23/2005	2:23:02PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
5/25/2005	9:56:02AM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT	In	In
5/25/2005	11:55:08AM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT	In	In
5/25/2005	2:05:02PM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT	In	In
5/26/2005	9:15:40AM	Accept	>>None<<	Biohazard Entry -	6016420193060075 - DAY, JR., CEDRIC	In	In
5/26/2005	2:49:04PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
5/27/2005	10:21:54AM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
5/27/2005	10:23:40AM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
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5/27/2005	1:52:56PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
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5/29/2005	9:08:18AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
5/30/2005	8:34:48AM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT	In	In
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5/30/2005	8:36:44AM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT	In	In
5/31/2005	9:48:52AM	Accept	>>None<<	Biohazard Entry -	6016420193060075 - DAY, JR., CEDRIC	In	In

Date Time Format Local  
 Start Date Time: 5/1/2005 12:00:00AM  
 End Date Time: 5/31/2005 11:59:59PM  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: Biohazard  
 Sort by: Datelime  
 Print Shading: Yes

## Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Duress
5/2/2005	2:28:00PM	Accept	>>None<<	Entry -	6016428505493041 - KNOX, SEAN		In
5/2/2005	2:34:34PM	Accept	>>None<<	Entry -	6016424094298826 - KAUS, TAMMY		In
5/4/2005	10:35:56AM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN		In
5/4/2005	1:29:14PM	Accept	>>None<<	Entry -	6016424094298826 - KAUS, TAMMY		In
5/4/2005	2:16:16PM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN		In
5/5/2005	9:06:14AM	Accept	>>None<<	Entry -	MCFARLAND, CHRISTINE T.		In
5/5/2005	9:13:46AM	Accept	>>None<<	Entry -	6016427346206240 - QUINLIVAN, LAURA		In
5/6/2005	1:07:34PM	Accept	>>None<<	Entry -	6016428505493041 - KNOX, SEAN		In
5/6/2005	1:13:54PM	Accept	>>None<<	Entry -	6016428505493041 - KNOX, SEAN		In
5/6/2005	2:20:44PM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN		In
5/9/2005	1:22:58PM	Accept	>>None<<	Entry -	6016424094298826 - KAUS, TAMMY		In
5/10/2005	6:08:54AM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN		In
5/10/2005	9:32:58AM	Accept	>>None<<	Entry -	6016420193060075 - DAY, JR., CEDRIC		In
5/10/2005	11:35:58AM	Accept	>>None<<	Entry -	6016420193060075 - DAY, JR., CEDRIC		In
5/10/2005	11:43:22AM	Accept	>>None<<	Entry -	6016427041267398 - SAWANT, KIRTI		In
5/10/2005	1:05:24PM	Accept	>>None<<	Entry -	6016424094298826 - KAUS, TAMMY		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dures
5/11/2005	1:17:54PM	Accept	>>None<<	Entry -	6016424094298826 - KAUS, TAMMY	In	In
5/13/2005	8:30:22AM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN	In	In
5/17/2005	10:09:32AM	Accept	>>None<<	Entry -	6016420193060075 - DAY, JR., CEDRIC	In	In
5/17/2005	3:22:22PM	Accept	>>None<<	Entry -	6016422429844207 - SARGENT, DEBORAH	In	In
5/17/2005	3:35:56PM	Accept	>>None<<	Entry -	6016422429844207 - SARGENT, DEBORAH	In	In
5/17/2005	4:15:22PM	Accept	>>None<<	Entry -	6016422429844207 - SARGENT, DEBORAH	In	In
5/19/2005	2:05:12PM	Accept	>>None<<	Entry -	6016420193060075 - DAY, JR., CEDRIC	In	In
5/20/2005	1:02:04PM	Accept	>>None<<	Entry -	6016422727622636 - ABATIE, KIM	In	In
5/21/2005	8:33:00AM	Accept	>>None<<	Entry -	6016421749211451 - GILLENWATER, KENNETH	In	In
5/22/2005	8:25:00AM	Accept	>>None<<	Entry -	6016421749211451 - GILLENWATER, KENNETH	In	In
5/24/2005	1:27:40PM	Accept	>>None<<	Entry -	6016421749211451 - GILLENWATER, KENNETH	In	In
5/26/2005	9:15:38AM	Accept	>>None<<	Entry -	6016421749211451 - GILLENWATER, KENNETH CFARLAND,	In	In
5/26/2005	11:43:06AM	Accept	>>None<<	Entry -	CHRISTINE T. 6016427041267398 - SAWANT,	In	In
5/27/2005	10:33:36AM	Accept	>>None<<	Entry -	KIRTI 6016427041267398 - SAWANT,	In	In
5/30/2005	8:47:44AM	Accept	>>None<<	Entry -	KIRTI 6016428505493041 - KNOX, SEAN	In	In
5/31/2005	8:17:02AM	Accept	>>None<<	Entry -	6016428505493041 - KNOX, SEAN	In	In
5/31/2005	9:45:42AM	Accept	>>None<<	Entry -	6016420193060075 - DAY, JR., CEDRIC	In	In
5/31/2005	9:48:42AM	Accept	>>None<<	Entry -	CHRISTINE T. MCFARLAND,	In	In
5/31/2005	11:27:10AM	Accept	>>None<<	Entry -	CHRISTINE T. MCFARLAND,	In	In
5/31/2005	11:45:22AM	Accept	>>None<<	Entry -	- ALLEN, SHANNON	In	In
5/31/2005	3:55:12PM	Accept	>>None<<	Entry -	6016424094298826 - KAUS, TAMMY	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
2/10/2006	3:23:20PM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
2/10/2006	3:27:20PM	Accept	>>None<<	Biohazard Entry -	6016422118706989 - KNOWLTON, CHRISTOPHER	In	In
2/11/2006	8:13:30AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/11/2006	8:24:32AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/11/2006	9:27:56AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/12/2006	10:02:38AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/13/2006	7:43:42AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/13/2006	8:17:42AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
2/13/2006	8:26:40AM	Accept	>>None<<	Biohazard Entry -	6016427193957606 - MCMURRAY, DAVID	In	In
2/13/2006	8:49:40AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/14/2006	1:09:38PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/14/2006	1:10:44PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/14/2006	1:13:28PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/14/2006	1:14:56PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/14/2006	1:42:14PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/14/2006	1:47:44PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/14/2006	1:48:10PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/15/2006	8:38:32AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/15/2006	2:04:46PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/15/2006	2:34:38PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/15/2006	2:36:14PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/15/2006	2:36:18PM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
2/15/2006	2:36:18PM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
2/15/2006	2:36:18PM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason	Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Address
2/15/2006	2:36:24PM	Accept	>>None<<		's Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
2/15/2006	2:36:32PM	Accept	>>None<<		's Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
2/15/2006	2:37:38PM	Accept	>>None<<		's Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
2/16/2006	1:05:44PM	Accept	>>None<<		's Biohazard Entry -	6016428723558409 - DRAPER, GORDON B.	In	In
2/16/2006	1:11:10PM	Accept	>>None<<		's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/16/2006	1:12:32PM	Accept	>>None<<		's Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
2/16/2006	1:41:18PM	Accept	>>None<<		's Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
2/16/2006	1:58:42PM	Accept	>>None<<		's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/17/2006	9:25:42AM	Accept	>>None<<		's Biohazard Entry -	455313451 - MCFARLAND, CHRISTINE T.	In	In
2/17/2006	1:31:22PM	Accept	>>None<<		's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
2/20/2006	9:56:44AM	Accept	>>None<<		's Biohazard Entry -	6016422297897287 - STERLE, STEPHEN	In	In
2/21/2006	9:22:26AM	Accept	>>None<<		's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
2/21/2006	1:53:52PM	Accept	>>None<<		's Biohazard Entry -	6016420112989537 - BYRD, RYAN	In	In
2/21/2006	3:24:10PM	Accept	>>None<<		's Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
2/21/2006	3:57:26PM	Accept	>>None<<		's Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
2/22/2006	8:40:46AM	Accept	>>None<<		's Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
2/22/2006	8:50:48AM	Accept	>>None<<		's Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
2/22/2006	9:29:40AM	Accept	>>None<<		's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
2/22/2006	9:33:48AM	Accept	>>None<<		's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
2/22/2006	9:35:36AM	Accept	>>None<<		's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
2/22/2006	2:40:32PM	Accept	>>None<<		's Biohazard Entry -	6016420112989537 - BYRD, RYAN	In	In
2/23/2006	8:52:52AM	Accept	>>None<<		's Biohazard Entry -	6016422106111730 - YAMAMOTO, TOSHIKO	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dures
2/23/2006	10:52:28AM	Accept	>>None<<	's Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM		In
2/23/2006	3:44:42PM	Accept	>>None<<	's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/23/2006	3:46:54PM	Accept	>>None<<	's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/24/2006	9:02:04AM	Accept	>>None<<	's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/24/2006	10:01:40AM	Accept	>>None<<	's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/25/2006	9:32:26AM	Accept	>>None<<	's Biohazard Entry -	6016427237224336 - LY, LAN		In
2/25/2006	10:45:54AM	Accept	>>None<<	's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/26/2006	8:59:38AM	Accept	>>None<<	's Biohazard Entry -	6016422297897287 - STERLE, STEPHEN		In
2/27/2006	8:30:56AM	Accept	>>None<<	's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/27/2006	1:52:52PM	Accept	>>None<<	's Biohazard Entry -	6016425897836043 - HOLSTER, SCOT		In
2/28/2006	8:53:14AM	Accept	>>None<<	's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
2/28/2006	8:53:30AM	Accept	>>None<<	's Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN		In
2/28/2006	1:24:32PM	Accept	>>None<<	's Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN		In
2/28/2006	1:27:14PM	Accept	>>None<<	's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
2/28/2006	3:41:04PM	Accept	>>None<<	's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
2/28/2006	3:41:04PM	Accept	>>None<<	's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In

Local

Date Time Format: 2/1/2006 12:00:00AM  
Start Date Time: 2/28/2006 11:59:59PM  
End Date Time: [All]  
Badge Number: [All]  
Badgeholder Name: [All]  
Event Description: [All]  
Event Reason Type: [All]

Door Name: Women's Biohazard

Sort by: Datetime

Print Shading: Yes

# Badge Events Report

Date	Time	Event Description	Event Reason	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dures
2/1/2006	9:08:26AM	Accept - Msg Displayed	>>None<<	Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
2/1/2006	9:11:06AM	Accept - Msg Displayed	>>None<<	Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
2/1/2006	1:14:16PM	Accept - Msg Displayed	>>None<<	Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
2/2/2006	1:45:38PM	Accept - Msg Displayed	>>None<<	Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
2/3/2006	8:10:44AM	Accept	>>None<<	Entry -	6016421446842228 - NEWTON, PAMELA	In	In
2/3/2006	8:29:52AM	Accept - Msg Displayed	>>None<<	Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
2/3/2006	9:44:12AM	Accept	>>None<<	Entry -	6016422106111730 - YAMAMOTO, TOSHIKO	In	In
2/4/2006	9:01:18AM	Accept - Msg Displayed	>>None<<	Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
2/5/2006	9:16:00AM	Accept - Msg Displayed	>>None<<	Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
2/6/2006	8:26:08AM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN	In	In
2/6/2006	3:10:04PM	Accept	>>None<<	Entry -	CHRISTINE T. MCFARLAND,	In	In
2/7/2006	10:14:02AM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN	In	In
2/7/2006	1:30:10PM	Accept	>>None<<	Entry -	6016421749211451 - GILLENWATER, KENNETH	In	In
2/7/2006	1:48:28PM	Accept	>>None<<	Entry -	6016428505493041 - KNOX, SEAN	In	In
2/8/2006	9:03:12AM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN	In	In
2/8/2006	9:03:24AM	Accept	>>None<<	Entry -	6016427237224336 - LY, LAN	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Operator Name	Badge Number / Name	Archive / Minutes	Egress / Address
2/8/2006	10:50:12AM	Accept	>>None<<		6016427041267398 - SAWANT, KIRTI		In
2/9/2006	9:15:12AM	Accept	>>None<<		- MCFARLAND, CHRISTINE T.		In
2/9/2006	2:57:22PM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/9/2006	3:45:12PM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/10/2006	8:34:20AM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/10/2006	3:22:04PM	Accept	>>None<<		6016428149356265 - DOMINGUEZ, JUSTIN		In
2/10/2006	3:23:12PM	Accept	>>None<<		6016428149356265 - DOMINGUEZ, JUSTIN		In
2/10/2006	3:23:16PM	Accept	>>None<<		6016428149356265 - DOMINGUEZ, JUSTIN		In
2/13/2006	8:17:08AM	Accept	>>None<<		6016427193957606 - MCMURRAY, DAVID		In
2/13/2006	8:17:38AM	Accept	>>None<<		6016427193957606 - MCMURRAY, DAVID		In
2/13/2006	2:00:26PM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
2/13/2006	2:01:22PM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
2/14/2006	8:39:30AM	Accept	>>None<<		MCFARLAND, CHRISTINE T.		In
2/14/2006	8:40:44AM	Accept	>>None<<		MCFARLAND, CHRISTINE T.		In
2/14/2006	11:27:10AM	Accept	>>None<<		6016427237224336 - LY, LAN		In
2/15/2006	1:43:00PM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
2/15/2006	1:43:10PM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
2/15/2006	2:36:10PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
2/16/2006	1:41:14PM	Accept	>>None<<		6016429597146638 - RICHARDS, WILLIAM		In
2/16/2006	1:41:24PM	Accept	>>None<<		6016429597146638 - RICHARDS, WILLIAM		In
2/17/2006	9:10:12AM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
2/17/2006	9:25:38AM	Accept	>>None<<	Er	MCFARLAND, CHRISTINE T.		In



# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Duress
2/17/2006	9:25:44AM	Accept	>>None<<		ICFARLAND, CHRISTINE T.		In
2/17/2006	10:22:36AM	Accept	>>None<<	3	601642272622636 - ABATIE, KIM		In
2/18/2006	8:13:24AM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/19/2006	8:06:20AM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/20/2006	8:04:20AM	Accept	>>None<<		6016427237224336 - LY, LAN		In
2/20/2006	1:20:42PM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/20/2006	1:23:02PM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/21/2006	1:17:28PM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/21/2006	1:19:36PM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/22/2006	9:18:44AM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/22/2006	9:23:52AM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
2/22/2006	1:31:00PM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
2/22/2006	2:32:12PM	Accept - Msg Displayed	>>None<<		6016424817472088 - GILLENWATER, STACY		In
2/22/2006	2:32:54PM	Accept - Msg Displayed	>>None<<		6016424817472088 - GILLENWATER, STACY		In
2/22/2006	2:38:06PM	Accept - Msg Displayed	>>None<<		6016424817472088 - GILLENWATER, STACY		In
2/22/2006	2:41:40PM	Accept - Msg Displayed	>>None<<		6016424817472088 - GILLENWATER, STACY		In
2/22/2006	2:57:00PM	Accept	>>None<<		ICFARLAND, CHRISTINE T.		In
2/23/2006	8:52:34AM	Accept	>>None<<		6016422106111730 - YAMAMOTO, TOSHIKO		In
2/23/2006	8:53:04AM	Accept	>>None<<		MCFARLAND, CHRISTINE T.		In
2/23/2006	8:55:00AM	Accept	>>None<<		ICFARLAND, CHRISTINE T.		In
2/23/2006	3:41:02PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
2/23/2006	3:42:20PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
2/24/2006	8:59:30AM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In
2/24/2006	10:01:24AM	Accept	>>None<<		6016427237224335 - LY, LAN		In
2/27/2006	1:38:24PM	Accept	>>None<<		MCFARLAND, CHRISTINE T.		In
2/28/2006	8:53:10AM	Accept	>>None<<		MCFARLAND, CHRISTINE T.		In
2/28/2006	11:43:46AM	Accept	>>None<<		6016427041267398 - SAWANT, KIRTI		In
2/28/2006	3:37:50PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
2/28/2006	3:37:54PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
2/28/2006	3:38:06PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In

Local  
 Date Time Format: 6/1/2007 12:00:00AM  
 Start Date Time: 6/30/2007 11:59:59PM  
 End Date Time: [All]  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: Men's Biohazard  
 Sort by: Datetime  
 Print Shading: Yes

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
6/2/2007	9:20:34AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
6/3/2007	9:44:18AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
6/5/2007	10:11:28AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
6/5/2007	10:24:34AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
6/5/2007	10:29:34AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
6/6/2007	10:11:56AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
6/7/2007	10:28:02AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
6/7/2007	4:25:42PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
6/8/2007	1:47:44PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
6/9/2007	4:56:28PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
6/11/2007	10:12:58AM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH	In	In
6/11/2007	10:14:46AM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH	In	In
6/11/2007	2:00:18PM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH	In	In
6/12/2007	9:58:10AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
6/12/2007	2:02:36PM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH	In	In
6/12/2007	2:04:08PM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
6/12/2007	2:06:12PM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH		In
6/13/2007	2:20:32PM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH		In
6/14/2007	9:44:34AM	Accept	>>None<<	Biohazard Entry -	6016429612635227 - HOLSTER, SCOT		In
6/14/2007	9:49:30AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN		In
6/14/2007	10:26:22AM	Accept	>>None<<	Biohazard Entry -	6016424777361917 - KHOUNLOTHAM, MANIRATH		In
6/14/2007	4:14:22PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
6/14/2007	4:18:16PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
6/14/2007	5:01:20PM	Accept	>>None<<	Biohazard Entry -	6016424443646287 - HENSON, AMY		In
6/16/2007	10:42:02AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	BC Archived	In
6/17/2007	10:03:08AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	BC Archived	In
6/18/2007	9:18:42AM	Accept	>>None<<	Biohazard Entry -	6016427237224336 - LY, LAN		In
6/18/2007	1:10:00PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/18/2007	1:12:32PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/18/2007	1:26:26PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/19/2007	1:35:00PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/19/2007	1:49:52PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/21/2007	10:18:48AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN		In
6/22/2007	4:46:48PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
6/22/2007	5:01:58PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/25/2007	1:19:22PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/25/2007	1:21:50PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/25/2007	1:26:46PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Do	Name	Badge Number / Name	Archive/ M/In/utes	Egress/ D/In/ress
6/26/2007	9:42:40AM	Accept	>>None<<		Biohazard Entry -	6016427193957606 - MCMURRAY, DAVID		In
6/27/2007	1:12:32PM	Accept	>>None<<		s Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/27/2007	1:14:04PM	Accept	>>None<<		s Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/28/2007	3:30:48PM	Accept - Msg Displayed	>>None<<		i Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN		In
6/29/2007	9:55:22AM	Accept	>>None<<		Biohazard Entry -	6016427725338549 - KNOX, SEAN		In
6/30/2007	8:37:04AM	Accept	>>None<<		Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
6/30/2007	10:53:50AM	Accept	>>None<<		Biohazard Entry -	6016427725338549 - KNOX, SEAN		In

Date Time Format Local  
 Start Date Time: 6/1/2007 12:00:00AM  
 End Date Time: 6/30/2007 11:59:59PM  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: Women's Biohazard  
 Sort by: Datetime  
 Print Shading: Yes

## Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dures
6/1/2007	8:18:04AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/1/2007	8:20:36AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/1/2007	1:45:18PM	Accept	>>None<<		CHRISTINE T. MCFARLAND, 6016422727622636 - ABATIE, KIM	In	In
6/2/2007	9:20:10AM	Accept	>>None<<		CHRISTINE T. MCFARLAND,	In	In
6/3/2007	10:23:24AM	Accept	>>None<<		CHRISTINE T. MCFARLAND,	In	In
6/4/2007	9:27:40AM	Accept	>>None<<		CHRISTINE T. MCFARLAND,	In	In
6/4/2007	12:55:28PM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/4/2007	2:47:48PM	Accept	>>None<<		CHRISTINE T. MCFARLAND,	In	In
6/5/2007	2:10:10PM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/5/2007	3:39:02PM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/6/2007	8:20:26AM	Accept	>>None<<		CHRISTINE T. MCFARLAND,	In	In
6/7/2007	9:35:08AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/7/2007	9:41:48AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/7/2007	9:42:52AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/8/2007	8:09:50AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Do	e	Badge Number / Name	Archive/ M/Minutes	Egress/ Duress
6/9/2007	9:04:00AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/10/2007	8:59:16AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/10/2007	11:59:04AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/11/2007	11:08:10AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/12/2007	8:53:52AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/12/2007	11:20:58AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/13/2007	7:48:18AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/13/2007	1:21:42PM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/13/2007	1:29:48PM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/13/2007	3:40:56PM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/14/2007	9:31:34AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/14/2007	10:26:26AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/14/2007	10:26:38AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/15/2007	8:19:38AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/15/2007	12:53:32PM	Accept	>>None<<			6016420686873331 - BROWN, STACIE	Archived	In
6/18/2007	9:18:44AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/19/2007	8:41:14AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/19/2007	8:41:24AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/20/2007	9:31:24AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/20/2007	10:00:54AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/20/2007	11:44:24AM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In
6/20/2007	1:26:50PM	Accept	>>None<<			6016420686873331 - BROWN, STACIE		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Address
6/21/2007	8:26:02AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/21/2007	9:53:28AM	Accept	>>None<<		6016424763912947 - GILLENWATER, KENNETH	In	In
6/21/2007	9:55:48AM	Accept	>>None<<		6016424763912947 - GILLENWATER, KENNETH	In	In
6/21/2007	10:27:30AM	Accept	>>None<<		455313451 - MCFARLAND, CHRISTINE T.	In	In
6/22/2007	9:16:38AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/22/2007	1:22:50PM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/23/2007	8:29:04AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/24/2007	8:32:54AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/25/2007	8:44:04AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/26/2007	9:19:22AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/26/2007	9:42:36AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/26/2007	2:47:04PM	Accept	>>None<<		6016427193957606 - MCMURRAY, DAVID	In	In
6/26/2007	3:25:14PM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/27/2007	8:38:14AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/27/2007	8:39:34AM	Accept	>>None<<		6016427237224336 - LY, LAN	In	In
6/27/2007	8:41:02AM	Accept	>>None<<		6016427237224336 - LY, LAN	In	In
6/27/2007	8:51:04AM	Accept	>>None<<		455313451 - MCFARLAND, CHRISTINE T.	In	In
6/27/2007	1:29:58PM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/28/2007	9:06:00AM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In
6/29/2007	1:28:04PM	Accept	>>None<<		6016420686873331 - BROWN, STACIE	In	In



This info was provided to PERT Netzschmar (URV) on 7/25/07 (KG)

July 05, 06, 07

BH2D Access

## Badge Events Report

Time Format: Local  
 Start Date Time: 7/1/2005 12:00:00AM  
 End Date Time: 7/31/2005 11:59:59PM  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: Men's Biohazard  
 Sort by: Datetime  
 Print Shading: Yes

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Dureess
7/1/2005	10:52:54AM	Accept	>>None<<	's Biohazard Entry -	6016421749211451 -		In
7/1/2005	1:51:34PM	Accept	>>None<<	Biohazard Entry -	GILLENWATER, KENNETH 6016422118706980 -		In
7/4/2005	10:41:26AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	KNOWLTON, CHRISTOPHER 6016422417098782 - PARK, JR, JOHN		In
7/4/2005	10:56:38AM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN		In
7/5/2005	1:36:14PM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT		In
7/5/2005	6:29:02PM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT		In
7/6/2005	10:30:50AM	Accept	>>None<<	Biohazard Entry -	6016421270647222 - HOLSTER, SCOT		In
7/6/2005	1:52:26PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016420136463048 - POOL, ROBERT		In
7/7/2005	8:24:02AM	Accept	>>None<<	Biohazard Entry -	ROBERT		In
7/7/2005	9:00:08AM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT		In
7/7/2005	1:34:02PM	Accept	>>None<<	Biohazard Entry -	6016420193060075 - DAY, JR., CEDRIC		In
7/7/2005	2:01:10PM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT		In
7/7/2005	2:58:22PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/8/2005	10:38:44AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/8/2005	1:27:06PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/8/2005	2:09:02PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016420136463048 - POOL, ROBERT		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Event Reason	Operator Name	Badge Number / Name	Archive / Minutes	Egress / Address
7/8/2005	2:13:54PM	Accept - Msg Displayed	>>None<<	>>None<<	5 Biohazard Entry -	6016420136463048 - POOL, ROBERT		In
7/9/2005	10:06:48AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/10/2005	9:33:42AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/11/2005	8:12:32AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/11/2005	9:41:44AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/11/2005	1:40:46PM	Accept - Msg Displayed	>>None<<	>>None<<	Biohazard Entry -	6016420136463048 - POOL, ROBERT		In
7/11/2005	3:39:40PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016421749211451 - GILLENWATER, KENNETH		In
7/11/2005	3:42:50PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016421749211451 - GILLENWATER, KENNETH		In
7/12/2005	9:23:14AM	Accept	>>None<<	>>None<<	Biohazard Entry -	455313451 - MCFARLAND, CHRISTINE T.		In
7/12/2005	3:22:16PM	Accept - Msg Displayed	>>None<<	>>None<<	Biohazard Entry -	6016420136463048 - POOL, ROBERT		In
7/12/2005	3:28:54PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/12/2005	3:35:50PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/12/2005	3:57:42PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/12/2005	5:40:16PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/13/2005	9:33:22AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT		In
7/13/2005	1:39:14PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/13/2005	2:08:38PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/14/2005	8:53:40AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT		In
7/14/2005	9:11:48AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/14/2005	9:15:32AM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016420193060075 - DAY, JR., CEDRIC		In
7/14/2005	10:06:14AM	Accept	>>None<<	>>None<<	Biohazard Entry -	455313451 - MCFARLAND, CHRISTINE T.		In
7/14/2005	2:06:08PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016427193957606 - MCMURRAY, DAVID		In
7/14/2005	2:06:08PM	Accept	>>None<<	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In

# Badge Events Report

Date	Time	Event Description	Event Reason	Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Address
7/14/2005	2:08:36PM	Accept	>>None<<			6016423572480740 - ROSE, ROBERT	In	In
7/15/2005	1:21:18PM	Accept	>>None<<			6016423572480740 - ROSE, ROBERT	In	In
7/15/2005	1:40:52PM	Accept	>>None<<			6016421270647222 - HOLSTER, SCOT	In	In
7/15/2005	1:43:06PM	Accept	>>None<<			6016421270647222 - HOLSTER, SCOT	In	In
7/16/2005	9:02:36AM	Accept	>>None<<			6016421270647222 - HOLSTER, SCOT	In	In
7/17/2005	8:40:58AM	Accept	>>None<<			6016421270647222 - HOLSTER, SCOT	In	In
7/18/2005	10:09:00AM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/18/2005	1:25:20PM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/18/2005	1:40:32PM	Accept	>>None<<			6016423572480740 - ROSE, ROBERT	In	In
7/18/2005	3:11:16PM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/19/2005	9:56:42AM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/19/2005	1:26:34PM	Accept	>>None<<			6016428505493041 - KNOX, SEAN	In	In
7/19/2005	4:48:50PM	Accept	>>None<<			6016428505493041 - KNOX, SEAN	In	In
7/20/2005	8:27:36AM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/20/2005	1:14:36PM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/20/2005	1:16:56PM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/20/2005	1:19:54PM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In
7/20/2005	3:48:16PM	Accept	>>None<<			6016423572480740 - ROSE, ROBERT	In	In
7/20/2005	5:25:10PM	Accept	>>None<<			6016428505493041 - KNOX, SEAN	In	In
7/21/2005	9:11:32AM	Accept	>>None<<			6016428505493041 - KNOX, SEAN	In	In
7/21/2005	10:08:54AM	Accept	>>None<<			455313451 - MCFARLAND, CHRISTINE T.	In	In
7/21/2005	12:44:30PM	Accept	>>None<<			6016429723558409 - DRAPER, GORDON B.	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Address
7/21/2005	12:46:24PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/21/2005	3:31:06PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/21/2005	3:52:08PM	Accept	>>None<<	Biohazard Entry -	6016421749211451 - GILLENWATER, KENNETH	In	In
7/21/2005	3:54:58PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/21/2005	5:00:10PM	Accept	>>None<<	Biohazard Entry -	6016421749211451 - GILLENWATER, KENNETH	In	In
7/21/2005	5:43:20PM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT	In	In
7/21/2005	5:45:40PM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT	In	In
7/22/2005	8:38:20AM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT	In	In
7/22/2005	2:02:02PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/23/2005	10:11:08AM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT	In	In
7/24/2005	10:25:38AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
7/25/2005	1:18:18PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
7/26/2005	4:01:34PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/26/2005	4:07:40PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016420136463048 - POOL, ROBERT	In	In
7/26/2005	4:11:44PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016420136463048 - POOL, ROBERT	In	In
7/26/2005	5:48:32PM	Accept	>>None<<	Biohazard Entry -	6016420136463048 - POOL, ROBERT	In	In
7/27/2005	11:51:14AM	Accept	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT	In	In
7/27/2005	11:52:48AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/27/2005	1:24:06PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/27/2005	1:56:44PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/27/2005	5:35:32PM	Accept	>>None<<	Biohazard Entry -	6016421749211451 - GILLENWATER, KENNETH	In	In
7/28/2005	3:28:12PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016423572480740 - ROSE, ROBERT	In	In
				Biohazard Entry -	6016420136463048 - POOL, ROBERT	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Event Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/28/2005	3:35:40PM	Accept - Msg Displayed	>>None<<	: Biohazard Entry -	6016420136463048 - POOL, ROBERT		In
7/29/2005	9:49:40AM	Accept	>>None<<	: Biohazard Entry -	6016423572480740 - ROSE, ROBERT		In

Date Time Format: Local  
 Start Date Time: 7/1/2005 12:00:00AM  
 End Date Time: 7/31/2005 11:59:59PM  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: Women's Biohazard  
 Sort by: Datetime  
 Print Shading: Yes

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/1/2005	8:23:24AM	Accept - Msg Displayed	>>None<<	3	6016422058190765 - BROWN, BRITTANIE		In
7/1/2005	10:23:20AM	Accept	>>None<<	3	60164221749211451 - GILLENWATER, KENNETH		In
7/1/2005	10:52:06AM	Accept	>>None<<	3	60164221749211451 - GILLENWATER, KENNETH		In
7/2/2005	7:50:06AM	Accept - Msg Displayed	>>None<<	3	6016422058190765 - BROWN, BRITTANIE		In
7/3/2005	7:54:08AM	Accept - Msg Displayed	>>None<<	3	6016422058190765 - BROWN, BRITTANIE		In
7/4/2005	8:48:14AM	Accept - Msg Displayed	>>None<<	3	6016422058190765 - BROWN, BRITTANIE		In
7/4/2005	9:37:40AM	Accept - Msg Displayed	>>None<<	3	6016422417098782 - PARK, JR, JOHN		In
7/4/2005	1:06:14PM	Accept	>>None<<	3	6016422429844207 - SARGENT, DEBORAH		In
7/5/2005	1:22:24PM	Accept - Msg Displayed	>>None<<	3	6016422058190765 - BROWN, BRITTANIE		In
7/6/2005	8:32:04AM	Accept - Msg Displayed	>>None<<	3	6016422058190765 - BROWN, BRITTANIE		In
7/7/2005	9:00:00AM	Accept	>>None<<	3	6016427041267398 - SAWANT, KIRTI		In
7/7/2005	9:01:28AM	Accept	>>None<<	3	6016427041267398 - SAWANT, KIRTI		In
7/8/2005	2:08:58PM	Accept - Msg Displayed	>>None<<	3	6016420136463048 - POOL, ROBERT		In
7/8/2005	4:55:52PM	Accept	>>None<<	3	6016422429844207 - SARGENT, DEBORAH		In
7/11/2005	1:20:02PM	Accept	>>None<<	3	6016428505493041 - KNOX, SEAN		In
12/2/2005	9:23:02AM	Accept	>>None<<	3	MCFARLAND, CHRISTINE T.		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Room Name	Badge Number / Name	Archive / Minutes	Egress / Duress
7/12/2005	12:27:44PM	Accept	>>None<<		MCFARLAND, CHRISTINE T.		In
7/12/2005	12:41:20PM	Accept	>>None<<	Room 3	6016427041267398 - SAWANT, KIRTI		In
7/12/2005	4:25:40PM	Accept - Msg Displayed	>>None<<	Room 3	6016422058190765 - BROWN, BRITTANIE		In
7/12/2005	4:26:04PM	Accept - Msg Displayed	>>None<<	Room 3	6016422058190765 - BROWN, BRITTANIE		In
7/13/2005	2:03:36PM	Accept	>>None<<	Room 3	6016420680987798 - SNIDER, KIM		In
7/14/2005	9:11:54AM	Accept	>>None<<	Room 3	MCFARLAND, CHRISTINE T.		In
7/14/2005	9:15:44AM	Accept	>>None<<	Room 3	MCFARLAND, CHRISTINE T.		In
7/14/2005	11:16:28AM	Accept	>>None<<	Room 3	MCFARLAND, CHRISTINE T.		In
7/18/2005	4:00:48PM	Accept	>>None<<	Room 3	6016427041267398 - SAWANT, KIRTI		In
7/19/2005	3:26:42PM	Accept	>>None<<	Room 3	6016422429844207 - SARGENT, DEBORAH		In
7/19/2005	3:29:52PM	Accept	>>None<<	Room 3	6016422429844207 - SARGENT, DEBORAH		In
7/19/2005	4:55:06PM	Accept	>>None<<	Room 3	6016422429844207 - SARGENT, DEBORAH		In
7/20/2005	1:19:50PM	Accept	>>None<<	Room 3	6016422429844207 - SARGENT, DEBORAH		In
7/21/2005	10:09:00AM	Accept	>>None<<	Room 3	6016423572480740 - ROSE, ROBERT		In
7/21/2005	3:41:04PM	Accept	>>None<<	Room 3	MCFARLAND, CHRISTINE T.		In
7/21/2005	3:52:04PM	Accept	>>None<<	Room 3	6016422429844207 - SARGENT, DEBORAH		In
7/21/2005	4:19:56PM	Accept	>>None<<	Room 3	6016421749211451 - GILLENWATER, KENNETH		In
7/22/2005	1:59:50PM	Accept	>>None<<	Room 3	6016422429844207 - SARGENT, DEBORAH		In
7/26/2005	8:56:10AM	Accept	>>None<<	Room 3	6016421749211451 - GILLENWATER, KENNETH		In
7/26/2005	1:58:48PM	Accept	>>None<<	Room 3	6016428505493041 - KNOX, SEAN		In
7/26/2005	4:53:04PM	Accept	>>None<<	Room 3	6016428505493041 - KNOX, SEAN		In
7/27/2005	1:53:46PM	Accept	>>None<<	Room 3	6016422297897287 - STERLE, STEPHEN		In
7/27/2005	1:53:46PM	Accept	>>None<<	Room 3	6016421749211451 - GILLENWATER, KENNETH		In

# Badge Events Report

Date	Time	Event Description	Event Reason	Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Duress
7/27/2005	4:47:10PM	Accept - Msg Displayed	>>None<<		Men's Biohazard	6016422058190765 - BROWN, BRITTANIE		In
7/27/2005	4:56:02PM	Accept - Msg Displayed	>>None<<		Men's Biohazard	6016422058190765 - BROWN, BRITTANIE		In
7/29/2005	8:17:56AM	Accept - Msg Displayed	>>None<<		Biohazard	6016422058190765 - BROWN, BRITTANIE		In
7/30/2005	8:33:42AM	Accept	>>None<<		Biohazard	6016420680987798 - SNIDER, KIM		In
7/31/2005	8:24:30AM	Accept	>>None<<		Biohazard	6016420680987798 - SNIDER, KIM		In



Date: Time Format: Local

Start Date Time: 7/1/2006 12:00:00AM  
End Date Time: 7/31/2006 11:59:59PM

Badge Number: [All]  
Badgeholder Name: [All]  
Event Description: [All]  
Event Reason Type: [All]

Door Name: Women's Biohazard  
Sort by: Datetime  
Print Shading: Yes

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive / Minutes	Egress / Dgress
7/3/2006	8:50:18AM	Accept	>>None<<		6016421749211451 - GILLENWATER, KENNETH		In
7/3/2006	8:56:06AM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
7/4/2006	9:09:32AM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
7/4/2006	9:09:44AM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
7/5/2006	9:16:32AM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
7/5/2006	4:07:40PM	Accept	>>None<<		6016422429644207 - SARGENT, DEBORAH		In
7/6/2006	8:20:48AM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
7/6/2006	2:29:56PM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
7/8/2006	7:36:54AM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
7/9/2006	7:46:38AM	Accept	>>None<<		6016421446842228 - NEWTON, PAMELA		In
7/10/2006	7:28:12AM	Accept	>>None<<		6016427237224336 - LY, LAN		In
7/10/2006	8:21:18AM	Accept - Msg Displayed	>>None<<		6016422058190765 - BROWN, BRITTANIE		In
7/10/2006	1:28:10PM	Accept	>>None<<		6016428149356265 - DOMINGUEZ, JUSTIN		In
7/11/2006	7:12:22AM	Accept	>>None<<		6016427237224336 - LY, LAN		In
7/11/2006	9:19:54AM	Accept	>>None<<		6016428149356265 - DOMINGUEZ, JUSTIN		In
7/11/2006	11:21:36AM	Accept	>>None<<		6016427041267398 - SAWANT, KIRTI		In

# Badge Events Report

Date	Time	Event Description	Event Reason	Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dures
7/11/2006	2:15:06PM	Accept - Msg Displayed	>>None<<			6016422058190765 - BROWN, BRITTANIE		In
7/13/2006	9:29:36AM	Accept	>>None<<	3		6016427237224336 - LY, LAN		In
7/13/2006	9:34:36AM	Accept - Msg Displayed	>>None<<	3		6016422058190765 - BROWN, BRITTANIE		In
7/14/2006	8:41:50AM	Accept	>>None<<	3		6016427237224336 - LY, LAN		In
7/14/2006	9:13:36AM	Accept	>>None<<	3		6016428149356265 - DOMINGUEZ, JUSTIN		In
7/14/2006	2:36:34PM	Accept	>>None<<	3		6016421181819761 - SUBBIAN, SELVAKUMAR		In
7/15/2006	10:20:44AM	Accept	>>None<<	3		6016428505493041 - KNOX, SEAN		In
7/16/2006	11:26:52AM	Accept	>>None<<	3		6016427193957606 - MCMURRAY, DAVID		In
7/17/2006	8:35:40AM	Accept	>>None<<	3		6016425897836043 - HOLSTER, SCOT		In
7/17/2006	8:43:46AM	Accept	>>None<<	3		6016427237224336 - LY, LAN		In
7/17/2006	11:58:58AM	Accept	>>None<<	3		6016427041267398 - SAWANT, KIRTI		In
7/18/2006	8:56:32AM	Accept	>>None<<	3		6016426149356265 - DOMINGUEZ, JUSTIN		In
7/18/2006	11:28:42AM	Accept	>>None<<	3		6016427041267398 - SAWANT, KIRTI		In
7/19/2006	8:38:18AM	Accept	>>None<<	3		6016422429844207 - SARGENT, DEBORAH		In
7/20/2006	8:59:12AM	Accept	>>None<<	3		455313451 - MCFARLAND, CHRISTINE T.		In
7/20/2006	9:15:18AM	Accept	>>None<<	3		6016427041267398 - SAWANT, KIRTI		In
7/20/2006	9:16:00AM	Accept	>>None<<	3		6016427041267398 - SAWANT, KIRTI		In
7/20/2006	9:39:20AM	Accept	>>None<<	3		6016425897836043 - HOLSTER, SCOT		In
7/20/2006	2:10:16PM	Accept	>>None<<	3		6016422429844207 - SARGENT, DEBORAH		In
7/20/2006	2:17:16PM	Accept	>>None<<	3		6016422429844207 - SARGENT, DEBORAH		In
7/21/2006	11:00:40AM	Accept	>>None<<	3		6016421181819761 - SUBBIAN, SELVAKUMAR		In
7/21/2006	11:00:56AM	Accept	>>None<<	3		6016421181819761 - SUBBIAN, SELVAKUMAR		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Badge Number / Name	Archive/ Minutes	Egress/ Duress
'/21/2006	11:04:40AM	Accept	>>None<<	6016421181819761 - SUBBIAN, SELVAKUMAR		In
'/21/2006	1:15:10PM	Accept	>>None<<	6016428505493041 - KNOX, SEAN		In
'/24/2006	3:44:28PM	Accept	>>None<<	6016420686873331 - BROWN, STACIE		In
'/25/2006	10:01:34AM	Accept	>>None<<	6016429565715117 - PEI, JIANWU		In
'/26/2006	9:18:24AM	Accept	>>None<<	6016425492258650 - ARENAS GAMBOA, ANGELA		In
'/26/2006	9:19:10AM	Accept	>>None<<	6016429565715117 - PEI, JIANWU		In
'/28/2006	9:02:32AM	Accept - Msg Displayed	>>None<<	6016422058190765 - BROWN, BRITTANIE		In

