



**Texas Department of State Health Services**

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78758-3194  
(512) 458-7318

LABORATORY SERVICES SECTION  
CLIA #45D0680644

**CONFIDENTIAL LABORATORY REPORT**

Submitter copy to:

• Page 2 of 2•  
Date: 6/20/2007

SCOTT AND WHITE CLINIC-02180184  
1600 UNIVERSITY DRIVE  
attn: Jack Crouch  
COLLEGE STATION, TX 77840

Spec #:  
Subm #:  
Lab: MEDICAL SEROLOGY  
Tel #: (512)458-7578

\_\_\_\_\_  
Patient Address:

Patient \_\_\_\_\_

DOB: 10/26/1972

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.  
Director, Laboratory Services Section  
CLIA License Number 45D0680644  
[www.dshs.state.tx.us/lab](http://www.dshs.state.tx.us/lab)



**REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)**

FORM APPROVED  
OMB NO. 0579-0213  
OMB NO. 0920-0576  
EXP DATE 12/31/2008

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service  
Agricultural Select Agent Program  
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07  
Riverdale, MD 20737  
FAX: 301-734-3652

Centers for Disease Control and Prevention  
Division of Select Agents and Toxins  
1600 Clifton Road NE, Mailstop A-46  
Atlanta, GA 30333  
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES									
1. Entity name: Texas A&M University					2. Entity registration number (if applicable): APHIS#				
3. Entity address (NOT a post office address): 1500 Research Parkway, Suite B150 TAMU 1186					4. City: College Station		5. State:		6. Zip Code: 77843-1186
7. Responsible Official (RO) or facility director First: Richard      MI:      Last: Ewing				8. Telephone: 979 847-9362		9. FAX: 979 862-3176		10. E-mail: araines@vprmail.tamu.ed	
11. RO or facility director address (NOT a post office address): 1500 Research Parkway, Suite B150					12. City: College Station		13. State: TX		14. Zip Code: 77843-1186
15. Type of incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Release			16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC			17. Date of immediate notification: 07/02/2007		18. Type of immediate notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Telephone	
19. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, please provide additional details in an attachment.) (See explanation in Section 2)									

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES				
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)				
27. Date and time of incident: 07/02/2007		28. Date of last inventory:		29. Name of principal investigator for laboratory with select agents and toxins First: N/A      MI:      Last: N/A
30. Location of incident (building and room #): N/A		31. Location of incident (within room (e.g., freezer, incubator)): N/A		32. Biosafety level of laboratory where incident occurred: BSL3
33. Name and telephone number of agencies or local authorities notified: Health Dept. 512 458-7318			34. Symbols or markings on vials (if any):	35. Agent was recovered (theft/loss): <input type="checkbox"/> No <input type="checkbox"/> Yes
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input type="checkbox"/> Called police department (case #) <input checked="" type="checkbox"/> Other (explain): see below				
37. Provide a detailed summary of events (attach additional sheets if necessary): We received baseline titers for 4 people. We now require blood draw before a person can enter a lab. The reports indicated an elevated titer. While we do not believe these represent a release at a Texas A&M facility since none of the individuals have had access to the Coxiella agent, we are submitting the reports for your review. As we continue to investigate the labs, we will provide you with follow up information. While we continue to seek your guidance, we believe using elevated titers as a sole indicator of an occupational exposure is not adequate. Texas A&M has developed a new definition for occupational exposure and will apply it as we are monitoring labs for safety until we get or an abnormal event in which the agent could have been released outside of the primary bio-containment barrier." Titers will still be collected as part of our medical surveillance program. Elevated titers will be investigated and if the investigation determines that an occupational exposure occurred, if there are any concerns regarding Texas A&M's definition, please let us know immediately.				

**SECTION 3 -- IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION**

38. APHIS authorization number from transfer form:		39. CDC authorization number from transfer form:		
40. Name of carrier:		41. Airway bill number/bill of lading number/tracking number:		
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):				
	<b>SENDER INFORMATION</b>		<b>RECIPIENT INFORMATION</b>	
43. Name of person:	a. First:                      MI:                      Last:		b. First:                      MI:                      Last:	
44. Name of entity:	a.		b.	
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:	c. APHIS:	d. CDC:
46. PHS/USDA import permit number:	a. PHS:	b. USDA:	c. PHS:	d. USDA:
47. Date shipped:	a.		b.	
48. Telephone:	a.		b.	
49. FAX:	a.		b.	
50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes		51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain)		
52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes		53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes		

**SECTION 4 -- TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS**

54. Hazards posed by release: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)
55. Exposures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.) 1 employee showed evidence of prior exposure.
56. Area was decontaminated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The chamber is now flushed with a disinfectant rather than using manual cleaning methods. In addition, personnel are now using positive air displacement respirators instead of the N95 face mask.
57. Medical treatment was provided: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The employee had previously been treated by a private physician and is currently being monitored.