Date Time Format: Local

Start Date Time: 7/1/2006 12:00:00AM

End Date Time: 7/31/2006 11:59:59PM

Badge Number: [All]

Badgeholder Name: [All]

Event Description: [All]

Event Reason Type: [All]

Door Name: Men's Biohazard

Sort by: Datetime

Print Shading: Yes

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/1/2006	8:48:36AM	Accept	>>None<<	Men's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/1/2006	8:56:56AM	Accept	>>None<<	Men's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/2/2006	10:09:22AM	Accept	>>None<<	Men's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/4/2006	9:09:30AM	Accept - Msg Displayed	>>None<<	Men's Biohazard Entry -	6016422058190765 - BROWN, BRITTANIE	In	In
7/6/2006	10:52:30AM	Accept	>>None<<	Men's Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/6/2006	10:53:20AM	Accept	>>None<<	Men's Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/6/2006	4:42:26PM	Accept	>>None<<	Men's Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
7/7/2006	8:52:02AM	Accept	>>None<<	Men's Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/7/2006	4:34:52PM	Accept	>>None<<	Men's Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
7/7/2006	4:49:22PM	Accept	>>None<<	Men's Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
7/10/2006	7:28:44AM	Accept	>>None<<	Men's Biohazard Entry -	6016427193957606 - MCMURRAY, DAVID	In	In
7/10/2006	8:19:56AM	Accept	>>None<<	Men's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/10/2006	9:58:54AM	Accept	>>None<<	Men's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/10/2006	1:28:14PM	Accept	>>None<<	Men's Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
7/11/2006	8:47:30AM	Accept	>>None<<	Men's Biohazard Entry -	6016429565715117 - PEI, JIANWU	In	In
7/11/2006	9:13:18AM	Accept	>>None<<	Men's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dureess
7/11/2006	9:19:58AM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN		In
7/11/2006	9:22:14AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/12/2006	8:31:16AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/12/2006	8:33:48AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/12/2006	8:57:06AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/12/2006	9:04:30AM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN		In
7/12/2006	11:25:40AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/13/2006	8:47:44AM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN		In
7/13/2006	8:50:14AM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN		In
7/13/2006	9:29:46AM	Accept	>>None<<	Biohazard Entry -	6016421181819761 - SUBBIAN, SELVAKUMAR		In
7/13/2006	9:31:48AM	Accept	>>None<<	Biohazard Entry -	6016421181819761 - SUBBIAN, SELVAKUMAR		In
7/14/2006	8:41:56AM	Accept	>>None<<	Biohazard Entry -	6016421181819761 - SUBBIAN, SELVAKUMAR		In
7/14/2006	9:03:56AM	Reject	No Access	Biohazard Entry -	6016422508296378 - DELANEY, JOHN		In
7/14/2006	9:05:14AM	Accept	>>None<<	Biohazard Entry -	6016421749211451 - GILLENWATER, KENNETH		In
7/14/2006	9:09:28AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/14/2006	9:13:38AM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN		In
7/14/2006	1:30:06PM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/14/2006	2:38:52PM	Accept	>>None<<	Biohazard Entry -	6016421181819761 - SUBBIAN, SELVAKUMAR		In
7/15/2006	10:40:08AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/15/2006	10:44:14AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/16/2006	10:14:38AM	Accept	>>None<<	Biohazard Entry -	6016421181819761 - SUBBIAN, SELVAKUMAR		In
7/16/2006	11:26:54AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/16/2006	11:26:54AM	Accept	>>None<<	Biohazard Entry -	6016427193957606 - MCMURRAY, DAVID		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/17/2006	8:40:06AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/17/2006	12:22:02PM	Accept	>>None<<	in's Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
7/18/2006	8:56:28AM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
7/18/2006	8:56:44AM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
7/18/2006	10:25:34AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/18/2006	11:13:02AM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
7/18/2006	3:57:38PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/19/2006	8:40:40AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/19/2006	10:17:14AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/20/2006	8:59:24AM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
7/20/2006	9:39:28AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/20/2006	1:06:52PM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
7/20/2006	1:21:42PM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
7/20/2006	3:27:04PM	Accept	>>None<<	Biohazard Entry -	6016428505493041 - KNOX, SEAN	In	In
7/20/2006	3:40:24PM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016422727622636 - ABATIE, KIM	In	In
7/21/2006	9:29:20AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/21/2006	11:01:50AM	Accept	>>None<<	Biohazard Entry -	6016421181819761 - SUBBIAN, SELYAKUMAR	In	In
7/21/2006	11:04:42AM	Accept	>>None<<	Biohazard Entry -	6016421181819761 - SUBBIAN, SELYAKUMAR	In	In
7/22/2006	8:58:02AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/23/2006	8:50:48AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/23/2006	8:51:44AM	Accept	>>None<<	Biohazard Entry -	6016425897836043 - HOLSTER, SCOT	In	In
7/24/2006	9:28:04AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dureess
7/24/2006	10:27:48AM	Accept	>>None<<	ar	6016421749211451 - GILLENWATER, KENNETH		In
7/25/2006	9:05:04AM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/25/2006	10:03:34AM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
7/25/2006	10:04:54AM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
7/25/2006	1:16:42PM	Accept	>>None<<		6016425384747687 - FICHT, THOMAS		In
7/25/2006	3:34:30PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
7/25/2006	3:36:42PM	Accept	>>None<<		6016428505493041 - KNOX, SEAN		In
7/26/2006	9:19:16AM	Accept	>>None<<		6016429565715117 - PEI, JIANWU		In
7/26/2006	9:22:34AM	Accept	>>None<<		6016429565715117 - PEI, JIANWU		In
7/26/2006	3:05:16PM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/26/2006	3:07:54PM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/27/2006	2:28:42PM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In
7/27/2006	4:06:02PM	Accept	>>None<<		6016428149356265 - DOMINGUEZ, JUSTIN		In
7/28/2006	4:16:18PM	Accept	>>None<<		6016429723558409 - DRAPER, GORDON B.		In
7/28/2006	4:35:40PM	Accept	>>None<<		6016429723558409 - DRAPER, GORDON B.		In
7/28/2006	4:38:00PM	Accept	>>None<<		6016429723558409 - DRAPER, GORDON B.		In
7/29/2006	10:51:28AM	Accept	>>None<<		6016429723558409 - DRAPER, GORDON B.		In
7/30/2006	8:37:04AM	Accept	>>None<<		6016429723558409 - DRAPER, GORDON B.		In
7/31/2006	11:12:36AM	Accept	>>None<<		6016422118706980 - KNOWLTON, CHRISTOPHER		In

Report Selection Criteria

Date Time Format: Local  
 Start Date Time: 7/1/2007 12:00:00AM  
 End Date Time: 7/24/2007 5:26:41PM  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: Men's Biohazard  
 Sort by: Datetime  
 Print Shading: Yes

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/1/2007	8:35:24AM	Accept	>>None<<	Men's Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/2/2007	1:13:22PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/2/2007	1:20:06PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/2/2007	1:22:44PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/2/2007	1:35:22PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/2/2007	3:29:32PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/3/2007	10:28:24AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/3/2007	10:33:02AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/3/2007	10:35:28AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/3/2007	1:38:28PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/3/2007	2:11:48PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/5/2007	9:01:44AM	Accept	>>None<<	Biohazard Entry -	6016422118706980 - KNOWLTON, CHRISTOPHER	In	In
7/5/2007	4:10:08PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/6/2007	9:20:34AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/6/2007	9:38:40AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/6/2007	3:45:38PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In



# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Dureess
7/9/2007	8:40:50AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/9/2007	8:41:00AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/9/2007	8:47:04AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/9/2007	10:41:20AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/9/2007	1:15:28PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/9/2007	2:05:16PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/10/2007	8:40:08AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/10/2007	8:44:40AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/10/2007	8:49:48AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/10/2007	8:54:54AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/10/2007	9:00:48AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/10/2007	9:00:50AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/10/2007	9:07:58AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/10/2007	1:14:16PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/10/2007	2:02:36PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/10/2007	2:08:44PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/10/2007	2:12:02PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/10/2007	2:15:18PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/11/2007	8:29:46AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/11/2007	8:34:32AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/11/2007	9:59:56AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/11/2007	10:03:34AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In

# Badge Events Report

Date	Time	Event Description	Event Reason	Type	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/11/2007	1:50:50PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/11/2007	1:53:10PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/11/2007	2:02:22PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/12/2007	9:59:44AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In	In
7/12/2007	12:47:38PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/12/2007	1:49:46PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/12/2007	1:51:52PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/13/2007	9:50:06AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/13/2007	2:02:42PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/13/2007	2:04:42PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/13/2007	2:48:16PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/13/2007	4:32:10PM	Accept	>>None<<	Biohazard Entry -	6016429612635227 - HOLSTER, SCOT	In	In
7/14/2007	9:24:50AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/15/2007	9:06:48AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/16/2007	8:35:04AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/16/2007	8:39:14AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/16/2007	10:02:14AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In
7/16/2007	1:30:54PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In	In
7/17/2007	10:26:30AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/17/2007	10:27:54AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/17/2007	10:30:56AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In	In
7/17/2007	1:23:56PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In	In

7/17/2007	2:25:42PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In
7/18/2007	9:09:12AM	Accept	>>None<<	Biohazard Entry -	6016424777361917 - KHOUNLOTHAM, MANIRATH	In
7/18/2007	9:16:30AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In
7/18/2007	9:55:52AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In
7/18/2007	10:07:02AM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In
7/18/2007	1:28:38PM	Accept	>>None<<	Biohazard Entry -	6016427725338549 - KNOX, SEAN	In
7/19/2007	11:43:12AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In
7/19/2007	1:52:50PM	Accept	>>None<<	Biohazard Entry -	6016428149356265 - DOMINGUEZ, JUSTIN	In
7/19/2007	1:55:08PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In
7/20/2007	8:49:28AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In
7/20/2007	9:47:48AM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In
7/20/2007	9:53:04AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In
7/20/2007	10:10:04AM	Reject	No Access	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In
7/20/2007	10:10:32AM	Accept - Msg Displayed	>>None<<	Biohazard Entry -	6016427185459488 - GRESHAM, VINCENT	In
7/20/2007	2:11:32PM	Accept	>>None<<	Biohazard Entry -	6016422727622636 - ABATIE, KIM	In
7/21/2007	9:45:26AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In
7/21/2007	3:54:00PM	Accept	>>None<<	Biohazard Entry -	6016429612635227 - HOLSTER, SCOT	In
7/21/2007	3:58:36PM	Accept	>>None<<	Biohazard Entry -	6016429612635227 - HOLSTER, SCOT	In
7/21/2007	4:00:12PM	Accept	>>None<<	Biohazard Entry -	6016429597146638 - RICHARDS, WILLIAM	In
7/21/2007	4:51:52PM	Accept	>>None<<	Biohazard Entry -	6016429612635227 - HOLSTER, SCOT	In
7/22/2007	9:06:48AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.	In



# Badge Events Report

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/22/2007	10:31:14AM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/23/2007	1:22:14PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In
7/23/2007	1:47:24PM	Accept	>>None<<	Biohazard Entry -	6016429440493344 - STERLE, STEPHEN		In
7/23/2007	1:53:48PM	Accept	>>None<<	Biohazard Entry -	6016429440493344 - STERLE, STEPHEN		In
7/23/2007	1:55:46PM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH		In
7/23/2007	5:25:08PM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH		In
7/23/2007	5:30:10PM	Accept	>>None<<	Biohazard Entry -	6016429612635227 - HOLSTER, SCOT		In
7/24/2007	10:49:32AM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH		In
7/24/2007	11:59:02AM	Accept	>>None<<	Biohazard Entry -	6016424763912947 - GILLENWATER, KENNETH		In
7/24/2007	3:38:44PM	Accept	>>None<<	Biohazard Entry -	6016429723558409 - DRAPER, GORDON B.		In

Date Time Format Local  
 > Start Date Time: 7/11/2007 12:00:00AM  
 End Date Time: 7/24/2007 5:33:42PM  
 Badge Number: [All]  
 Badgeholder Name: [All]  
 Event Description: [All]  
 Event Reason Type: [All]  
 Door Name: LARR Women's Biohazard  
 Sort by: Datetime  
 Print Shading: Yes

## Badge Events Report

Date	Time	Event Description	Event Reason Type	Door Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/2/2007	9:05:10AM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/2/2007	3:29:24PM	Accept	>>None<<	{ }	6016429723558409 - DRAPER, GORDON B.		In
7/4/2007	8:32:34AM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/5/2007	8:48:12AM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/6/2007	9:49:46AM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/6/2007	12:55:10PM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/6/2007	12:56:24PM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/6/2007	1:07:04PM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/7/2007	8:13:44AM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/8/2007	8:19:00AM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/10/2007	8:45:54AM	Accept	>>None<<	{ }	6016420686873331 - BROWN, STACIE		In
7/10/2007	8:56:52AM	Accept	>>None<<	{ }	6016427237224336 - LY, LAN		In
7/12/2007	10:33:54AM	Accept	>>None<<	{ }	6016423788892712 - JEEVAN, AMMINIKUTTY		In
7/13/2007	2:02:48PM	Accept	>>None<<	{ }	CHRISTINE T. FARLAND,		In
7/17/2007	8:35:32AM	Accept	>>None<<	{ }	6016429597146638 - RICHARDS, WILLIAM		In
7/17/2007	11:32:50AM	Accept	>>None<<	{ }	6016427237224336 - LY, LAN		In
					6016420686873331 - BROWN, STACIE		In

# Badge Events Report

Date	Time	Event Description	Event Reason Type	Display Name	Badge Number / Name	Archive/ Minutes	Egress/ Duress
7/17/2007	11:47:08AM	Accept	>>None<<	Biohazard	6016420686873331 - BROWN, STACIE		In
7/17/2007	2:25:44PM	Accept	>>None<<	Biohazard	6016424777361917 - KHOUNLOTHAM, MANIRATH		In
7/19/2007	1:52:42PM	Accept	>>None<<	Biohazard	6016429597146638 - RICHARDS, WILLIAM		In
7/20/2007	6:37:58PM	Accept	>>None<<	Biohazard	6016420160701693 - RUSSELL-LODRIGUE, KASJ		In
7/23/2007	8:49:04AM	Accept - Msg Displayed	>>None<<	Biohazard	6016428075960874 - KAPP, GABRIELLE		In
7/23/2007	1:47:18PM	Accept	>>None<<	Biohazard	6016429440493344 - STERLE, STEPHEN		In
7/23/2007	1:59:30PM	Accept	>>None<<	Biohazard	ACFARLAND, CHRISTINE T.		In
7/24/2007	11:59:28AM	Accept - Msg Displayed	>>None<<	Biohazard	6016428075960874 - KAPP, GABRIELLE		In
7/24/2007	12:20:02PM	Accept	>>None<<	Biohazard	6016420968823640 - ARENAS GAMBOA, ANGELA		In



Texas A&M University  
Laboratories Security Plan

# CONFIDENTIAL

BL3 Suite,

Comparative Medicine Program

Physical Security.....	2
Security of Data and Electronic Technology Systems.....	2
Personnel Security .....	2
Access Control.....	3
Procedures for Select Agent Inventory Accountability.....	4
Shipping/Transfer and Receiving of Select Agent.....	4
Incident Reporting Policies.....	5
Emergency Response Plan.....	5

7/24/2007

Deleted: 11/18/2004

Deleted: 3/30/04

### **Physical Security**

Mandated: The security plan contains provisions to separate areas where select agent and toxins are stored or used from the public areas of the buildings.

- The select agent laboratory (biosafety level 3 animal holding rooms) is separate from the public areas of the

Mandated: The security plan establishes procedures for securing the select agent area when individuals under HHS 42 CFR Part 73.8 are not present.

- Laboratory doors are closed and locked at all times to prevent unauthorized entry.
- Laboratory doors are electronically secured using a swipe card access system.
- An emergency contact list is located on the laboratory doors, including 24 hour emergency contact numbers.

### **Security of Data and Electronic Technology Systems**

Hard copies of security sensitive records (inventory, security plan, emergency response plan) are secured and accessed only by personnel approved under HHS 42 CFR Part 73.8.

### **Personnel Security**

Mandated: The security plan describes minimum education and experience criteria for those individuals with access to select agents or toxins, physical security, and cyber security.

- Access to select agent requires proper training and experience in handling the select agent
- All employees who require access to the select agent have been screened to ensure no restricted person has access to the facility.
- Only authorized personnel who have been cleared by the US Department of Justice as indicated in HHS 42 CFR Part 73.8 have access to the select agent.

Mandated: The security plan contains provisions for training personnel in security procedures.

- Authorized new employees are trained once security clearance paperwork has been submitted for DOJ approval. All training is documented and all new employees must be familiar with facility and laboratory personnel.
- Emergency responders (police, fire) have been informed as to the type of biological materials that are in use in the select agent areas and to the physical layout of the area.

Mandated: The security plan contains provisions for ensuring that all individuals with access understand security requirements and are trained and equipped to follow established procedures.

- ABSL3 Vivarium Supervisor ensures that all workers and visitors understand security procedures and are trained to follow established procedures.
- Security procedures are reviewed when an incident occurs or a new threat is identified.
- All workers approved for access to select agents are assigned a visible identification badge that includes a photograph, the wearers name, and the wearers title. This badge is returned before the individual permanently leaves the department.
- Visitors are issued an identification badge and must be escorted at all times when in an area where select agents are present.

Mandated: The security plan contains procedures for reporting and removing unauthorized persons.

- Any suspicious or unexplained activity is reported immediately to the University Police (emergency 9-911; non-emergency 845-2345) and Responsible Official.

### Access Control

Mandated: The security plan contains provisions that allow unescorted access only to individuals who have been approved under HHS 42 CFR Part 73.8 and who are performing a specifically authorized function during hours required to perform the defined job.

- Only workers required to perform a job are allowed in the facility and animal housing areas.
- Access for maintenance personnel, visiting scientists, etc. are limited to hours when regular employees are present.

Mandated: The security plan contains provisions that allow individuals not approved under HSS 42 CFR Part 73.8 to conduct routine cleaning, maintenance, repairs, and other non-laboratory functions only when escorted and continually monitored by individuals approved under Part 73.8.

- Access for routine cleaning, maintenance, and repairs are limited to hours when laboratory employees are present.
- A logbook is present to record entries of all visitors, maintenance workers, repairmen, and others needing one-time entry into a select agent area.

7/24/2007

Deleted: 11/18/2004

Deleted: 3/30/04

Mandated: The security plan contains provisions that provide for the control of access to containment devices where select agent is stored.

- Access control to the area where the select agent is present (Biosafety Level 3 animal holding rooms) include card access as well as a unique keypad lock.
- Keypad codes and cards are issued to individuals and are not to be shared. Cards are also used when escorting visitors and complete log entries are maintained to record visitor access.

Mandated: The security plan describes procedures for the loss or compromise of keys, password, or combinations.

- Emergency incidents are immediately reported to Attending Veterinarian, **Dr. Elizabeth Browder: 979-845-7433** office\_979-07- home\_\_\_\_ mobile.
- Emergency incidents are also reported to the Responsible Official (**Brent Maddox 862-4038**) and the University Police (**9-911 emergency, 845-2345 non-emergency**)

### Procedures for Select Agent Inventory Accountability

Mandated: The security plan describes inventory control procedures.

- Inventory records describe the agent's location, use, storage method, and transfer/destruction.
- The inventory records are secured at all times in a locked location and viewed only by personnel approved under HHS 42 CFR Part 73.8.

Mandated: The security plan contains provisions for the termination of the use of a select agent.

- The select agent is secured in accordance with the requirements of HHS 42 CFR Part 73.
- The destruction of the select agent is carried out on-site by autoclaving.

### Shipping/Transfer and Receiving of Select Agent

Mandated: The security plan provides provisions that require the inspection of all packages upon entry to and exit from the area.

- All packages are screened visually before being brought into the laboratory area.
- The recipient or receiving facility is known to the sender.

Mandated: The security plan provides provisions that establish a protocol for intra-entity transfers.

- All intra-entity transfers or external shipments (send/receive) of the select agent is documented and reported to the Responsible Official (EHSD 845-2132)
- All intra-facility transfers or external shipments of select agent are conducted under the supervision of an individual approved under HHS 42 CFR Part 73.8.
- All animals containing select agent that are being transported between facilities must have UPD (845-2345) escort.

### **Incident Reporting Policies**

Mandated: The security plan contains procedures that require each individual approved under HHS 42 CFR Part 73.8 to report any of the following immediately to the Responsible Official (EHSD 845-2132):

1. Any loss or compromise of keys, passwords, combinations, etc.;
2. Any suspicious persons or activities;
3. Any loss or theft of select agent or toxins
4. Any release of select agent or toxins; and
5. Any sign that inventory and used or records of the select agent have been altered or otherwise compromised.

Emergency incidents are reported to the Responsible Official (**Brent Maddox 862-4038**) and the University Police (**9-911 emergency, 845-2345 non-emergency**).

### **Emergency Response Plan**

Mandated: The security plan developed and implemented an emergency response plan that met the requirements of OSHA Hazardous waste operations and emergency response standard at 29 CFR 1910.120.

Mandated: The emergency response plan is coordinated with an entity-wide emergency response plan for TAMUS-HSC.

Mandated: The emergency response plan addresses the following:

1. The hazards associated with the use of the select agent;
2. Any hazards associated with response actions that could lead to the spread of the agent;
3. Planning and coordination with outside parties;
4. Personnel roles, lines of authority, training, and communication;
5. Emergency recognition and prevention;
6. Safe distances and places of refuge;
7. Site security and control;
8. Evacuation routes and procedures;
9. Decontamination;
10. Emergency medical treatment;
11. Emergency alerting and response procedures;

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12. Personal protective and emergency equipment; and
13. Special procedures needed to address the hazards of the specific select agent.

**Policies that Address Breaches in Security**

Mandated: The security plan contains procedures that require each individual approved under HHS 42 CFR Part 73.8 to report any of the following immediately to the Responsible Official:

1. Any loss or compromise of their keys, passwords, combinations, etc.;
2. Any suspicious persons or activities;
3. Any loss or theft of the select agent;
4. Any release of the select agent;
5. Any sign that inventory and use records of the select agent have been altered or otherwise compromised.

Emergency incidents are reported to the Responsible Official (**Brent Maddox 862-4038**) and the University Police (**9-911 emergency, 845-2345 non-emergency**).

Emergency incidents are also immediately reported to the Attending Veterinarian, **Dr. Elizabeth Browder: 979-845-7433** office home mobile.

Template  
for '00

# CONFIDENTIAL

## SECURITY PLAN

### TEXAS A&M UNIVERSITY FACILITIES AND RESEARCH LABORATORIES WITH SELECT AGENTS

Principal Investigator's Name  
Location of the facility  
Month & Year of Plan

Responsible Official:  
Richard E. Ewing, Ph.D.  
Vice President for Research

The Department of Health and Human Services (HHS) has issued a final rule regarding possession, use, and transfer of Select Agents and toxins (42 CFR Part 73). The final rule implements provisions of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and is designed to protect public health and safety.

42 CFR 73 requires that an individual or entity required to register, must develop and implement a written security plan. The security plan must be sufficient to safeguard the Select Agent or toxin against unauthorized access, theft, loss, or release. The plan must be designed according to a site-specific risk assessment and must provide graded protection in accordance with the risk of the Select Agent or toxin.

All DOJ Authorized Persons accessing areas with Select Agents or visiting facilities with Select Agents will adhere to the safety and security standards set forth in this plan so as to ensure that the requirements of Title 42, CFR, Part 73 are met. Additionally, all DOJ Authorized Persons will complete the required training and certifications prior to entering areas with Select Agents. Each individual with DOJ authorized access to a Select Agent will be familiar with security and emergency procedures. Their knowledge and understanding will be documented.

All DOJ Authorized Persons must understand and comply with the security procedures. Each individual with access to a Select Agent will adhere to this plan to minimize opportunities for accidental or intentional unauthorized removal of any Select Agent.

This security plan will be reviewed by faculty and laboratory directors at least annually and revised as necessary to ensure that it is adequate for current conditions and consistent with other facility-wide policies and procedures. This could involve a check of keys, locks and alarms.

Drills or exercises will be conducted at least annually to test and evaluate the effectiveness of this security plan. This plan will be reviewed and revised, as necessary, after any drill or exercise and after any incident.

Principal investigators and laboratory supervisors responsible for laboratories and other facilities where select agents are used or stored must adopt these procedures and develop a security plan that is

facility-specific. Both safety and security experts should be consulted in the evaluations and development of individual facility-specific recommendations.

This security plan includes the following major components:

- a) Physical Security;
- b) Information Systems Control;
- c) Personnel Security;
- d) Access Control;
- e) Inventory Control;
- f) Shipping, Receiving, & Transferring Select Agents;
- g) Incident Reporting & Breaches in Security;
- h) Emergency Response Plan;
- i) Policies that address Breaches in Security;

*Note: Any deviations to the above approved plans must be requested in writing by the Principal Investigator and approved in advance by the Responsible Official or his designated Alternate Responsible Official.*

**A. Physical Security:**

The physical security systems have been tailored to address site-specific characteristics and requirements, ongoing programs, operational needs, and to achieve acceptable protection levels using current technology. Standard Operating Procedures establishing the following requirements, at minimum, have been included in the **Biosafety Plan**. Safety and security experts must be involved in any evaluations and development of security recommendations.

- Each BSL-3 laboratory shall post entry requirement procedures. All visitors shall follow the facilities entry requirements.
- A background check and/or security risk assessment (SRA) is required before new employees are assigned to the facility or laboratory area. Guests must be escorted or cleared for entry using the same procedures as for regular workers.
- Before entering the laboratories, check the reading of the room pressure monitor. Do not enter the laboratory if the monitor indicates a red light. If the monitor indicates a red light (negative room pressure), the laboratory director must be contacted immediately. Laboratory personnel must verify that the direction of the airflow is going into the BSL-3 laboratory. Read and follow all entry procedures. Biohazard door signs, entry requirements and procedures must be posted.
- Entry into the facility is restricted to DOJ Authorized Personnel. All persons entering the BSL-3 facility must be advised of the potential biohazards and informed of laboratory procedures.
- Keep facility and laboratory doors closed at all times to prevent unauthorized entry. Establish procedures for securing the laboratory, room, or area when approved individuals (under HHS 42 CFR part 73.8, e.g., card access system, key pads, locks, etc.) are not present
- When no one is present, lock facility and laboratory doors.



- DOJ Authorized Persons are always required to swipe their ID card when entering and leaving the suite, even if the door has already been opened by another user. DOJ Authorized Persons are also responsible for making sure that non-authorized persons do not enter the laboratory after an authorized person has opened the door with a card key. **SHARING OF CARD ACCESS AND/OR ENTRY CONTROLS BY ANY INDIVIDUAL IS NOT PERMITTED.**
- Access to BSL 3 labs to those who do not have written authorization to enter the suite is not permitted. Visitors must sign in and out in the lab log book and must be escorted at all times by an authorized individual. DOJ Authorized Persons must maintain visual contact with the visitor(s) at all times. At no point, may a visitor(s) be left unattended while in secured areas or laboratories containing Select Agents. Visitors who are not United States citizens are required to have written authorization before entering labs.
- Proper training of all staff (including students) that uses the BSL3 suite will be provided by **Principal Investigator.**
- Laboratories, facilities, and storage equipment (refrigerators, freezers, cabinets, incubators, and other containers) that contain a Select Agent need to be separate from the public areas of the buildings.
- Select Agents and toxins requiring freezers, refrigerators, cabinets, and other containers where they are stored will be secured against unauthorized access (e.g., card access system, lock boxes, etc.).
- Lock all equipment (e.g. freezers, cabinets, incubators, scintillation counters) that contain hazardous materials and are locked in hallways or areas outside of facilities or laboratories.
- Laboratories, storage areas, and equipment (e.g. freezers, refrigerators, cabinets, etc.) will be locked when the Select Agents (stocks of biological agents, hazardous chemicals or radioactive materials) are not in direct view of authorized staff (e.g. when located in unattended storage areas).
- Protocols for changing access numbers or locks following staff changes are included in the **Biosafety Plan.**
- Emergency contact signs will be placed on facility and laboratory doors, including 24-hour contact numbers. Emergency contact signs include the names and contact information such as work telephone and alternate telephone numbers of the Principal Investigator, Biosafety Officer, and the person(s) responsible for the building or facility. Also, included are telephone numbers for the University Police Department and College Station Fire Department. (Emergency contact information is found in the **Incident Response Plan.**)

**B. Information Systems Control:**

The facility will systematically integrate cyber security into management and work practices at all levels so that missions are accomplished while protecting electronic information and electronic information systems. This is to be accomplished through effective integration of cyber security management into all facets of work planning and execution. The overall management of

cyber security functions and activities will become an integral part of mission accomplishment. If sensitive electronic data are present in the facility or laboratory, information technology specialists should assess the security of hardware and software products in addition to the security of local area networks. Hard copies of security sensitive records (e.g., inventory records, etc.) will be properly secured and accessed only by individuals with authorized access approval (under HHS 42 CFR part 73.8). Information Services will be used as a resource for data security.

**C. Personnel Security:**

Only DOJ Authorized Persons (cleared by the US Department of Justice as indicated in HHS 42 CFR Part 73.8) will have access to Select Agents. These policies are required for compliance with the HHS/CDC and USDA regulations for Select Agents. Standard Operating Procedures establishing the following requirements, at minimum, have been included in the **Biosafety Plan**.

- All visitors shall be escorted in the BSL-3 facility by a DOJ Authorized Person. Visitors must sign in and out in the Facility Access Log. DOJ Authorized Persons must maintain visual contact with the visitor(s) at all times. At no point, may a visitor(s) be left unattended while in secured areas or laboratories containing Select Agents.
- DOJ Authorized Persons will receive laboratory safety and security training when initial DOJ Select Agent access approval is granted; annually thereafter and when new requirements are implemented. Visitors will receive laboratory safety and security training prior to the first entry to a secured area or laboratory containing Select Agents; annually thereafter and when new requirements are implemented. Additionally, as the Principal Investigator, I will mentor and assess scientific/lab skills with persons working within their labs on an ongoing basis. All training should be documented on the Security and Safety Training Certificate.
- All other individuals, including maintenance workers and visitors, understand security requirements will be trained and equipped to follow established procedures.
- Below is a description of the minimum education and experience criteria for DOJ Authorized Persons with access to Select Agents or toxins, physical security, and cyber security. Describe the minimum education and experience criteria here:

Enter any additional requirements specific for your laboratory.

- All DOJ Authorized Persons, as well as workers and new employees, will be known to facility and laboratory personnel.
- All DOJ Authorized Persons approved for access to Select Agents (including students) will wear a visible identification badge that includes, at a minimum, a photograph, the wearer's name, and an expiration date.
- Visitors should be issued an identification badge including their name and an expiration date.
- Visitors will be escorted at all times when in an area where Select Agents are present.

- Police, fire, and other emergency responders will be informed as to the types of biological materials that are in use in the laboratory areas.
- Security procedures will be reviewed whenever an incident occurs or a new threat is identified.
  - Procedures for reporting and removing unauthorized persons are described in the **Incident Response Plan**.
- Approach any visitors that appear wandering in the facility or laboratory areas and ask if you can help direct them. Suspicious or unexplained behavior will be reported immediately to the University Police Department (emergency 9-911; non-emergency 845-2345) and Responsible Official or designee as described in the **Incident Response Plan**.

**D. Access Control:**

Standard Operating Procedures, establishing the following requirements, at minimum, to control access to areas where hazardous materials are used and stored, or outlined in the **Biosafety Plan**, and the **Incident Response Plan**.

- Provide provisions that allow unescorted access only to DOJ Authorized Persons (HHS 42 CFR Part 73.8) who are performing a specifically authorized function during hours required to perform the defined job.
- It is best to use the “buddy system” when working with hazardous materials in a facility or laboratory. However, if it is necessary to work in the facility or laboratory alone during non-routine hours, let someone know where you will be and how long you expect to be in the facility or laboratory. Arrange for someone to check on you at least hourly.
- Only DOJ Authorized people (workers, students, visiting scientists, etc.) required to perform a job should be allowed in a facility or laboratory and animal housing areas at hours (when laboratory employees are present) required to perform their particular job (including routine cleaning, maintenance, repairs, and delivery to outside shipping agent for transportation in commerce).
- Access during non-routine work hours should be limited to authorized personnel. Allow individuals not approved for access (HHS 42 CFR Part 73.8) from the HHS Secretary or Administrator to conduct routine cleaning, maintenance, repairs, and other activities not related to Select Agents or toxins only when continually escorted and monitored by approved individuals (Part 73.8). Access for routine cleaning, maintenance, and repairs should be limited to hours when DOJ Authorized Persons are present. DOJ Authorized Persons must maintain visual contact with the visitor(s) at all times. At no point, may a visitor(s) be left unattended while in secured areas or laboratories containing Select Agents.
- Maintain a logbook to record entries of all visitors, maintenance workers, repairmen, and others needing one-time or occasional entry into an area where Select Agents are present. The means of identification should include a current valid picture driver’s license or state identification card or passport. This information should be documented on the Facility Access Log.

- Provide provisions for the control of access to containers where Select Agents (stocks of biological agents, hazardous chemicals or radioactive materials) are stored by requiring laboratories, storage areas, equipment, freezers, refrigerators, cabinets, and other containers where stocks of Select Agents and toxins are stored to be locked (e.g., card access system, lock boxes) when they are not in the direct view of a DOJ Authorized Person (e.g. when located in unattended storage areas), and by using other monitoring measures as needed. Access control to areas where Select Agents are present could include card access (preferred), combination keypad, use of lock boxes to secure materials, video surveillance cameras, etc. A protocol for periodically changing combination keypad access numbers should be developed.
- Maintain a current list of authorized persons who possess door keys or those who have knowledge regarding the keypad access numbers or the security entry system.
- Each DOJ Authorized Person is prohibited from sharing with any other person their unique means of accessing a Select Agent or toxin (e.g., keycards or passwords).
- Procedures for loss or compromise of keys, passwords, combinations, change of authorization, reassignment of personnel, or staff changes are described below:  
Enter specific procedures for loss or compromise of keys, passwords, combinations, change of authorization, reassignment of personnel, or staff changes that are specific to your laboratory.

**E. Inventory Control:**

The Responsible Official and/or Responsible Official's designee will maintain records created in pursuance to Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121 and will implement a system to ensure that such records are accurate and that the authenticity of records may be verified. Standard Operating Procedures establishing the following requirements, at minimum, are described in the **Biosafety Plan**. Records will be maintained for a period of three (3) years in accordance with Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121. If the select agent is also registered with USDA, the following will be referenced: "USDA Security Policies and Procedures for Biosafety Level-3 Facilities", <http://www.usda.gov/ocio/directives/DM/DM9610-001.htm>. Standard Operating Procedures establishing the following requirements, at minimum, have been included in the **Biosafety Plan**.

At minimum, records should include:

- 1) The name of the agent (scientific and common name and strain where applicable);
- 2) Amount (number of vials or contains inventoried);
- 3) Biosafety Level, agent type;
- 4) Storage location;
- 5) Site of usage (building and room numbers);
- 6) Storage methods and conditions (refrigerator, freezer type, etc.);
- 7) Date of change of status (i.e. removal, change of custody, transfers, etc.);
- 8) Disposition (including shipping) when removed from inventory;
- 9) Method, amount, and date of destruction (when applicable);
- 10) Scientist with contact information (telephone number and address of researcher or diagnostician).

- Access to Select Agent inventory will be limited to Enter the Principal Investigator and a designated alternate. Both enter Principal Investigator and the designated alternate must be a DOJ Authorized Person. An Authorized Person will then record removal, placement and/or access data into the inventory record in accordance with Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121. The Principal Investigator and/or the designated alternate will maintain and document the current and accurate inventory of each Select Agent held on the Agent Verification Log, which shall be secured at all times and viewed only by DOJ approved personnel.
- Enter Principal Investigator must provide requirements and procedures for the termination of the use of a Select Agent or toxin in this **Security Plan**.
- Any working cultures that become new repository stocks must be added to the inventory. New pathogens (not already in inventory) identified in diagnostic or experimental samples or generated through recombinant technologies must be added to the repository and inventory database.
- Scientists are responsible for the accuracy of databases and laboratory records, which are subject to review by their supervisor, director, and authorized personnel.

**F. Shipping, Receiving, & Transferring Select Agents:**

All shipping, receiving, and transfers (internal & external) of Select Agents will meet the provisions set forth in HHS 42 CFR Part 72 and Part 73.14. If the Select Agent is also registered with USDA, reference "USDA Security Policies and Procedures for Biosafety Level-3 Facilities." Standard Operating Procedures establishing the following requirements, at minimum, are listed below:

- **Note:** *Shipments must be packed by a DOT/IATA trained and certified person. Environmental Health and Safety Department (EHS, 845-2132) will be contacted for assistance before arranging shipments in or out of campus.*

*Only persons trained and certified for dangerous goods shipping will pack or ship infectious materials. Certificates of completion of DOT/IATA training must be made available upon request.*

*Infectious substances affecting humans and animals will be stored in locked freezers. The agents will be packaged for shipment according to DOT/IATA regulations and shipped by freight handlers under supervision of their dangerous goods specialists and under computerized shipping surveillance.*

- The Environmental Health & Safety Department (EH&S), with the assistance of the University Police Department (UPD), will inspect all suspicious packages before they are brought into or removed from the area where Select Agents or toxins are used or stored. The recipient or receiving facility should be known to the sender and the sender should make an effort to ensure the materials are shipped to a facility or laboratory equipped to handle those materials safely. Contaminated or possibly contaminated materials should be decontaminated before they leave the facility or laboratory areas. All unexpected or suspicious packages will be inspected by visual or noninvasive techniques before they are brought into, or removed

from, the area where Select Agents or toxins are used or stored. Guidelines for recognizing suspicious packages have been provided by the U.S. Postal Service and can be found at: [http://www.usps.com/news/2001/press/pr01\\_1010tips.htm](http://www.usps.com/news/2001/press/pr01_1010tips.htm). If unexpected or suspicious Packages are received, then the sender should be contacted to verify that the package is legitimate. If any individual observes suspicious packages being transported out of the laboratory (for example, packages that have an unusual weight or size), then they should immediately notify UPD and wait for an officer to respond.