**SECTION 2 - TO BE COMPLETED BY ALL ENTITIES**

**LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED**

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/slant)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vial (e.g., 10 <sup>6</sup> pfu/ml)
1	Coxiella burnetii					1 x 10
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 10

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of Respondent: 

Title: ARO, Director of Research Compliance      Typed or printed name of Respondent: Angelia Raines  
 Date: 07/09/2007

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (9220-0576).



# Texas Department of State Health Services

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78758-3194  
(512) 458-7318

LABORATORY SERVICES SECTION  
CLIA #45D0680644

## CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

\* Page 1 of 2\*  
Date: 6/1/2007

SCOTT AND WHITE CLINIC-02180184  
1600 UNIVERSITY DRIVE  
attn: Jack Crouch  
COLLEGE STATION, TX 77840

Spec #: \_\_\_\_\_  
Subm #: \_\_\_\_\_  
Lab: MEDICAL SEROLOGY  
Tel #: (512)458-7578

Patient Address:	Patient	DOB: 12/29/1963
Date Rcvd: 5/23/2007	Test Reas: DIAGNOSIS	
Spec Type: SERUM		

Please fax your NPI to 512.458.7533 by May 23, 2007. Delay in sending the NPI risks reimbursement as well as the reimbursement of your health care partners. Federal Regulation (Health Insurance Portability and Accountability Act of 1996 (HIPAA)) outlines you must share your NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

### Final Results

Specimen Numbers: \_\_\_\_\_  
Date Collected: 5/22/2007  
BRUCELLA AGGLUTINATION (1:40)

An agglutination titer of (1:40 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Q FEVER IFA  
\*\*PHASE I (1:64  
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

(continued)



Texas Department of State Health Services

1100 WEST 49TH STRE  
AUSTIN, TEXAS 78756-3  
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LABORATORY SERVICES SECTION  
CLIA #45D0660644  
CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

\* Page 2 of 2\*  
Date: 6/1/2007

SCOTT AND WHITE CLINIC-02180184  
1600 UNIVERSITY DRIVE  
attn: Jack Crouch  
COLLEGE STATION, TX 77840

Spec #:  
Subm #:  
Lab: MEDICAL SEROLOGY  
Tel #: (512)458-7578

\_\_\_\_\_  
Patient Address: \_\_\_\_\_ Patient \_\_\_\_\_ DOB: 12/29/1963

This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

(( @ FEVER IFA is Reportable to Health Dept ))

Susan U. Neill, Ph.D., M.B.A.  
Director, Laboratory Services Section  
CLIA License Number 45D0660644  
[www.dshs.state.tx.us/lab](http://www.dshs.state.tx.us/lab)

SCOTT & WHITE HOSPITAL AND CLINIC  
DIVISION OF CLINICAL PATHOLOGY

Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ Loc: BCS CLIN  
Age: 43 Sex: M  
DOB: 12/29/1963  
Add: \_\_\_\_\_

FINAL REPORT  
FINAL

Phone: \_\_\_\_\_

PHYSICIAN INFORMATION

Ordered by: WELCH, THOMAS, MD  
Deliver to: WELCH, THOMAS, MD

Order Date&Time: 05/22/2007 14:5  
Print Date&Time: 06/21/2007 06:3  
Lab Order #: A1223548

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
<b>BRUCELLA AGGLUTINATION</b> COLLECTED 05/22/07 14:46				
BRUCELLA AGGLUTINATION	<1:40	<1:40		

ALL ORIGINAL REPORTS OF ABNORMAL RESULTS WILL BE SCANNED INTO SEQUOIA.  
\*


PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
<b>Q-FEVER IFA</b> COLLECTED 05/22/07 14:46				
Q FEVER PHASE I	<1:64			
Q FEVER PHASE II	1:128			

A Q FEVER IFA TITER OF <1:64 IS CONSIDERED TO BE NEGATIVE.

PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

Reviewing Physician: 

SCOTT & WHITE HOSPITAL AND CLINIC  
DIVISION OF CLINICAL PATHOLOGY

Name:  
MRN: 4                      Loc: BCS CLIN  
Age: 53                      Sex: F  
DOB: 08/14/1953  
Add:

FINAL REPORT  
FINAL

Phone: (409)845-0650

PHYSICIAN INFORMATION

Ordered by: WELCH, THOMAS, MD

Deliver to: WELCH, THOMAS, MD

Order Date&Time: 05/15/2007 13  
Print Date&Time: 06/05/2007 06  
Lab Order #: A1153424

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
<b>BRUCELLA AGGLUTINATION</b> COLLECTED 05/15/07 10:10				
BRUCELLA AGGLUTINATION	<1:40	<1:40		

ALL ORIGINAL REPORTS OF ABNORMAL RESULTS WILL BE SCANNED INTO  
SEQUOIA.

\*  
PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
<b>Q-FEVER IFA</b> COLLECTED 05/15/07 10:10				
Q FEVER PHASE I	<1:64			
Q FEVER PHASE II	1:128			

A Q FEVER IFA TITER OF <1:64 IS CONSIDERED TO BE NEGATIVE.  
PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

Reviewing Physician:                     *Th*



SCOTT & WHITE HOSPITAL AND CLINIC  
DIVISION OF CLINICAL PATHOLOGY

Name:  
MRN:  
Age: 23      Sex: M      Loc: BCS CLIN  
DOB: 10/19/1983  
Add:

FINAL REPORT  
FINAL

Phone:

PHYSICIAN INFORMATION

Ordered by: WELCH, THOMAS, MD

Deliver to: WELCH, THOMAS, MD

Order Date&Time: 05/15/2007 13:0  
Print Date&Time: 06/05/2007 06:3  
Lab Order #: A1153401

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
BRUCELLA AGGLUTINATION COLLECTED 05/15/07 10:20				
BRUCELLA AGGLUTINATION	<1:40	<1:40		

ALL ORIGINAL REPORTS OF ABNORMAL RESULTS WILL BE SCANNED INTO  
SEQUOIA.

\*  
PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
Q-FEVER IFA COLLECTED 05/15/07 10:20				
Q FEVER PHASE I	<1:64			
Q FEVER PHASE II	1:128			

A Q FEVER IFA TITER OF <1:64 IS CONSIDERED TO BE NEGATIVE.

PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

Reviewing Physician:     *TH*

SCOTT & WHITE HOSPITAL AND CLINIC  
DIVISION OF CLINICAL PATHOLOGY

Name:  
MRN:  
Age: 31      Sex: M      Loc: BCS CLIN  
DOB: 04/09/1976  
Ad:

FINAL REPORT  
FINAL

Phone:

PHYSICIAN INFORMATION

Ordered by: WELCH, THOMAS, MD  
Deliver to: WELCH, THOMAS, MD

Order Date&Time: 05/15/2007 12:  
Print Date&Time: 06/05/2007 06:  
Lab Order #: A1153389

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
BRUCELLA AGGLUTINATION COLLECTED 05/15/07 11:00				
BRUCELLA AGGLUTINATION	<1:40			
		<1:40		

ALL ORIGINAL REPORTS OF ABNORMAL RESULTS WILL BE SCANNED INTO SEQUOIA.  
\*

PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

REFERENCE LABS

TEST-NAME	RESULTS	AB REF-RANGE	UNITS	SITE
Q-FEVER IFA COLLECTED 05/15/07 11:00				
Q FEVER PHASE I	<1:64			
Q FEVER PHASE II	1:128			

A Q FEVER IFA TITER OF <1:64 IS CONSIDERED TO BE NEGATIVE.