- All intra-facility transfers or external shipments (send/receive) of Select Agents must be documented and reported to the Responsible Official or designee (contact the Office of Research Compliance, 458-3624, and the Environmental Health and Safety Department, 845-2132). Transfers will remain under the supervision of a DOJ Authorized Person, including chain-of-custody documents and will remain in the possession of the Authorized person in order to safeguard against theft, loss, or release.
- The DOJ authorized person will inspect all packages upon entry to and exit from the area. All packages will be screened (visual and/or x-ray) before being brought into the laboratory area. If a suspicious or unexpected package is delivered to the facility or laboratory, **do not open it**. Contact the University Police Department (emergency 9-911; non-emergency 845-2345).
- The following protocol will be used to receive all Select Agents or toxins based in HHS 42 CFR 73.8:
  - Enter name of Principal Investigator will request the receipt of a Select Agent, by completing Section A-Recipient (REQUESTOR) Information of the **Request to Transfer Select Agents and Toxins (APHIS/CDC Form 2)**. (*Electronic copies of the form may be found at: <http://www.selectagents.gov/resources/APHIS-CDC%20Form%202.pdf>*).
  - Enter name of Principal Investigator will inform EH&S of request to receive Select Agents or toxins.
  - Enter the name of Principal Investigator will complete all necessary blocks of Section A and submit the completed form to the Office of Research Compliance (ORC) for the signature of the Responsible Official/Alternate Responsible Official (RO/ARO).
  - Upon receipt of the **Request to Transfer Select Agents and Toxins (APHIS/CDC Form 2)**, the ORC will confirm that enter the name of the Principal Investigator has the appropriate Institutional Biosafety Committee (IBC) approvals in place and is listed on the University's registration for the Select Agent or toxin.
  - When the signature of the RO/ARO has been obtained, the ORC will coordinate efforts with enter the name of the Principal Investigator to ensure all information is correct.
  - The ORC will send the document to the Sender for them to complete Section B of the form.
  - Once the form is complete, it is the responsibility of the Sender (Transferor) to then fax the document to the CDC.
  - The CDC will fax an approval to the (RO) of both the Sender and Receiver. The approval will then be forwarded to the ORC.
  - Upon receipt, the ORC will contact EH&S, who will contact the transferring (RO) and Principal Investigator to verify shipping date and confirm shipping address.
  - EH&S will notify enter the name of the Principal Investigator of shipment arrival and

- arrange transfer of package to user laboratory.
- Packages will be opened in the laboratory in the presence of EH&S.
- The following protocol will be used to **send** all Select Agents or toxins based in HHS 42 CFR 73.8:
  - Enter name of Principal Investigator will complete Section B- Sender (TRANSFEROR) Information of the **Request to Transfer Select Agents and Toxins (APHIS/CDC Form 2)** upon receipt of form from the Recipient.
  - Enter name of Principal Investigator will send the completed form to the ORC to obtain the RO/ARO signature.
  - Enter name of the Principal Investigator will inform EH&S. EH&S will enter the name of the Principal Investigator will coordinate to arrange the shipment of the package. EH&S will contact the transferring RO and Principal Investigator to verify shipping date and confirm shipping address.
  - Once the signature has been obtained, the ORC will fax the completed form to the CDC for approval.
  - The CDC will fax an approval to the RO of both the Sender and Receiver. The approval will then be forwarded to the ORC.
  - Notification of approval will be sent to the ORC, and the ORC will inform Enter the name of Principal Investigator and EH&S of the approval.
  - EH&S will assist enter the name of the Principal Investigator with the shipment and arrange transfer of package to user laboratory.
  - EH&S will complete blocks 38-40 of Section D- Shipping Information of the form, and return completed form to the ORC.
  - A copy of the Dangerous Goods manifest and air bill is maintained by EH&S.
  - EHS/Principal Investigator notifies the receiving institution that the package has been shipped.

**EHS and laboratory staff to validate contents of shipment against EA-101 form.**

- APHIS/CDC Form 2 is dated (Section D) and signed by EH&S staff to confirm volume and number of vials shipped against the inventory.
- A copy of the completed APHIS/CDC Form 2 is faxed to CDC Select Agent Program and to the transferring RO and Principal Investigator.
- Destruction of Select Agent is recorded on the APHIS/CDC Form 2 and is faxed to CDC.
- Hardcopy of file is retained in archive files for a minimum of 3 years.

**G. Incident Reporting and Breaches in Security:**

Standard Operating Procedures regarding this particular area have been developed and are located in the **Incident Response Plan**, to include:

- The University Police Department, the Responsible Official or designee, and Environmental Health and Safety will be notified in the event of:
  - 1) Any loss or compromise of keys, passwords, combinations, etc.;
  - 2) Any suspicious persons or activities;
  - 3) Suspicious packages;
  - 4) Any loss or theft of Select Agents or toxins;
  - 5) Missing chemicals;

- 6) Any release of Select Agents or toxins;
  - 7) Any sign that inventory and use records of Select Agents or toxins have been altered or otherwise compromised;
  - 8) Cyber security breach;
  - 9) Non-biological incident such as violence against person;
  - 10) Unusual or threatening phone calls;
  - 11) Undocumented visitors;
  - 12) Severe weather and natural disasters.
- Upon discovery of a theft or loss of a Select Agent or toxin, an individual or entity must immediately notify CDC or APHIS and appropriate Federal, State, or local law enforcement agencies. Thefts or losses must be reported even if the Select Agent or toxin is subsequently recovered or the responsible parties are identified. (42 CFR 73.19)
  - Establish procedures for removing unauthorized or suspicious persons.

#### H. **Incident Response Plan:**

The emergency response plan must be coordinated with any entity-wide plans. The plan must address such events as bomb threats, severe weather (hurricanes, floods), earthquakes, power outages, and other natural disasters or emergencies. Reference: [http://finance.tamu.edu/ehsd/resources/gensafety/Emergency\\_Ref.asp](http://finance.tamu.edu/ehsd/resources/gensafety/Emergency_Ref.asp).

Involve facility administrators, laboratory directors, principal investigators, laboratory workers, facility safety office, and facility law enforcement officials in emergency planning. Control of access to facility and laboratory areas can make an emergency response more difficult.

- Police, fire, and other emergency responders should be informed as to the types of biological materials that are in use in the laboratory areas and special access control devices that are in use (e.g. card-key, etc.).
- Police, fire, and other emergency responders should assist in planning their responses to emergencies in the laboratory areas.
- The emergency response plan includes provisions for immediate notification of (and response by) laboratory directors, laboratory workers, safety office personnel, or other knowledgeable individuals when an emergency occurs.
- The emergency response plan must address the following:
  - 1) The hazards associated with the use of the Select Agents and toxins;
  - 2) Any hazards associated with response actions that could lead to a spread of a Select Agent or toxin;
  - 3) Planning and coordination with outside parties;
  - 4) Personnel roles, lines of authority, training, and communication;
  - 5) Emergency recognition and prevention;
  - 6) Safe distances and places of refuge;
  - 7) Site security and control;
  - 8) Evacuation routes and procedures;



- 9) Decontamination;
- 10) Personal protective and emergency equipment; and
- 11) Special procedures needed to address the hazards of specific agents.

PIs must complete the following:

In the event that a Select Agent must be relocated, enter the Principal Investigator will contact enter the name of the alternate institution that will allow storage of the agent, who has agreed to offer their assistance in the storage of the agent. In the event of an emergency, with the approval of CDC and assistance from EHS, the agent will be moved using proper transport/shipping requirements.

#### **I. Policies that address Breaches in Security**

The Security Plan must contain procedures that require each individual approved under HHS 42 CFR Part 73.8 to report any of the following immediately to the Responsible Official:

- 1) Any loss or compromise of their key, passwords, combinations, etc;
  - 2) Any suspicious persons or activities;
  - 3) Any loss or theft of select agents and toxins;
  - 4) Any release of select agents or toxins; and
  - 5) Any sign that inventory and used records of selected agents or toxins have been altered or otherwise compromised.
- Report suspicious or unexplained behavior immediately to the University Police Department (emergency 9-911; non-emergency 845-2345) and the Responsible Official.
  - If possible, program speed dial of emergency contacts (e.g., 9-911, facility or laboratory director, University Police 845-2345, etc.) on the phones in the facility or laboratory.

Date 10/3  
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

# SECURITY PLAN

## FACILITIES AND RESEARCH LABORATORIES WITH SELECT AGENTS

### TEXAS A&M UNIVERSITY

Responsible Official:

Elizabeth J. Browder, DVM, MS  
Interim Director  
Laboratory Animal Resources & Research

Alternate Responsible Officials:

Ellen M. Kasari, DVM, MS  
Assistant Director

David L. Carlton  
Facilities Coordinator

John A. Park  
Program Manager

Stephen W. Sterle  
Animal Resources Supervisor

This security plan is an adaptation of the Department of Health and Human Services 42 CFR Part 73; Appendix F of CDC/NIH publication "Biosafety in Microbiological and Biomedical Laboratories;" the Morbidity and Mortality Weekly Report " Laboratory Security and Emergency Response Guidance for Laboratories Working with Select Agents" December 6, 2002; and the USDA Security Policies & Procedures for Biosafety Level-3 Facilities. Laboratory animal models infected with a select agent or toxin are defined as a select agent themselves.

This security plan is based on risk assessments of the following areas:

- Physical Security;
- Personnel Security;
- Access Controls;
- Select Agent Inventory and Accountability;
- Incident Reporting and Breaches in Security Policies; and
- Emergency Response Plan.

#### Physical Security:

- Animals utilized on an approved TAMU University Laboratory Animal Care and Use Committee (ULACC) Animal Use Protocol (AUP) involving the use of select

agents must be housed in animal holding rooms that are separate from the public areas of the buildings in which they are located.

- Access to areas containing animals with select agents must be locked and secured at all times. Access keys will only be provided to authorized I personnel and personnel listed as part of the authorized AUP. The Facilities Manager issues all keys and a key log is maintained tracking issued and returned keys. When an authorized person is terminated, departs or is no longer authorized access, the keys must be returned immediately. Should a key be lost or not returned, all locks to the affected areas will be replaced and new keys will be issued.
- Emergency contact signs containing at a minimum the name of the agent (scientific and common name and strain where applicable), Biosafety Level, and 24-hour contact numbers of the Principle Investigator must be posted.

### Personnel Security:

- Employees hired for positions that have job duties requiring access to animals with select agents must meet the minimum education requirement of successfully obtaining a high school degree. Successful completion of the BL3 training is required before having access to select agent areas.
- All employees who require access to select agents must be screened to ensure that no restricted person has access. Only authorized personnel who have been cleared by the U.S. Department of Justice as indicated in HHS 42 CFR Part 73.8 may have access to Select Agents.
- All employees approved for access to animals with select agents should wear a visible identification badge that includes at a minimum a photograph, the wearer's name, and an expiration date.
- Visitors should be issued an identification badge including their name and an expiration date.
- Visitors will be escorted at all times when in an area where select agents are present.
- Suspicious or unexplained behavior must be reported immediately to the employee's supervisor. All security breaches should be reported immediately to the University Police Department (emergency 9-911; non-emergency 845-2345), the Duty Veterinarian (777-8624) and the Duty Supervisor (777-7014). Other potentially reportable activities could include undocumented visitors, unusual or threatening phone calls, etc.

### Access Controls:

- Unescorted access is only available to individuals who have been approved under HHS 42 CFR Part 73.8 and who are performing a specifically authorized function during hours required to perform the defined job.
- Individuals not approved under HHS 42 CFR Part 73.8 that have the need to conduct routine maintenance, repairs, and other non-laboratory functions must be escorted and continually monitored by individuals approved under Part 73.8.
- A log book is maintained to record entries of all visitors, maintenance workers, repairmen, and others needing one-time or occasional entry into an area where select agents are present. The person's printed name, signature, affiliation, date, time-in, time-out, and means of identification are recorded. The means of identification should include a current valid picture driver's license or state identification card.
- Individuals approved under HHS 42 CFR Part 73.8 may not share with any other person his or her unique means (e.g., key or keycards) of accessing the area or select agent or toxin.

### Select Agent Inventory and Accountability:

- Animals with a select agent must be secured in accordance with the requirements of HHS 42 CFR Part 73 at all times.
- Transferring animals with a select agent to another registered facility must be done in accordance with HHS 42 CFR Part 73.14.
- Animal carcasses containing select agents must be destroyed on-site by autoclaving, incineration, or another recognized sterilization or neutralization process.

### Incident Reporting and Breaches in Security Policies:

- All individuals approved under HHS 42 CFR Part 73.8 are required to report any of the following immediately to the University Police Department and the Responsible Official or designee:
  - 1) Any loss or compromise of keys, passwords, combinations, etc.;
  - 2) Any suspicious persons or activities;
  - 3) Any loss or theft of select agents or toxins;
  - 4) Any release of select agents or toxins;
  - 5) Any sign that inventory and use records of select agents or toxins have been altered or otherwise compromised;
  - 6) Cyber security breach; and
  - 7) Non-biological incident such as violence against person.
- Report suspicious or unexplained behavior immediately to your immediate supervisor. All security breaches should be reported immediately to the University Police Department (emergency 9-911; non-emergency 845-2345),

Duty Veterinarian (777-8624), and Duty Supervisor (777-7014). Other potentially reportable activities could include undocumented visitors, unusual or threatening phone calls, etc.

- The Department of Health and Human Services or the U.S. Department of Agriculture, as appropriate, should be notified immediately if select agents are discovered to be missing, released outside the facility or laboratory, involved in worker exposures or infections, or misused.
- In the event of a release of a select agent, immediate emergency notification will be sent to the University Police and Environmental Health & Safety Departments.

### Emergency Response Plan:

- TAMU has developed and implemented an emergency response plan (Attachment 4) that meets the requirements of OSHA Hazardous waste operations and emergency response standard at 29 CFR 1910.120. The emergency response plan addresses such events as bomb threats, severe weather (hurricanes, floods), earthquakes, power outages, and other natural disasters or emergencies.
- The Duty Veterinarian will determine circumstances that might require the emergency relocation of animals with select agents to another secure location.

**CONFIDENTIAL**

**SECURITY PLAN**

**TEXAS A&M UNIVERSITY  
FACILITIES AND RESEARCH LABORATORIES  
WITH SELECT AGENTS**

**Dr. James Samuel**

**January 11, 2006**

The Department of Health and Human Services (HHS) has issued a final rule regarding possession, use, and transfer of Select Agents and toxins (42 CFR Part 73). The final rule implements provisions of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and is designed to protect public health and safety.

42 CFR 73 requires that an individual or entity required to register, must develop and implement a written security plan. The security plan must be sufficient to safeguard the Select Agent or toxin against unauthorized access, theft, loss, or release. The plan must be designed according to a site-specific risk assessment and must provide graded protection in accordance with the risk of the Select Agent or toxin.

All DOJ Authorized Persons accessing areas with Select Agents or visiting facilities with Select Agents will adhere to the safety and security standards set forth in this plan so as to ensure that the requirements of Title 42, CFR, Part 73 are met. Additionally, all DOJ Authorized Persons will complete the required training and certifications prior to entering areas with Select Agents. Each individual with DOJ authorized access to a Select Agent will be familiar with security and emergency procedures. Their knowledge and understanding will be documented.

All DOJ Authorized Persons must understand and comply with the security procedures. Each individual with access to a Select Agent will adhere to this plan to minimize opportunities for accidental or intentional unauthorized removal of any Select Agent.

This security plan will be reviewed at least annually and revised as necessary to ensure that it is adequate for current conditions and consistent with other facility-wide policies and procedures.

Drills or exercises will be conducted at least annually to test and evaluate the effectiveness of this security plan. This plan will be reviewed and revised, as necessary, after any drill or exercise and after any incident.

This security plan includes eight major components as follows:

- a) Physical Security;
- b) Information Systems Control;
- c) Personnel Security;
- d) Access Control;

- e) Inventory Control;
- f) Shipping, Receiving, & Transferring Select Agents;
- g) Incident Reporting & Breaches in Security; and
- h) Emergency Response Plan.

***Note: Any deviations to the above approved plans must be requested in writing by the Principal Investigator and approved in advance by the Responsible Official or his designated Alternate Responsible Official.***

A. Physical Security:

The physical security systems have been tailored to address site-specific characteristics and requirements, ongoing programs, operational needs, and to achieve acceptable protection levels using current technology. Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**, attached hereto and made a part hereof.

- Each BSL-3 laboratory shall post entry requirement procedures. All visitors shall follow the facilities entry requirements.
- Before entering the laboratories, check the reading of the room pressure monitor. Do not enter the laboratory if the monitor shows a red light. Contact the laboratory director immediately. Laboratory personnel must verify that the direction of the airflow is going into the BSL-3 laboratory. Read and follow all entry procedures. Biohazard door signs, entry requirements and procedures must be posted.
- Entry into the facility is restricted to DOJ Authorized Personnel. All persons entering the BSL-3 facility must be advised of the potential biohazards and informed of laboratory procedures.
- Keep facility and laboratory doors closed at all times to prevent unauthorized entry. Establish procedures for securing the laboratory, room, or area when approved individuals are not present (e.g., card access system, key pads, locks, etc.).
- DOJ Authorized Persons are always required to swipe their ID card when entering and leaving the suite, even if the door has already been opened by another user. DOJ Authorized Persons are also responsible for making sure that non-authorized persons do not enter the laboratory after an authorized person has opened the door with a card key. **SHARING OF CARD ACCESS AND/OR ENTRY CONTROLS BY ANY INDIVIDUAL IS NOT PERMITTED.**
- Access to BSL 3 labs to those who do not have written authorization to enter the suite is not permitted. Visitors must sign in and out in the lab log book and must be escorted at all times by an authorized individual. DOJ Authorized Persons must maintain visual contact with the Visitor(s) at all times. At no point, may a Visitor(s) be left unattended while in secured areas or laboratories containing Select Agents. Visitors who are not United States citizens are required to have written authorization before entering labs. (See **Appendix "B"** for deemed export requirements.)

- Proper training of all staff (including students) that use the BSL3 suite will be provided by the Comparative Medicine Training Program under the guidance of Dr. James Samuel.
- Laboratories, facilities, and storage equipment (refrigerators, freezers, cabinets, incubators, and other containers) that contain a Select Agent need to be separate from the public areas of the buildings.
- Select Agents and toxins requiring freezers, refrigerators, cabinets, and other containers where they are stored will be secured against unauthorized access (e.g., card access system, lock boxes, etc.).
- Laboratories, storage areas, and equipment will be locked when the Select Agents are not in direct view of authorized staff.
- Protocols for changing access numbers or locks following staff changes are included in **Appendix "A"**.
- Emergency contact signs will be placed on facility and laboratory doors, including 24-hour contact numbers. Emergency contact signs include the names and contact information such as work telephone and alternate telephone numbers of the Principal Investigator, Biosafety Officer, and the person(s) responsible for the building or facility. Also, included are telephone numbers for the University Police Department and College Station Fire Department. (Emergency contact information is found in **Appendix "C"**.)

B. Information Systems Control:

The facility will systematically integrate cyber security into management and work practices at all levels so that missions are accomplished while protecting electronic information and electronic information systems. This is to be accomplished through effective integration of cyber security management into all facets of work planning and execution. The overall management of cyber security functions and activities will become an integral part of mission accomplishment. If sensitive electronic data are present in the facility or laboratory, information technology specialists should assess the security of hardware and software products in addition to the security of local area networks. Hard copies of security sensitive records (e.g., inventory records, etc.) will be properly secured and accessed only by individuals with authorized access approval. Information Services will be used as a resource for data security.

C. Personnel Security:

Only DOJ Authorized Persons will have access to Select Agents. These policies are required for compliance with the HHS/CDC and USDA regulations for Select Agents. Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**.

- All visitors shall be escorted in the BSL-3 facility by a DOJ Authorized Person. Visitors must sign in and out in the Facility Access Log, an example of which is attached as **Appendix "D"**. DOJ Authorized Persons must maintain visual contact with the Visitor(s) at



all times. At no point, may a Visitor(s) be left unattended while in secured areas or laboratories containing Select Agents.