PERFORMED BY  
TEXAS DEPT OF STATE HEALTH SERVICES  
1100 W 49TH ST  
AUSTIN, TX 78756

Reviewing Physician: TW



Office of the Vice President for Research  
Texas A&M University

Office of Research Compliance

Academy for  
Advanced  
Telecommunication  
and Learning  
Technologies

Center for Information  
Assurance and Security

Comparative Medicine Program

Institute for  
Scientific Computation

Integrative Center for  
Homeland Security

Microscopy Imaging Center

National Center for  
Foreign Animal and Zoonotic  
Disease Defense

Office of Distance Education

Office of Graduate Studies

Office of Proposal Development

Office of Sponsored Projects

Professional Development Group

Technology Commercialization  
Center

Texas A&M University  
Research Park



Texas A&M  
University

DSU 1111

1000 Research Blvd, Box 1111

Suite 1111

College Station, Texas 77843

713/847-1111

www.tamu.edu

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July 9, 2007

**Mr. James F. McGee**  
**Centers for Disease Control & Prevention**  
**Division of Select Agents & Toxins**  
**1600 Clifton Rd, NE., Mailstop A46**  
**Atlanta, GA 30333**

**Mr. McGee:**

The attached form-3s represent the most recent reports of elevated titers. As you know, in April, 2007, Texas A&M has been reporting any elevation, while we wait to receive your guidance on the definition of an occupational exposure. We have sent reports on any elevation in titer received from 2006, to date.

Two of the elevated titers we are reporting are follow up to based on previous reports submitted. The titers are now lower for both individuals but are still above the normal ratio.

Since we now require baselines on anyone before entering a laboratory, the other reports represent initial baselines.

While we continue to seek your guidance, we believe using elevated titers as a sole indicator of an occupational exposure is not adequate. For instance, since adopting the new reporting requirement, Texas A&M has notified you of 4 individuals with elevated titers for Q-fever. Two of the four were exposed to the agent prior to coming to Texas A&M and have continued to have elevated titers since. One person previously worked in a veterinary diagnostic lab before joining Texas A&M but had not been exposed to the agent since coming here. The 4th person had an elevated titer but there were no clinical symptoms and we could not determine that there was ever any access to the agent beyond the bio-containment barrier. There was evidence that the person had access to the antigen which although not a select agent, can cause an elevated titer.

Based on this information, Texas A&M has developed a new definition for occupational exposure and will apply it as we are monitoring labs for safety until

July 9, 2007

Page 2

Mr. James F. McGee  
Centers for Disease Control & Prevention

we get guidance from CDC. Occupational exposures are now defined as "clinical symptoms confirmed by laboratory evidence or an abnormal event in which the agent could have been released outside of the primary bio-containment barrier." Titrers will still be collected as part of our medical surveillance program. Elevated titers will be investigated and if the investigation determines that an occupational exposure occurred, we will report the information to you immediately. If there are any concerns regarding Texas A&M's definition, please let us know immediately.

Thank you in advance for your consideration and we look forward to receiving your input.

Sincerely,



Angelia Raines  
ARO/Director, Office of Research Compliance

Cc: Richard Ewing, RO  
Fuller Bazer, ARO  
Brent Mattox, ARO  
SBAT File  
IBC  
SBAT PI/LDs



**REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)**

FORM APPROVED  
OMB NO. 0679-0213  
OMB NO. 0920-0676  
EXP DATE 12/31/2008

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service  
Agricultural Select Agent Program  
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07  
Riverdale, MD 20737  
FAX: 301-734-3652

Centers for Disease Control and Prevention  
Division of Select Agents and Toxins  
1600 Clifton Road NE, Mailstop A-86  
Atlanta, GA 30333  
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES					
1. Entity name: Texas A&M University			2. Entity registration number (if applicable): APHIS# _____ CDC# 200606050489		
3. Entity address (NOT a post office address): 1112 TAMU			4. City: College Station		5. State: TX
7. Responsible Official (RO) or facility director First: Richard Mi: Last: Ewing			8. Telephone: (979) 847-9362		9. FAX: (979) 862-3176
11. RO or facility director address (NOT a post office address): 1112 TAMU			12. City: College Station		13. State: TX
15. Type of incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Release			16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC		14. Zip Code: 77843-1112
18. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please provide additional details in an attachment) (See explanation in Section 2)			17. Date of immediate notification: 04/10/2007		18. Type of immediate notification: <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone
10. E-mail: araines@vprmail.tamu.edu					