- DOJ Authorized Persons will receive laboratory safety and security training when initial DOJ Select Agent access approval is granted; annually thereafter and when new requirements are implemented. Visitors will receive laboratory safety and security training prior to the first entry to a secured area or laboratory containing Select Agents; annually thereafter and when new requirements are implemented. Additionally, as the Principal Investigator, I will mentor and assess scientific/lab skills with persons working within their labs on an ongoing basis. All training should be documented on the Security and Safety Training Certificate, an example of which is attached as **Appendix "E"**.

- All other individuals, including maintenance workers and visitors, understand security requirements will be trained and equipped to follow established procedures.
- Below is a Description of the minimum education and experience criteria for DOJ Authorized Persons with access to Select Agents or toxins, physical security, and cyber security.

Access to animals used in SBAT projects requires a high school degree, six months experience in laboratory animal care, and successful completion of ABSL3 training program for entry/exiting procedures and personnel protective equipment requirements.

- All DOJ Authorized Persons will be known to facility and laboratory personnel.
- All DOJ Authorized Persons approved for access to Select Agents (including students) will wear a visible identification badge that includes, at a minimum, a photograph, the wearer's name, and an expiration date.
- Visitors should be issued an identification badge including their name and an expiration date.
- Visitors will be escorted at all times when in an area where Select Agents are present.
- Police, fire, and other emergency responders will be informed as to the types of biological materials that are in use in the laboratory areas.
- Security procedures will be reviewed whenever an incident occurs or a new threat is identified.
- Procedures for reporting and removing unauthorized persons are described in the attached **Appendix "A"**.
- Suspicious or unexplained behavior will be reported immediately to the University Police Department (emergency 9-911; non-emergency 845-2345) and Responsible Official or designee as described in **Appendix "A"**.

D. Access Control:

Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**, attached hereto and made a part hereof.

- Provisions that allow unescorted access only to DOJ Authorized Persons who are performing a specifically authorized function during hours required to perform the defined job.
- Only DOJ Authorized workers or students required to perform a job should be allowed in a facility or laboratory and animal housing areas at hours required to perform their particular job.
- Allow individuals not approved for access from the HHS Secretary or Administrator to conduct routine cleaning, maintenance, repairs, and other activities not related to Select Agents or toxins only when continually escorted and monitored by approved individuals. Access for routine cleaning, maintenance, and repairs should be limited to hours when DOJ Authorized Persons are present. DOJ Authorized Persons must maintain visual contact with the visitor(s) at all times. At no point, may a visitor(s) be left unattended while in secured areas or laboratories containing Select Agents.
- Maintain a logbook to record entries of all visitors, maintenance workers, repairmen, and others needing one-time or occasional entry into an area where Select Agents are present. The means of identification should include a current valid picture driver's license or state identification card or passport. This information should be documented on the Facility Access Log, an example of which is attached as **Appendix "D"**.
- Provide provisions for the control of access to containers where Select Agents and toxins are stored by requiring freezers, refrigerators, cabinets, and other containers where stocks of Select Agents and toxins are stored to be locked (e.g., card access system, lock boxes) when they are not in the direct view of a DOJ Authorized Person, and by using other monitoring measures as needed. Access control to areas where Select Agents are present could include card access (preferred), combination keypad, use of lock boxes to secure materials, video surveillance cameras, etc. A protocol for periodically changing combination keypad access numbers should be developed.
- Maintain a current list of authorized persons who possess door keys or those who have knowledge regarding the keypad access numbers or the security entry system.
- Each DOJ Authorized Person is prohibited from sharing with any other person their unique means of accessing a Select Agent or toxin (e.g., keycards or passwords).
- Procedures for loss or compromise of keys, passwords, combinations, change of authorization, reassignment of personnel, or staff changes are described in **Appendix "A"**.

E. Inventory Control:

The Responsible Official and/or Responsible Official's designee will maintain records created in pursuance to Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121 and will implement a system to ensure that such records are accurate and that the authenticity of records may be verified. Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "F"**, attached hereto and made a part hereof.

Records will be maintained for a period of three (3) years in accordance with Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121.

- Access to Select Agent inventory will be limited to the Principal Investigator and a designated alternate. Both the Principal Investigator and the designated alternate must be a DOJ Authorized Person. An Authorized Person will then record removal, placement and/or access data into the inventory record in accordance with Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121. The Principal Investigator and/or the designated alternate will maintain and document the current and accurate inventory of each Select Agent held on the Agent Verification Log, an example of which is attached as **Appendix "G"**, which shall be secured at all times and viewed only by DOJ approved personnel.
- Provide provisions and procedures for the termination of the use of a Select Agent or toxin.

F. Shipping, Receiving, & Transferring Select Agents:

All shipping, receiving, transfers (internal & external) of Select Agents will meet the provisions set forth in HHS 42 CFR Part 72 and Part 73. If the Select Agent is also registered with USDA, reference "USDA Security Policies and Procedures for Biosafety Level-3 Facilities." Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "H"**, attached hereto and made a part hereof.

- Note: Shipments must be packed by a DOT/IATA trained and certified person. Environmental Health and Safety Department (EHS, 845-2132) will be contacted for assistance before arranging shipments in or out of campus.

Only persons trained and certified for dangerous goods shipping will pack or ship infectious materials. Certificates of completion of DOT/IATA training must be made available upon request.

Infectious substances affecting humans and animals will be stored in locked freezers. The agents will be packaged for shipment according to DOT/IATA regulations and shipped by freight handlers under supervision of their dangerous goods specialists and under computerized shipping surveillance.

- EHS, with the assistance of the University Police Department (UPD), will inspect all suspicious packages before they are brought into or removed from the area where Select Agents or toxins are used or stored. The recipient or receiving facility should be known to the sender. All unexpected or suspicious packages will be inspected by visual or noninvasive techniques before they are brought into, or removed from, the area where Select Agents or toxins are used or stored. Guidelines for recognizing suspicious packages have been provided by the U.S. Postal Service and can be found at: [http://www.usps.com/news/2001/press/pr01\\_1010tips.htm](http://www.usps.com/news/2001/press/pr01_1010tips.htm). If unexpected or suspicious Packages are received, then the sender should be contacted to verify that the package is legitimate. If any individual observes suspicious packages being transported out of the laboratory (for example, packages that have an unusual weight or size), then they should immediately notify UPD and wait for an officer to respond.

- All intra-facility transfers or external shipments (send/receive) of Select Agents must be documented and reported to the Responsible Official or designee (Environmental Health and Safety Department, 845-2132). Transfers will remain under the supervision of a DOJ Authorized Person, including chain-of-custody documents and will remain in the possession of the Authorized person in order to safeguard against theft, loss, or release.
- The DOJ authorized person will inspect all packages upon entry to and exit from the area. All packages will be screened (visual and/or x-ray) before being brought into the laboratory area.
- The following protocol will be used for shipment of all select agents:
  - Principal Investigator requests a shipment of a Select Agent.
  - Principal Investigator informs EH&S of request for transfer of Select Agent.
  - EH&S confirms that Principal Investigator has Institutional Biosafety Committee approvals in place and is listed on the University's registration for the Select Agent.
  - The requesting Principal Investigator will complete blocks 1 and 2 of the EA-101 form and submit them to the RO/ARO signs the request.
  - The EA- 101 will be faxed to the sender.
  - The sender should complete section 3 and 4 and faxe the EA101 to CDC.
  - After the CDC faxes the approved EA101 to both sender and receiver the EH&S will contact the transferring (RO) and Principal Investigator to verify shipping date and confirm shipping address.
  - EH&S will notify the Principal Investigator of shipment arrival and arranges transfer of package to user laboratory.
  - Packages will be opened in the laboratory in the presence of EH&S.

**EHS and laboratory staff to validate contents of shipment against EA-101 form.**

- EA101 is dated (Block 4: Date agent received) and signed by EH&S staff to confirm volume and number of vials shipped against EA-101.
- A copy of the completed EA-101 form is faxed to CDC Select Agent Program and to the transferring RO and Principal Investigator.
- Destruction of Select Agent is recorded on the EA-101 and is faxed to CDC.
- Hardcopy of file is retained in archive files for a minimum of 3 years.

**Principal Investigator sends a Select Agent out:**

- Principal Investigator will receive an EA101 request for Select Agent.
- Principal Investigator will contact EH&S regarding request for shipment of a Select Agent.
- Principal Investigator and the RO/ARO will complete block 3 and faxe the EA101 to CDC Select Agent Program for approval.
- EHS receives approved EA101 and contacts Principal Investigator to set packing and shipping date.
- EH&S oversees packing of shipment verifying information in section 4 of the EA101 (volume, number of vials) packed for shipment.
- Tracking number for the shipment is provided in section 4.
- Completed package for shipment remains in the control of the P.I. in a secured location until arrival of courier. Package is handled directly to the courier.

- A copy of the Dangerous Goods manifest and air bill is maintained by EH&S.
- EHS/Principal Investigator notifies the receiving institution that the package has been shipped.

G. Incident Reporting and Breaches in Security:

Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**, attached hereto and made a part hereof.

- The University Police Department, the Responsible Official or designee, and Environmental Health and Safety will be notified in the event of:
  - 1) Any loss or compromise of keys, passwords, combinations, etc.;
  - 2) Any suspicious persons or activities;
  - 3) Suspicious packages;
  - 4) Any loss or theft of Select Agents or toxins;
  - 5) Missing chemicals;
  - 6) Any release of Select Agents or toxins;
  - 7) Any sign that inventory and use records of Select Agents or toxins have been altered or otherwise compromised;
  - 8) Cyber security breach;
  - 9) Non-biological incident such as violence against person;
  - 10) Unusual or threatening phone calls;
  - 11) Undocumented visitors;
  - 12) Severe weather and natural disasters.
- Upon discovery of a theft or loss of a Select Agent or toxin, an individual or entity must immediately notify CDC or APHIS and appropriate Federal, State, or local law enforcement agencies. Thefts or losses must be reported even if the Select Agent or toxin is subsequently recovered or the responsible parties are identified. (42 CFR 73.19)
- Establish procedures for removing unauthorized or suspicious persons.

H. Emergency Response Plan:

Develop and implement an emergency response plan. The emergency response plan must be coordinated with any entity-wide plans. The plan must address such events as bomb threats, severe weather (hurricanes, floods), earthquakes, power outages, and other natural disasters or emergencies. Reference: [http://finance.tamu.edu/ehsd/resources/gensafety/Emergency\\_Ref.asp](http://finance.tamu.edu/ehsd/resources/gensafety/Emergency_Ref.asp)

Involve facility administrators, laboratory directors, principal investigators, laboratory workers, facility safety office, and facility law enforcement officials in emergency planning.

- Police, fire, and other emergency responders should be informed as to the types of biological materials that are in use in the laboratory areas.
- Police, fire, and other emergency responders should assist in planning their responses to emergencies in the laboratory areas.

- The emergency response plan includes provisions for immediate notification of (and response by) laboratory directors, laboratory workers, safety office personnel, or other knowledgeable individuals when an emergency occurs.
- The emergency response plan must address the following:
  - 1) The hazards associated with the use of the Select Agents and toxins;
  - 2) Any hazards associated with response actions that could lead to a spread of a Select Agent or toxin;
  - 3) Planning and coordination with outside parties;
  - 4) Personnel roles, lines of authority, training, and communication;
  - 5) Emergency recognition and prevention;
  - 6) Safe distances and places of refuge;
  - 7) Site security and control;
  - 8) Evacuation routes and procedures;
  - 9) Decontamination;
  - 10) Personal protective and emergency equipment; and
  - 11) Special procedures needed to address the hazards of specific agents.

Emergency medical treatment and first aid, Emergency alerting and response procedures are attached in **Appendix "C"**.

Critique of response and follow-up will occur after each emergency drill and/or identified emergency.

- Consideration for circumstances that might require the emergency relocation of Select Agents to another secure location.

In the event that a Select Agent has to be relocated, the following PI or institution will be contacted and with CDC approval and EHS assistance, will be moved using proper transport/shipping requirements.

**Dr. James Samuel**

# **APPENDIX “A”**

**Standard Operating Procedures  
Physical and Personnel Security, Access  
Control, Incident Reporting and Breaches in  
Security**

**RESPONSIBILITY:**

All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins.**

**GENERAL INFORMATION:**

1. All ABSL-3 locations require an individual security access card to enter the ABSL-3 area.
2. CMP Individual access cards and keys required to gain access to the [ ] ABSL-3 area and the [ ] ABSL-3 area are stored in the Main facility supervisor's office in a double lock box. Individual access cards and keys are signed out/in daily to personnel assigned to each area by an area supervisor. The lock box access log is stored inside on the first door of the double lock box and is checked at the end of the day by an area supervisor to ensure that all cards and keys have been returned.
3. Access cards are only to be used by the individual assigned to that card (never shared).
4. All individuals entering ABSL-3 areas containing select agents must sign-in and out of the area on the proper select agent facility access log.
5. Always make sure each secured door that you enter/exit secures before leaving the area.
6. All individuals escorting non DOJ approved individuals into an ABSL-3 area containing select agents must verify the individuals identification, sign the individual in as a visitor (record ID type and #) and stay with the individual at all times when in the ABSL-3 select agent area.
7. The University Police Department (UPD) must be notified before transporting Select Agents on public roadways so that a police escort can be provided. **Note: many of the roads on campus are considered to be public roadways.**

**ABSL-3 Access Control:**

1. Main Facility (Vivarium) access is secured by way of individual security card access readers located at Vivarium entry doors.
2. The ABSL-3 area located inside [ ] is also secured by way of individual security card access readers. Each animal room and lab room inside of the ABSL-3 area is secured by coded key pad locks.
3. Main ABSL-3 Security access cards are assigned by the Area Coordinator only to individuals who have been approved to enter the ABSL-3 area. Codes to access key pad controlled rooms containing Select Agents in the ABSL-3 area are only provided to individuals that have been cleared to work with select agents by the DOJ.
4. All individuals entering the ABSL-3 area must sign in and out on the Main ABSL-3 area log. All individuals entering a room containing animals exposed to a select agent must sign in and out on the specific select agent access log.



5. Actual agents (outside of animals) are not stored in the ABSL-3 area.

**-3 Access Control:**

1. The ABSL-3 area located inside of the Vivarium is secured by way of individual security card access readers as well as a finger print scan reader.
2. RMB ABSL-3 Security access cards are assigned by the Facility Coordinator only to individuals who have been cleared to work with select agents by the DOJ. The Facility Coordinator will also take an electronic finger scan of the cleared individual.
3. Individuals must use both access card and finger scan before they are granted access to the ABSL-3 area.

**( ) ABSL-3 Access Control:**

1. The ABSL-3 area located inside of the VMR building is secured by way of individual security card access readers as well as an entry door key lock.  
ABSL-3 security access cards are assigned only to individuals who have been cleared to work with select agents by the DOJ.
3. Individuals must use both access card and a key before they can gain access to the ABSL-3 area.
4. Always ensure that the locks on access doors remain locked behind you after entering and exiting.

**Incident Reporting & Breaches in Security**

The University Police Department (9-911 emergency, 845-2345 non-emergency), the Responsible Official or designee (Brent Mattox, 862-2062 or 450-0662), and Environmental Health and Safety (845-2132) must be notified in the event of:

1. Any loss or compromise of keys, passwords, combinations, etc.;
2. Any suspicious persons or activities;
3. Suspicious packages;
4. Any loss or theft of Select Agents or toxins;
5. Missing chemicals;
6. Any release of Select Agents or toxins;
7. Any sign that inventory and use records of Select Agents or toxins have been altered or otherwise compromised;
8. Cyber security breach;
9. Non-biological incident such as violence against person;

10. Unusual or threatening phone calls;
11. Undocumented visitors;
12. Severe weather and natural disasters.

Breaches in security and detection of unauthorized or suspicious persons must be immediately reported to the University Police Department at 9-911. UPD will direct your actions once notified and have the authority to forcefully remove any unauthorized or suspicious persons.

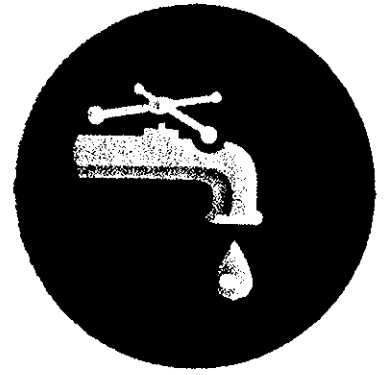
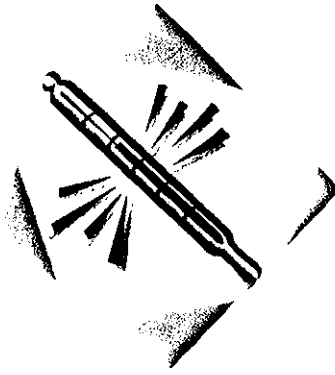
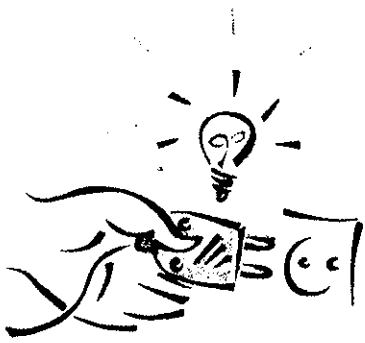
# **APPENDIX “B”**

## **Deemed Export Requirements**

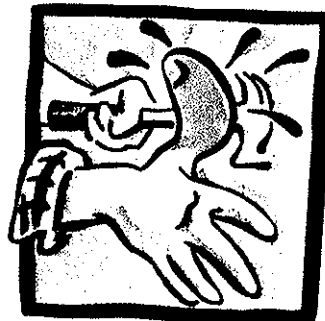
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be provided  
by PI.**

# **APPENDIX “C”**

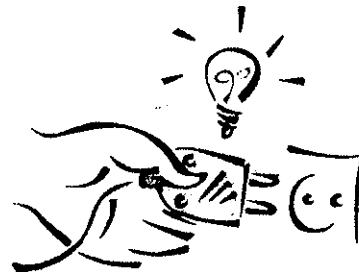
## **Emergency Contact Information & Response Procedures**



# CMP ABSL3 Emergency Response Plan



# POWER OUTAGES



All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins**

## Contact Numbers:

**On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

1. In the event of a power outage, the Physical Plant Radio Room is notified through the Hawkeye system and has been instructed to notify CMP personnel. If you are called, you must respond to the radio room call & remain at the facility until the problem has been resolved.  
*The duty supervisor should keep a written log of all events: recording times communications, contacts, time of resolution and determined problem.*
2. The emergency power generator will engage within seconds after the power outage and will sustain:
  - lights
  - security system
  - air handlers
  - select power plugs in the Biohazard & Surgery area.Fuel & function of the generator is the responsibility of Physical Plant.
3. Communication with the Radio Room during the outage is essential (845-4311). They should be able to find out how serious the problem is and give an approximate time that the power will be off.
4. For all outages, contact the CMP Facilities Coordinator (777-0258) or their representative (218- 8598) to inform him/her of the problem.
5. CMP personnel should check:

- All ventilated housing racks/blowers. In the event of an extended power outage, emergency power outlets are located in the O.R. Training Room.
- All animal rooms to make sure the emergency backup lights and air handlers have engaged.
- Room temperatures to insure a temperature problem does not develop.

6. Once power is restored:
  - CMP personnel should check the alarm panels and reset if necessary.
  - Physical plant personnel and/or CMP building maintenance personnel should check the building ventilation/air conditioning systems (including chilled & hot water pumps) and animal room light timers to ensure proper operation.
  - Employee time clocks must be reset.

**NOTE: If you do not know how to reset the time clock and cannot reach someone that does, employees should be instructed to sign in and sign out until a reset can be performed.**

7. Check all other animal care facilities to determine if power problems are widespread or limited to Main.

**Contact Numbers:**

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

1. In the event of a power outage the Radio Room should contact George Martin (Cell 228-3380, Home 775-3215) and CMP personnel. COM personnel are responsible for responding and following up with Physical Plant personnel, if needed. CMP is notified as an FYI. COM personnel may contact CMP personnel if assistance is needed. If the Radio room is unable to contact George Martin or his designate, CMP personnel must respond.
2. The lights and the air handlers will all run off the emergency generators (fuel & function of these generators are the responsibility of the Physical Plant).
3. Each room must be checked to make sure that the lights and air are working appropriately.
4. Contact the Radio Room and make sure they are aware of the problem (845-4311).
5. Remain in close contact with Physical Plant and the repair personnel until the situation is resolved.
6. If the problem presents an animal health related issue, (or you need assistance) contact the on-duty veterinarian.
7. Check all other animal care facilities to determine if power problems are widespread.



**Contact Numbers:**

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

1. In the event of a power outage the Radio Room should contact Noberto Espitia (Cell 255-7746, Home 696-3505) and CMP personnel. CVM personnel are responsible for responding and following up with Physical Plant personnel, if needed. CMP is notified as an FYI. CVM personnel may contact CMP personnel if assistance is needed. If the Radio room is unable to contact Noberto Espitia or his designate, CMP personnel must respond.
2. The lights & air handlers are all run off the emergency generators (fuel and function of these generators are the responsibility of the Physical Plant).
3. Each room must be checked to make sure that the lights and air are working appropriately.
4. Contact the Radio Room and make sure they are aware of the problem (845-4311).
5. Remain in close contact with Physical plant and the repair personnel until situation is resolved.
6. If the problem presents an animal health related issue, (or you need assistance) contact the on-duty veterinarian.
7. Check all other animal care facilities to determine if power problems are widespread.

# TEMPERATURE PROBLEMS



All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins.**

## Contact Numbers:

**On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

**This facility has both high-low temp alarms.**

1. If an alarm is activated, the temperature alarm panel will beep and the room(s) involved will light up on the panel. The panel is located on the back wall of the LARR MAIN supervisor office.  
***PLEASE NOTE: The panel will not function again until it has been reset. Therefore when the alarm has signaled, you must respond, resolve the problem & reset the temperature alarm panel.***
2. The Radio room is automatically notified (Hawkeye) after hours and on weekends /holidays. The Radio room will then contact CMP personnel.
3. Check the thermometer readings in all room(s) that have been identified by the control panel. Ensure the thermostat is working properly.
4. If the temperature is too high (>85) in the room, the animal room doors may be propped open until the problem is corrected (even cubicles). If the temperature is too low, space heaters (located in the tool room) should be put in the critical rooms until the problem is corrected.
5. Contact the CMP Facilities Coordinator (777-0258) or their representative (218-8598) and inform him/her of the problem.
6. Contact the Radio Room and request a repair technician, if needed (845-4311).

7. The on-call supervisor or other responsible CMP personnel must remain at the facility until each room(s) has reached normal temperatures. Once normal temps have been achieved:
  - Push the Reset button on the panel.
  - Close any animal room doors that had been opened due to high temps.
  - Turn off any supplemental heat sources.

**Contact Numbers:**

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

**This facility is equipped with high-low temp alarms.**

1. In the event of a temp alarm, an automatic phone dialing system will attempt to contact George Martin or his designate. If the event that COM personnel fail to respond, the dialing system will attempt to contact the CMP On-Call Supervisor.
2. Once an alarm notification has been received, you can remotely identify the room/area in alarm and determine what the current temperature is by calling 862-7399. Once the system answers:
  - Press "0" when the system answers your call.
  - Once prompted, enter "10" (pass-number) followed by the "#" key.
  - Listen to the entire message and then press "1" followed by the "#" key.
  - To check room temps, enter each room's probe no. (list below) followed by the # key.NOTE: You can only check one probe at a time. To check additional probes, repeat instruction above.

Rm 420C - 62

Rm 420D - 63

NOTE: *Be patient and listen to each entire message. Enter all numbers firmly.*

3. Once the room in alarm has been identified:
  - Call the Radio Room and request a technician to respond (845-4311).
  - Give the Radio Room operator the building name/number, room number(s) involved.
4. You will need to stay in close contact with the repair technician until the situation has been resolved and the temperature(s) has been stabilized.
5. If the problem presents an animal health related issue, (or you need assistance) contact the on-duty vet.

**Contact Numbers:**

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

**There are no temperature alarms at this facility.**

1. Once a temperature problem has been identified:
  - Call the Radio Room and request a technician to respond (845-4311).
  - Give the Radio Room operator the building name/number, room number(s) involved.
2. You will need to stay in close contact with the repair technician until the situation has been resolved and the temperature(s) has been stabilized.
3. If the problem presents an animal health related issue, (or you need assistance) contact the on-duty vet.

# WATER PROBLEMS



All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins.**

## Contact Numbers:

**On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

1. Contact the CMP Facilities Coordinator (777-0258) or their representative (218-8598).
2. A CMP employee should be designated to oversee the problem. This person must remain at the facility and in close contact with the repair personnel until the water problem is resolved.
3. The CMP On-Call Supervisor is responsible for ensuring all animals have access to water.
4. If the problem presents an animal health related issue, (or you need assistance) contact the on-duty vet.  
NOTE: There are no automated watering systems in use.

## Contact Numbers:

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

1. Contact George Martin (Cell 777-7014) or his designate.
2. The CMP On-Call Supervisor is responsible for ensuring all animals have access to water.
3. If the problem presents an animal health related issue, (or you need assistance) contact the on-duty vet.  
NOTE: There are no automated watering systems in use.

**Contact Numbers:**

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

1. Contact Noberto Espitia (Cell 255-7746, Home 255-7746) or his designate.
2. The CMP On-Call Supervisor is responsible for ensuring all animals have access to water.
3. If the problem presents an animal health related issue, (or you need assistance) contact the on-duty vet.  
NOTE: There are no automated watering systems in use.

# INTRUDER/SECURITY ALARM



All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins. Breaches in security and detection of unauthorized or suspicious persons must be immediately reported to the University Police Department at 9-911. UPD will direct your actions once notified and have the authority to forcefully remove any unauthorized or suspicious persons.**

## Contact Numbers:

**University Police Department (UPD)**  
Emergency 9-911 Non-Emergency 845-2345

**On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Dr. Elizabeth Browder, Attending Veterinarian**  
Cell 777-0132 Home

**Dr. Melanie Ihrig, CMP Director**  
Cell 229-2696 Home

## *INTRUDER ALARM*

1. The LARR security system is controlled through a computer that keeps the entry doors continuously locked. When doors are locked, the security alarm is engaged.
2. Locked doors that are forced opened will trigger the alarm immediately. Doors equipped with a card scanner will trigger the alarm if held open for more than >15 seconds.
3. The alarm is NOT audible and will automatically notify the Radio Room and UPD when it is activated.
5. The Facility Coordinator (On-Call Supervisor on weekends and holidays) will be contacted by UPD if the intruder alarm has been triggered.

6. The Facility Coordinator or On-Call Supervisor must respond to the call and meet the UPD officer at LARR MAIN to complete a security check of the facility.

### ***FACILITY BREAK-INS***

1. DO NOT enter the building any further than you already have. DO NOT touch anything located inside or outside of the building.
2. Use a cellular phone or go to another facility to use a telephone.
3. Call UPD (9-911 from campus; 911 from off-campus).
4. Call Dr. Browder. If you cannot reach Dr. Browder, call Dr. Ihrig.

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### **Contact Numbers:**

**University Police Department (UPD)**  
Emergency 9-911 Non-Emergency 845-2345

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

**Dr. Elizabeth Browder, Attending Veterinarian**  
Cell 777-0132 Home

**Dr. Melanie Ihrig, CMP Director**  
Cell 229-2696 Home

### ***INTRUDER ALARMS***

The intruder alarm at the College of Medicine is not an audible alarm and CMP will **NOT** be notified.

### ***FACILITY BREAK-INS***

1. DO NOT enter the building any further than you already have. DO NOT touch anything located inside or outside of the building.
2. Use a cellular phone or go to another facility to use a telephone.
3. Call UPD (9-911 from campus; 911 from off-campus).
4. Call Dr. Browder. If you cannot reach Dr. Browder, call Dr. Ihrig.



5. Call George Martin (Cell 228-3380, Home ...)

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**Contact Numbers:**

**University Police Department (UPD)**  
Emergency 9-911 Non-Emergency 845-2345

**CMP On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Physical Plant Radio Room**  
24hr 845-4311

**Dr. Elizabeth Browder, Attending Veterinarian**  
Cell 777-0132 Home

**Dr. Melanie Ihrig, CMP Director**  
Cell 229-2696 Hom

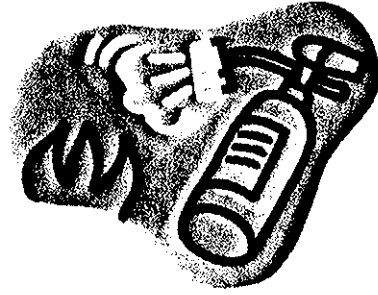
***INTRUDER ALARM***

The intruder alarm at the \_\_\_\_\_ is an audible alarm. CMP will **NOT** be notified.  
In the event you discover an intruder alarm, notify Noberto Espitia (Cell \_\_\_\_\_, Home \_\_\_\_\_). All  
follow up information will be obtained through Noberto.

***FACILITY BREAK-INS***

1. DO NOT enter the building any further than you already have. DO NOT touch anything located inside or outside of the building.
2. Use a cellular phone or go to another facility to use a telephone.
3. Call UPD (9-911 from campus; 911 from off-campus).
4. Call Dr. Browder. If you cannot reach Dr. Browder, call Dr. Ihrig.
5. Call Noberto Espitia.

# FIRE ALARMS/FIRES



All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins**

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## Contact Numbers:

**College Station Fire Department**  
Emergency 9-911 Non-Emergency 764-3700

**Physical Plant Radio Room (Non-Emergency)**  
24hr 845-4311

**On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Dr. Elizabeth Browder, Attending Veterinarian**  
Cell 777-0132 Home .

**Dr. Melanie Ihrig, CMP Director**  
Cell 229-2696 Home .

1. The fire alarm panel is located in the men's ABSL3 entryway. There are six zones labeled on the panel and a schematic of the building labeled with corresponding zones highlighted. All Supervisors are to meet in Main Supervisor's office or front desk if a fire exists in the area of the supervisor's office. All other personnel must EXIT the building immediately and congregate in the vet school parking lot (PA 36), at least 100 feet from the bldg. Weekend/Holiday crews will meet at the supervisor's office and consult the supervisor in charge for instructions
2. The first supervisor to the office will silence (push silence button) the audible alarm at the fire panel. Allow the alarm to sound for at least 30 seconds before silencing.
3. Use the intercom (overhead page code 89) to announce the fire alarm and request evacuation of the building.

4. Retrieve the "LARR FIRE ALARM SOP" binder located on the shelf of the supervisor's office or on the receptionist desk. One supervisor or designated person should remain at the office to coordinate assignments.
5. If a fire exists:
  - Small fires: Working in pairs, attempt to contain with an extinguisher. If fire cannot be contained, exit area immediately. Close all doors while exiting the facility.
  - Large fires: Close all doors in immediate area of building and exit building immediately.
4. Call Dr. Browder. If you cannot reach Dr. Browder, call Dr. Ihrig.
5. If the fire presents an animal health related issue, (or you need assistance) contact the on-duty veterinarian.
4. Re-entry to the building is at the discretion of the Fire Dept and/or the Director of CMP.

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**Contact Numbers:**

**College Station Fire Department**  
**Emergency 9-911 Non-Emergency 764-3700**

**Physical Plant Radio Room (Non-Emergency)**  
**24hr 845-4311**

**CMP On-Call Supervisor**  
**Cell 777-7014**

**On-Call Veterinarian**  
**24hr 845-7433**

**Dr. Elizabeth Browder, Attending Veterinarian**  
**Cell 777-0132 Home**

**Dr. Melanie Ihrig, CMP Director**  
**Cell 229-2696 Home**

1. If a fire alarm occurs exit the building by the closest exit. Upper floors use stairwells ONLY.
2. CMP personnel should meet at the end bldg entrance to the Wehner Bldg (end adjacent to the COM dock) until all are accounted for.
3. If a fire exists:

Small fires: If a small fire occurs, use the fire extinguishers and hoses found at various locations throughout the hallways to extinguish the fire. If fire cannot be contained, exit area immediately. Close all doors while exiting the facility.

Large fires: Pull any fire alarm located in the hallways (usually near the service elevator stairwell). Close all doors in immediate area of building and exit building immediately. Upper floors use stairwells ONLY.

4. Call Dr. Browder. If you cannot reach Dr. Browder, call Dr. Ihrig.
5. If the fire presents an animal health related issue, (or you need assistance) contact the on-duty veterinarian.
6. Re-entry to the building is at the discretion of the Fire Dept. and/or the COM Building Proctor.

**Contact Numbers:**

**College Station Fire Department**  
**Emergency 9-911 Non-Emergency 764-3700**

**Physical Plant Radio Room (Non-Emergency)**  
**24hr 845-4311**

**CMP On-Call Supervisor**  
**Cell 777-7014**

**On-Call Veterinarian**  
**24hr 845-7433**

**Dr. Elizabeth Browder, Attending Veterinarian**  
**Cell 777-0132 Home**

**Dr. Melanie Ihrig, CMP Director**  
**Cell 229-2696 Home**

1. If a fire alarm occurs exit the building by the closest exit. Upper floors use stairwells ONLY.
2. CMP personnel should meet at the parking area located directly across from the service vehicle parking area until all are accounted for.
3. If a fire exists:

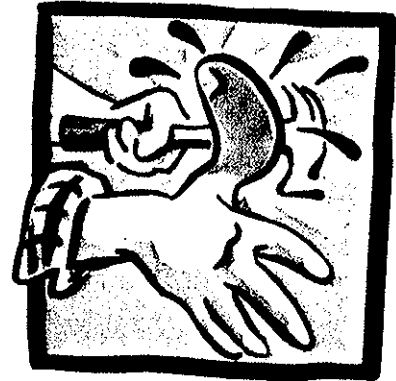
Small fires: If a small fire occurs, use the fire extinguishers and hoses found at various locations throughout the hallways to extinguish the fire. If fire cannot be contained, exit area immediately. Close all doors while exiting the facility.

Large fires: Pull any fire alarm located in the hallways. Close all doors in immediate area of building and exit building immediately. Upper floors use stairwells ONLY.

4. Call Dr. Browder. If you cannot reach Dr. Browder, call Dr. Ihrig.
5. If the fire presents an animal health related issue, (or you need assistance) contact the on-duty veterinarian.

6. Re-entry to the building is at the discretion of the Fire Dept. and/or the CVM Building Proctor.

# PERSONNEL INJURIES/ EMERGENCY SERVICES



All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins**

## Contact Numbers:

**TAMU EMS/Ambulance**  
Emergency 9-911 Non-Emergency 845-1525

**On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

**Scott & White Occupational Medicine**  
691-3458

**St. Joseph Hospital**  
776-3777

**College Station Medical Center**  
764-5100

## ALL FACILITIES

1. When employees are injured on the job or have an illness that requires medical assistance, it is imperative that proper treatment be obtained. It is also important that the employee's supervisor is notified. If the injury/emergency presents an animal health related issue, (or you need veterinary assistance) contact the on-duty veterinarian.
2. For on the job injuries, it is important to complete the procedures described below to ensure documentation is available to provide medical benefits for the injured employee and to comply with applicable reporting requirements of the state and TAMU.
  - The employee sustains an on-the-job injury and informs the supervisor of the incident.
  - The employee's supervisor or designee completes a **First Report of Injury (TWCC-1)** form immediately or as soon as possible.

- The employee's supervisor or the departmental representative responsible for overseeing Workers' Compensation Insurance (WCI) documentation faxes the completed **First Report of Injury (TWCC-1)** form to the WCO at 847-8546.
  - The employee's department retains a copy of the First Report of Injury.
3. All correspondence regarding the injury or illness should be maintained in a confidential medical file in the employee's department and retained in accordance to the Retention Schedule for Texas A&M University System.
  4. For more information regarding the TAMU WCI Program, please visit their website <http://hr.tamu.edu/relations/wrkscomp.html>

# ANIMAL EMERGENCIES & EUTHANASIA



All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins**

## Contact Numbers:

**On-Call Supervisor**  
Cell 777-7014

**On-Call Veterinarian**  
24hr 845-7433

## ALL FACILITIES

1. Remember for all animal emergencies:
  - Keep yourself and the animal SAFE from harm.
  - SECURE the animal (isolate if it is housed with other animals).
  - SEEK assistance.
2. Observe the animal personally so you can:
  - Render the animal safe and secure
  - Render immediate first aid if needed (short of giving an animal medications or drugs)
  - Answer questions on a first hand basis.
3. Contact the investigator & inform them of the animal health problem (follow procedures outlined in *SOP: A-I, G.4.: Investigator Contact Log Documentation*).
4. Investigator phone numbers can be found on the weekend/holiday notes in the folder on the LARR Main Supervisor's desk.
5. Call the vet and inform them of all animal health problems and how they are being resolved.  
NOTE: Be sure you have observed the animal yourself before contacting the duty veterinarian.
6. If a health problem cannot be resolved to your satisfaction with an investigator, contact the duty veterinarian again.



7. Keep the duty Veterinarian informed of all animal health problems and their resolutions

NOTE:

Animals are to be euthanized by CMP animal care staff only following written approval or request of the principal investigator, his/her designated representative, or a CMP veterinarian.

In emergency situations permission from the investigator (document all pertinent information in the Investigator Contact Log as described in SOP A-I.G.4.) or a CMP veterinarian may be given over the phone, but should be followed up in writing in a timely manner.

# **APPENDIX “D”**

## **Facility Access Log**



# **APPENDIX “E”**

## **Security and Training Certificate**

**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*, *Rickettsia prowazekii*, and *Brucella* spp. in Laboratory Animal Resources and Research Building animal holding rooms 135, 136, 137, 140, 141, and 142 under the direction of James Samuel.

I further certify that I understand the hazards of working with *Coxiella burnetii*, *Rickettsia prowazekii*, and *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.