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES			
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)			
27. Date and time of incident: 02/09/2006		28. Date of last inventory: 03/12/2007	
29. Name of principal investigator for laboratory with select agents and toxins First: Thomas Mi: A Last: Ficht			
30. Location of incident (building and room #):		31. Location of incident (within room (e.g., freezer, incubator)): Aerosol Chamber	
33. Name and telephone number of agencies or local authorities notified: Health Dept. (512) 456-7318		32. Biosafety level of laboratory where incident occurred: BSL3	
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input type="checkbox"/> Called police department (case #) <input checked="" type="checkbox"/> Other (explain): See below		34. Symbols or markings on vials (if any):	
35. Agent was recovered (theft/loss): <input type="checkbox"/> No <input type="checkbox"/> Yes			
37. Provide a detailed summary of events (attach additional sheets if necessary): Several months ago, one of our laboratory employees had an elevated titer (1:160) for Brucella. The lab report stated "...evidence of prior exposure", but "it does not confirm that the exposure was recent." While the exact cause is not known, the exposure could have occurred on 02/09/2006, and would have been the result of improper decontamination procedures. Specifically, the employee may have reached into an aerosol chamber after a run. The chamber was located within the BSL3 lab. The laboratory's Bio-safety plan has since been updated and all lab personnel have been retrained. All other lab personnel have also been tested and found to be negative. The incident occurred during the time we were transitioning CDC compliance responsibilities within our organizational structure. This information should have been immediately reported to the CDC, but it was not. We now have a process in place to ensure notification of a loss, theft or release and we are auditing all records to ensure all incidents have been properly reported.			

**SECTION 3 - IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION**

38. APHIS authorization number from transfer form:		39. CDC authorization number from transfer form:				
40. Name of carrier:		41. Airway bill number/bill of lading number/tracking number:				
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):						
	<b>SENDER INFORMATION</b>		<b>RECIPIENT INFORMATION</b>			
43. Name of person:	a. First:	MI:	Last:	b. First:	MI:	Last:
44. Name of entity:	a.			b.		
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:		c. APHIS:	d. CDC:	
46. PHS/USDA import permit number:	a. PHS:	b. USDA:		c. PHS:	d. USDA:	
47. Date shipped:	a.			b.		
48. Telephone:	a.			b.		
49. FAX:	a.			b.		
50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes			51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain)			
52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes			53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes			

**SECTION 4 - TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS**


54. Hazards posed by release: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)
55. Exposures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.) 1 employee showed evidence of prior exposure
56. Area was decontaminated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The aerosol chamber is now flushed with a disinfectant rather than using manual cleaning methods. In addition, personnel are now using positive air displacement respirators instead of the N95 face mask.
57. Medical treatment was provided: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The employee had previously been treated by a private physician and is currently being monitored.

**SECTION 2 - TO BE COMPLETED BY ALL ENTITIES**

**LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED**

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/solvent)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vol (e.g., 10 <sup>9</sup> pfu/ml)
1 <i>Brucella melitensis</i>						1x10 <sup>9</sup> cfu/ml
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 10

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of Respondent:  Typed or printed name of Respondent: Angela Raines

Title: ARO, Director of Research Compliance Date: 04/11/2007

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (9920-0576).

**Subject:** FW: Workmen's Compensation

**Date:** Friday, April 21, 2006 1:27 PM

**From:** Tom Ficht <tficht@cvm.tamu.edu>

**To:** "Mattox, Brent S" bsmattox@tamu.edu, Angelia Raines ARaines@vprmail.tamu.edu, Tiffany Agnew tmagnew@tamu.edu

**Cc:** "L. Garry Adams" gadams@cvm.tamu.edu, "David N. McMurray" mcmurray@medicine.tamhsc.edu, njones@medicine.tamhsc.edu, More...

**Conversation:** Workmen's Compensation

Brent

I wanted to let you know that [redacted] has been diagnosed with brucellosis. [redacted] apparently contracted the disease during an experimental challenge at LARR (CMP) on the ninth of February 2006. At that time [redacted] along with Dr. McMurray were training us in the use of the Madison chamber for aerosol inoculations.

[redacted] has been home sick for several weeks being treated by [redacted] personal physician and was only recently diagnosed. I heard about this last week (Mon or Tues) and instructed other personnel present at that challenge to have an immediate blood draw for testing. The results should be available in another week or two.

We do not know the exact cause of [redacted] exposure, although we assume it may have occurred as a result of cleaning out the Madison chamber after an aerosol run. In the future we plan to flush the chamber with disinfectant rather than using manual cleaning methods. The chamber will be wiped out after running disinfectant through the chamber, but this will involve the use of a long-handled applicator or mop. In addition, we will not rely on the use of N95 face masks and will instead use positive air displacement respirators.

In the initial aerosol trials we relied on the experience of the TB researchers for the level of precaution typically employed in such experiments. It is suspected that a conjunctival route of infection is responsible for [redacted] infection, perhaps as a result of manually cleaning the Madison chamber. It is my fault for not recognizing the differences between Brucella and Mycobacteria in regard to routes of infection.

An isolation was made from a blood culture by [redacted] physician and sent to TDH for confirmation. It would be helpful if EHSD could requested a sample of this isolate for culture confirmation here.



Thomas A. Ficht, Ph.D.  
Professor  
Veterinary Pathobiology  
Texas A&M University  
4467 TAMU  
College Station, TX 77843-4467  
979-845-4118 ph  
979-862-1088 fax

**Subject:** Re: <no subject>  
**Date:** Monday, April 24, 2006 4:56 PM  
**From:** Tom Ficht <tficht@cvm.tamu.edu>  
**To:** "Mattox, Brent S" bsmattox@tamu.edu  
**Cc:**  
**Conversation:** <no subject>

Oddly, they asked me to find out about Dr. Ding's number.

I will ask \_\_\_\_\_ if we can get this info through \_\_\_\_\_ I was considering asking \_\_\_\_\_ to take part in our blood testing program which we were going to schedule in May. Unless you think we need it sooner.

On 4/24/06 4:03 PM, "Mattox, Brent S" <bsmattox@tamu.edu> wrote:

- > By the way, I heard from Scott & White today: all titers were negative. I do
- > need a copy of the Lab results on \_\_\_\_\_ though. I can go the
- > long route or would prefer getting a copy through \_\_\_\_\_ possible. Did
- > you have \_\_\_\_\_ retested at S&W?
- >
- > As to the Ding subject, I don't understand why you had to contact Virginia
- > Tech instead of our illustrious Office of Compliance. Isn't that their job?
- >
- > Brent
- >
- > -----Original Message-----
- > From: Tom Ficht [mailto:tficht@cvm.tamu.edu]
- > Sent: Monday, April 24, 2006 1:51 PM
- > To: Charlotte Waggoner
- > Cc: Raines, Angelia; Tiffany Agnew; Mattox, Brent S
- > Subject: Re: <no subject>
- >
- > Thanks. CDC's approval process doesn't seem to be getting any faster. I will
- > pass this on to my compliance office.
- >
- > Taf
- >
- >
- >
- >
- > On 4/24/06 1:09 PM, "Charlotte Waggoner" <ren@vt.edu> wrote:
- >
- >> Hi Dr. Ficht...
- >>
- >> Xicheng's DOJ ID number at Virginia Tech was \_\_\_\_\_ Hope this helps...
- >>

>> At 10:53 AM 4/24/2006, you wrote:

>>> Dear Ms. Waggoner

>>>

>>> We are aware of the need to renew Dr. Ding's CDC approval. We were

>>> asked by our compliance office to obtain his previous number to

>>> expedite this request.

>>>

>>> If you prefer I will ask that the compliance office contact you

>>> directly for this info.

>>>

>>>

>>> Charlotte M. Waggoner, RBP

>>> University Biosafety Officer/Responsible Official Environmental,

>>> Health and Safety Services (MS 0423) Virginia Tech

>>> 459 Tech Center Drive

>>> Blacksburg, Virginia 24061

>>> <http://www.ehss.vt.edu/>

>>>

>>> [ren@vt.edu](mailto:ren@vt.edu)

>>> (540) 231-5864

>>> (540) 231-3944 FAX

>>>

>>>

>>>

>>>

>>> Sincerely,

>>>

>>> Thomas A. Ficht, Ph.D.

>>> Professor

>>> Veterinary Pathobiology

>>> Texas A&M University

>>> 4467 TAMU

>>> College Station, TX 77843-4467

>>> 979-845-4118 ph

>>> 979-862-1088 fax

>>

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979-862-1088 fax

**Subject:** Re: <no subject>  
**Date:** Tuesday, April 25, 2006 11:46 AM  
**From:** Tom Ficht <tficht@cvm.tamu.edu>  
**To:**  
**Conversation:** <no subject>

I have not heard back from Brent and I think anything will work. But according to the select agent guidelines we are required to report any laboratory exposures to the CDC. So I guess he will need to have some record. I do not know how this impacts on your personal files??? Since this has been done through a personal physician you may be within your rights to deny any of these requests. Having said that I don't know either way how this would impact me or the university, but that should not be your concern.

I guess as PI I can't help but be involved, but it does seem like something that is best handled between you and Brent Mattox (as representative of EHSD).