\_\_\_\_\_  
Signature of Person Receiving Training

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Person Receiving Training

\_\_\_\_\_  
Supervisor/Authorized Person Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

# **APPENDIX “F”**

## **Standard Operating Procedures Inventory Control**



**RESPONSIBILITY:**

All personnel given access to ABSL-3 areas are responsible for maintaining security and reporting security concerns when working in the ABSL-3 areas. **NOTE: In accordance to Title 42, CFR, Part 73, only staff with Department of Justice (DOJ) clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins.**

**GENERAL INFORMATION:**

1. All ABSL-3 locations require an individual security access card to enter the ABSL-3 area.
2. CMP Individual access cards and keys required to gain access to the \_\_\_\_\_ ABSL-3 area and the \_\_\_\_\_ ABSL-3 area are stored in the Main facility supervisor's office in a double lock box. Individual access cards and keys are signed out/in daily to personnel assigned to each area by an area supervisor. The lock box access log is stored inside on the first door of the double lock box and is checked at the end of the day by an area supervisor to ensure that all cards and keys have been returned.
3. Access cards are only to be used by the individual assigned to that card (never shared).
4. All individuals entering ABSL-3 areas containing select agents must sign-in and out of the area on the proper select agent facility access log.
5. Always make sure each secured door that you enter/exit secures before leaving the area.
6. All individuals escorting non DOJ approved individuals into an ABSL-3 area containing select agents must verify the individuals identification, sign the individual in as a visitor (record ID type and #) and stay with the individual at all times when in the ABSL-3 select agent area.
7. The University Police Department (UPD) must be notified before transporting Select Agents on public roadways so that a police escort can be provided. **Note: many of the roads on campus are considered to be public roadways.**

**LARR ABSL-3 Animal Inventory Control Procedures:****Guinea Pig/Rabbit**

Each animal will be individually housed in the ABSL-3 and identified with a CMP generated cage card and USDA number (when applicable). Each animal transferred into the ABSL-3 will be recorded on a log to include CMP cage card number, Identification number assigned by the PI and date transferred to the ABSL-3. When animals are euthanized or die, that date will be recorded in the log corresponding with the animal's ID. This log will be kept in the \_\_\_\_\_ Main Supervisors office. A physical animal census will be taken and recorded daily for each animal room. All animal inventories will be reconciled the first of each month to verify inventory counts are accurate. These counts will be shared with the Primary investigator

**Mouse/Rat**

A record of the number of animals (with the cage card numbers and number of animals per cage) will be recorded in an animal inventory control log book for each PI, Specie, Select Agent, and AUP. The number of animals in each cage will be recorded on the cage card in the lower left hand corner. Any addition or deletion of animal(s) from that cage will need to be recorded on the cage card by crossing out the previous number and writing the correct number to the right of the previous. The addition/deletion will need to be recorded (along with an explanation of the activity)

on the Animal Inventory Control Log located behind the posted room log. A visual animal census will be taken and recorded daily for each room. The number of animals in each cage will be physically counted and verified against the cage card during each cage change. All animal inventories will be reconciled the first of each month to verify inventory counts are accurate. These counts will be shared with the Primary investigator

**Storage of SBAT infected Animal Carcasses:**

SBAT Freezer storage space is provided and will be coordinated by the Main Supervisor. The freezer is kept locked (when not in use) and will only be accessed by trained SBAT approved CMP personnel. Investigators will leave animal carcasses (bagged) in their animal rooms and CMP personnel will remove the carcasses and place them into the SBAT freezer daily. An SBAT freezer inventory log will be in place to record all SBAT carcasses entering the freezer. **Storage of actual agents is not permitted in the facility ABSL-3 area**



# **APPENDIX “G”**

## **Agent Access Log**

**Document to  
be provided  
by PI.**

# **APPENDIX “H”**

**Standard Operating Procedures  
Shipping, Receiving and Transferring Select  
Agents**

**Document to  
be provided  
by PI.**

# CONFIDENTIAL

## SECURITY PLAN

### TEXAS A&M UNIVERSITY FACILITIES AND RESEARCH LABORATORIES WITH SELECT AGENTS

ABSL3 (

Dr. Thomas Ficht

January 11, 2006

The Department of Health and Human Services (HHS) has issued a final rule regarding possession, use, and transfer of Select Agents and toxins (42 CFR Part 73). The final rule implements provisions of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and is designed to protect public health and safety.

42 CFR 73 requires that an individual or entity required to register, must develop and implement a written security plan. The security plan must be sufficient to safeguard the Select Agent or toxin against unauthorized access, theft, loss, or release. The plan must be designed according to a site-specific risk assessment and must provide graded protection in accordance with the risk of the Select Agent or toxin.

All DOJ Authorized Persons accessing areas with Select Agents or visiting facilities with Select Agents will adhere to the safety and security standards set forth in this plan so as to ensure that the requirements of Title 42, CFR, Part 73 are met. Additionally, all DOJ Authorized Persons will complete the required training and certifications prior to entering areas with Select Agents. Each individual with DOJ authorized access to a Select Agent will be familiar with security and emergency procedures. Their knowledge and understanding will be documented.

All DOJ Authorized Persons must understand and comply with the security procedures. Each individual with access to a Select Agent will adhere to this plan to minimize opportunities for accidental or intentional unauthorized removal of any Select Agent.

This security plan will be reviewed at least annually and revised as necessary to ensure that it is adequate for current conditions and consistent with other facility-wide policies and procedures.

Drills or exercises will be conducted at least annually to test and evaluate the effectiveness of this security plan. This plan will be reviewed and revised, as necessary, after any drill or exercise and after any incident.

This security plan includes eight major components as follows:

- a) Physical Security;
- b) Information Systems Control;
- c) Personnel Security;
- d) Access Control;



- e) Inventory Control;
- f) Shipping, Receiving, & Transferring Select Agents;
- g) Incident Reporting & Breaches in Security; and
- h) Emergency Response Plan.

***Note: Any deviations to the above approved plans must be requested in writing by the Principal Investigator and approved in advance by the Responsible Official or his designated Alternate Responsible Official.***

A. Physical Security:

The physical security systems have been tailored to address site-specific characteristics and requirements, ongoing programs, operational needs, and to achieve acceptable protection levels using current technology. Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**, attached hereto and made a part hereof.

- Each BSL-3 laboratory shall post entry requirement procedures. All visitors shall follow the facilities entry requirements.
- Before entering the laboratories, check the reading of the room pressure monitor. Do not enter the laboratory if the monitor shows a red light. Contact the laboratory director immediately. Laboratory personnel must verify that the direction of the airflow is going into the BSL-3 laboratory. Read and follow all entry procedures. Biohazard door signs, entry requirements and procedures must be posted.
- Entry into the facility is restricted to DOJ Authorized Personnel. All persons entering the BSL-3 facility must be advised of the potential biohazards and informed of laboratory procedures.
- Keep facility and laboratory doors closed at all times to prevent unauthorized entry. Establish procedures for securing the laboratory, room, or area when approved individuals are not present (e.g., card access system, key pads, locks, etc.).
- DOJ Authorized Persons are always required to swipe their ID card when entering and leaving the suite, even if the door has already been opened by another user. DOJ Authorized Persons are also responsible for making sure that non-authorized persons do not enter the laboratory after an authorized person has opened the door with a card key. **SHARING OF CARD ACCESS AND/OR ENTRY CONTROLS BY ANY INDIVIDUAL IS NOT PERMITTED.**
- Access to BSL 3 labs to those who do not have written authorization to enter the suite is not permitted. Visitors must sign in and out in the lab log book and must be escorted at all times by an authorized individual. DOJ Authorized Persons must maintain visual contact with the Visitor(s) at all times. At no point, may a Visitor(s) be left unattended while in secured areas or laboratories containing Select Agents. Visitors who are not United States citizens are required to have written authorization before entering labs. (See **Appendix "B"** for deemed export requirements.)

- Proper training of all staff (including students) that use the BSL3 suite will be provided by the Comparative Medicine Training Program under the guidance of Dr. Thomas Ficht.
- Laboratories, facilities, and storage equipment (refrigerators, freezers, cabinets, incubators, and other containers) that contain a Select Agent need to be separate from the public areas of the buildings.
- Select Agents and toxins requiring freezers, refrigerators, cabinets, and other containers where they are stored will be secured against unauthorized access (e.g., card access system, lock boxes, etc.).
- Laboratories, storage areas, and equipment will be locked when the Select Agents are not in direct view of authorized staff.
- Protocols for changing access numbers or locks following staff changes are included in **Appendix "A"**.
- Emergency contact signs will be placed on facility and laboratory doors, including 24-hour contact numbers. Emergency contact signs include the names and contact information such as work telephone and alternate telephone numbers of the Principal Investigator, Biosafety Officer, and the person(s) responsible for the building or facility. Also, included are telephone numbers for the University Police Department and College Station Fire Department. (Emergency contact information is found in **Appendix "C"**.)

B. Information Systems Control:

The facility will systematically integrate cyber security into management and work practices at all levels so that missions are accomplished while protecting electronic information and electronic information systems. This is to be accomplished through effective integration of cyber security management into all facets of work planning and execution. The overall management of cyber security functions and activities will become an integral part of mission accomplishment. If sensitive electronic data are present in the facility or laboratory, information technology specialists should assess the security of hardware and software products in addition to the security of local area networks. Hard copies of security sensitive records (e.g., inventory records, etc.) will be properly secured and accessed only by individuals with authorized access approval. Information Services will be used as a resource for data security.

C. Personnel Security:

Only DOJ Authorized Persons will have access to Select Agents. These policies are required for compliance with the HHS/CDC and USDA regulations for Select Agents. Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**.

- All visitors shall be escorted in the BSL-3 facility by a DOJ Authorized Person. Visitors must sign in and out in the Facility Access Log, an example of which is attached as **Appendix "D"**. DOJ Authorized Persons must maintain visual contact with the Visitor(s) at

all times. At no point, may a Visitor(s) be left unattended while in secured areas or laboratories containing Select Agents.

- DOJ Authorized Persons will receive laboratory safety and security training when initial DOJ Select Agent access approval is granted; annually thereafter and when new requirements are implemented. Visitors will receive laboratory safety and security training prior to the first entry to a secured area or laboratory containing Select Agents; annually thereafter and when new requirements are implemented. Additionally, as the Principal Investigator, I will mentor and assess scientific/lab skills with persons working within their labs on an ongoing basis. All training should be documented on the Security and Safety Training Certificate, an example of which is attached as **Appendix "E"**.
- All other individuals, including maintenance workers and visitors, understand security requirements will be trained and equipped to follow established procedures.
- Below is a Description of the minimum education and experience criteria for DOJ Authorized Persons with access to Select Agents or toxins, physical security, and cyber security.

Access to animals used in SBAT projects requires a high school degree, six months experience in laboratory animal care, and successful completion of ABSL3 training program for entry/exiting procedures and personnel protective equipment requirements.

- All DOJ Authorized Persons will be known to facility and laboratory personnel.
- All DOJ Authorized Persons approved for access to Select Agents (including students) will wear a visible identification badge that includes, at a minimum, a photograph, the wearer's name, and an expiration date.
- Visitors should be issued an identification badge including their name and an expiration date.
- Visitors will be escorted at all times when in an area where Select Agents are present.
- Police, fire, and other emergency responders will be informed as to the types of biological materials that are in use in the laboratory areas.
- Security procedures will be reviewed whenever an incident occurs or a new threat is identified.
- Procedures for reporting and removing unauthorized persons are described in the attached **Appendix "A"**.
- Suspicious or unexplained behavior will be reported immediately to the University Police Department (emergency 9-911; non-emergency 845-2345) and Responsible Official or designee as described in **Appendix "A"**.

D. Access Control:

Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**, attached hereto and made a part hereof.

- Provisions that allow unescorted access only to DOJ Authorized Persons who are performing a specifically authorized function during hours required to perform the defined job.
- Only DOJ Authorized workers or students required to perform a job should be allowed in a facility or laboratory and animal housing areas at hours required to perform their particular job.
- Allow individuals not approved for access from the HHS Secretary or Administrator to conduct routine cleaning, maintenance, repairs, and other activities not related to Select Agents or toxins only when continually escorted and monitored by approved individuals. Access for routine cleaning, maintenance, and repairs should be limited to hours when DOJ Authorized Persons are present. DOJ Authorized Persons must maintain visual contact with the visitor(s) at all times. At no point, may a visitor(s) be left unattended while in secured areas or laboratories containing Select Agents.
- Maintain a logbook to record entries of all visitors, maintenance workers, repairmen, and others needing one-time or occasional entry into an area where Select Agents are present. The means of identification should include a current valid picture driver's license or state identification card or passport. This information should be documented on the Facility Access Log, an example of which is attached as **Appendix "D"**.
- Provide provisions for the control of access to containers where Select Agents and toxins are stored by requiring freezers, refrigerators, cabinets, and other containers where stocks of Select Agents and toxins are stored to be locked (e.g., card access system, lock boxes) when they are not in the direct view of a DOJ Authorized Person, and by using other monitoring measures as needed. Access control to areas where Select Agents are present could include card access (preferred), combination keypad, use of lock boxes to secure materials, video surveillance cameras, etc. A protocol for periodically changing combination keypad access numbers should be developed.
- Maintain a current list of authorized persons who possess door keys or those who have knowledge regarding the keypad access numbers or the security entry system.
- Each DOJ Authorized Person is prohibited from sharing with any other person their unique means of accessing a Select Agent or toxin (e.g., keycards or passwords).
- Procedures for loss or compromise of keys, passwords, combinations, change of authorization, reassignment of personnel, or staff changes are described in **Appendix "A"**.

E. Inventory Control:

The Responsible Official and/or Responsible Official's designee will maintain records created in pursuance to Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121 and will implement a system to ensure that such records are accurate and that the authenticity of records may be verified. Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "F"**, attached hereto and made a part hereof.

Records will be maintained for a period of three (3) years in accordance with Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121.

- Access to Select Agent inventory will be limited to the Principal Investigator and a designated alternate. Both the Principal Investigator and the designated alternate must be a DOJ Authorized Person. An Authorized Person will then record removal, placement and/or access data into the inventory record in accordance with Title 42, CFR, Part 73, Title 7, CFR Part 331 and Title 9, CFR, Part 121. The Principal Investigator and/or the designated alternate will maintain and document the current and accurate inventory of each Select Agent held on the Agent Verification Log, an example of which is attached as **Appendix "G"**, which shall be secured at all times and viewed only by DOJ approved personnel.
- Provide provisions and procedures for the termination of the use of a Select Agent or toxin.

F. Shipping, Receiving, & Transferring Select Agents:

All shipping, receiving, transfers (internal & external) of Select Agents will meet the provisions set forth in HHS 42 CFR Part 72 and Part 73. If the Select Agent is also registered with USDA, reference "USDA Security Policies and Procedures for Biosafety Level-3 Facilities." Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "H"**, attached hereto and made a part hereof.

- Note: Shipments must be packed by a DOT/IATA trained and certified person. Environmental Health and Safety Department (EHS, 845-2132) will be contacted for assistance before arranging shipments in or out of campus.

Only persons trained and certified for dangerous goods shipping will pack or ship infectious materials. Certificates of completion of DOT/IATA training must be made available upon request.

Infectious substances affecting humans and animals will be stored in locked freezers. The agents will be packaged for shipment according to DOT/IATA regulations and shipped by freight handlers under supervision of their dangerous goods specialists and under computerized shipping surveillance.

- EHS, with the assistance of the University Police Department (UPD), will inspect all suspicious packages before they are brought into or removed from the area where Select Agents or toxins are used or stored. The recipient or receiving facility should be known to the sender. All unexpected or suspicious packages will be inspected by visual or noninvasive techniques before they are brought into, or removed from, the area where Select Agents or toxins are used or stored. Guidelines for recognizing suspicious packages have been provided by the U.S. Postal Service and can be found at: [http://www.usps.com/news/2001/press/pr01\\_1010tips.htm](http://www.usps.com/news/2001/press/pr01_1010tips.htm). If unexpected or suspicious Packages are received, then the sender should be contacted to verify that the package is legitimate. If any individual observes suspicious packages being transported out of the laboratory (for example, packages that have an unusual weight or size), then they should immediately notify UPD and wait for an officer to respond.

- All intra-facility transfers or external shipments (send/receive) of Select Agents must be documented and reported to the Responsible Official or designee (Environmental Health and Safety Department, 845-2132). Transfers will remain under the supervision of a DOJ Authorized Person, including chain-of-custody documents and will remain in the possession of the Authorized person in order to safeguard against theft, loss, or release.
- The DOJ authorized person will inspect all packages upon entry to and exit from the area. All packages will be screened (visual and/or x-ray) before being brought into the laboratory area.
- The following protocol will be used for shipment of all select agents:
  - Principal Investigator requests a shipment of a Select Agent.
  - Principal Investigator informs EH&S of request for transfer of Select Agent.
  - EH&S confirms that Principal Investigator has Institutional Biosafety Committee approvals in place and is listed on the University's registration for the Select Agent.
  - The requesting Principal Investigator will complete blocks 1 and 2 of the EA-101 form and submit them to the RO/ARO signs the request.
  - The EA- 101 will be faxed to the sender.
  - The sender should complete section 3 and 4 and faxe the EA101 to CDC.
  - After the CDC faxes the approved EA101 to both sender and receiver the EH&S will contact the transferring (RO) and Principal Investigator to verify shipping date and confirm shipping address.
  - EH&S will notify the Principal Investigator of shipment arrival and arranges transfer of package to user laboratory.
  - Packages will be opened in the laboratory in the presence of EH&S.

**EHS and laboratory staff to validate contents of shipment against EA-101 form.**

- EA101 is dated (Block 4: Date agent received) and signed by EH&S staff to confirm volume and number of vials shipped against EA-101.
- A copy of the completed EA-101 form is faxed to CDC Select Agent Program and to the transferring RO and Principal Investigator.
- Destruction of Select Agent is recorded on the EA-101 and is faxed to CDC.
- Hardcopy of file is retained in archive files for a minimum of 3 years.

**Principal Investigator sends a Select Agent out:**

- Principal Investigator will receive an EA101 request for Select Agent.
- Principal Investigator will contact EH&S regarding request for shipment of a Select Agent.
- Principal Investigator and the RO/ARO will complete block 3 and faxe the EA101 to CDC Select Agent Program for approval.
- EHS receives approved EA101 and contacts Principal Investigator to set packing and shipping date.
- EH&S oversees packing of shipment verifying information in section 4 of the EA101 (volume, number of vials) packed for shipment.
- Tracking number for the shipment is provided in section 4.
- Completed package for shipment remains in the control of the P.I. in a secured location until arrival of courier. Package is handled directly to the courier.

- A copy of the Dangerous Goods manifest and air bill is maintained by EH&S.
- EHS/Principal Investigator notifies the receiving institution that the package has been shipped.

G. Incident Reporting and Breaches in Security:

Standard Operating Procedures establishing the following requirements, at minimum, have been included in **Appendix "A"**, attached hereto and made a part hereof.

- The University Police Department, the Responsible Official or designee, and Environmental Health and Safety will be notified in the event of:
  - 1) Any loss or compromise of keys, passwords, combinations, etc.;
  - 2) Any suspicious persons or activities;
  - 3) Suspicious packages;
  - 4) Any loss or theft of Select Agents or toxins;
  - 5) Missing chemicals;
  - 6) Any release of Select Agents or toxins;
  - 7) Any sign that inventory and use records of Select Agents or toxins have been altered or otherwise compromised;
  - 8) Cyber security breach;
  - 9) Non-biological incident such as violence against person;
  - 10) Unusual or threatening phone calls;
  - 11) Undocumented visitors;
  - 12) Severe weather and natural disasters.
- Upon discovery of a theft or loss of a Select Agent or toxin, an individual or entity must immediately notify CDC or APHIS and appropriate Federal, State, or local law enforcement agencies. Thefts or losses must be reported even if the Select Agent or toxin is subsequently recovered or the responsible parties are identified. (42 CFR 73.19)
- Establish procedures for removing unauthorized or suspicious persons.

H. Emergency Response Plan:

Develop and implement an emergency response plan. The emergency response plan must be coordinated with any entity-wide plans. The plan must address such events as bomb threats, severe weather (hurricanes, floods), earthquakes, power outages, and other natural disasters or emergencies. Reference: [http://finance.tamu.edu/ehsd/resources/gensafety/Emergency\\_Ref.asp](http://finance.tamu.edu/ehsd/resources/gensafety/Emergency_Ref.asp)

Involve facility administrators, laboratory directors, principal investigators, laboratory workers, facility safety office, and facility law enforcement officials in emergency planning.

- Police, fire, and other emergency responders should be informed as to the types of biological materials that are in use in the laboratory areas.
- Police, fire, and other emergency responders should assist in planning their responses to emergencies in the laboratory areas.

- The emergency response plan includes provisions for immediate notification of (and response by) laboratory directors, laboratory workers, safety office personnel, or other knowledgeable individuals when an emergency occurs.
- The emergency response plan must address the following:
  - 1) The hazards associated with the use of the Select Agents and toxins;
  - 2) Any hazards associated with response actions that could lead to a spread of a Select Agent or toxin;
  - 3) Planning and coordination with outside parties;
  - 4) Personnel roles, lines of authority, training, and communication;
  - 5) Emergency recognition and prevention;
  - 6) Safe distances and places of refuge;
  - 7) Site security and control;
  - 8) Evacuation routes and procedures;
  - 9) Decontamination;
  - 10) Personal protective and emergency equipment; and
  - 11) Special procedures needed to address the hazards of specific agents.

Emergency medical treatment and first aid, Emergency alerting and response procedures are attached in **Appendix "C"**.

Critique of response and follow-up will occur after each emergency drill and/or identified emergency.

- Consideration for circumstances that might require the emergency relocation of Select Agents to another secure location.

In the event that a Select Agent has to be relocated, the following PI or institution will be contacted and with CDC approval and EHS assistance, will be moved using proper transport/shipping requirements.

**Dr. Thomas Ficht**