I am glad to help (as a non-physician), and would like to suggest that you take part in our blood testing so that we can carefully watch your titer. Perhaps you could ask your personal doctor his thoughts?

Another thought is for you to go to Scott and White and get a blood draw immediately (desk E is Occupational Health) . I can meet you there if you like.

tom

On 4/25/06 11:30 AM,  
wrote:

Tom,

All I have is a preliminary report on the blood cultures done at St. Joseph's as well as the earlier report from CPL on the first blood culture. Serology was never done on me. Is this what Brent needs to see? I can copy both sheets and campus mail them to you tomorrow as I don't have them here at work.

>>> Tom Ficht <tficht@cvm.tamu.edu> 04/24/06 4:56 PM >>>  
Oddly, they asked me to find out about Dr. Ding's number.

I will ask if we can get this info through I was considering

asking to take part in our blood testing program which we were going to schedule in May. Unless you think we need it sooner.

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- > you have \_\_\_\_\_ retested at S&W?
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- > Brent
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- > -----Original Message-----
- > From: Tom Ficht [mailto:tficht@cvm.tamu.edu]
- > Sent: Monday, April 24, 2006 1:51 PM
- > To: Charlotte Waggoner
- > Cc: Raines, Angelia; Tiffany Agnew; Mattox, Brent S
- > Subject: Re: <no subject>
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- >>> asked by our compliance office to obtain his previous number to

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**Subject:** FW: Prophylaxis for Lab exposure to Brucella

**Date:** Tuesday, September 19, 2006 10:21 AM

**From:** Tom Ficht <tficht@cvm.tamu.edu>

**To:** ZakirShaikh@mhd.com

**Conversation:** Prophylaxis for Lab exposure to Brucella

Dear Dr. Shaikh

Here are some references containing new approaches that were used in conjunction with oral doxycyclin+rifampin to treat a recent exposure here.

Sincerely,

Thomas A. Ficht, Ph.D.  
Professor  
Veterinary Pathobiology  
Texas A&M University  
4467 TAMU  
College Station, TX 77843-4467  
979-845-4118 ph  
979-862-1088 fax

----- Forwarded Message

**From:**

**Date:** Tue, 19 Sep 2006 09:23:05 -0500

**To:** Tom Ficht <TFICHT@cvm.tamu.edu>

**Subject:** Re: FW: Prophylaxis for Lab exposure to Brucella

Hi Tom,

This is the reference and I both happened to find; ironically, it appeared in print on my first day of treatment. Anyway, he actually deviated from this protocol because I received the gentamicin IV for 7 days, not IM, as this regimen suggests. PLUS I also took a combination of oral rifampin AND doxycycline for a 45 day period. I can't imagine any organisms surviving that!

Take care,

p.s. we've added some dates to our BSL3 calendar for this Fall, but I think we can still easily accommodate your group's needs.

**Clin Infect Dis.** <javascript:AL\_get(this, 'jour', 'Clin Infect Dis. ');> 2006 Apr 15;42(8):1075-80. Epub 2006 Mar 13.  
**Efficacy of gentamicin plus doxycycline versus**

## streptomycin plus doxycycline in the treatment of brucellosis in humans.

- **Hasanjani Roushan MR** <[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed\\_AbstractPlus&term=%22Hasanjani+Roushan+MR%22%5BAuthor%5D](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed_AbstractPlus&term=%22Hasanjani+Roushan+MR%22%5BAuthor%5D)> ,
- **Mohraz M** <[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed\\_AbstractPlus&term=%22Mohraz+M%22%5BAuthor%5D](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed_AbstractPlus&term=%22Mohraz+M%22%5BAuthor%5D)> ,
- **Hajiahmadi M** <[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed\\_AbstractPlus&term=%22Hajiahmadi+M%22%5BAuthor%5D](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed_AbstractPlus&term=%22Hajiahmadi+M%22%5BAuthor%5D)> ,
- **Ramzani A** <[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed\\_AbstractPlus&term=%22Ramzani+A%22%5BAuthor%5D](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed_AbstractPlus&term=%22Ramzani+A%22%5BAuthor%5D)> ,
- **Valayati AA** <[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed\\_AbstractPlus&term=%22Valayati+AA%22%5BAuthor%5D](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Search&itool=pubmed_AbstractPlus&term=%22Valayati+AA%22%5BAuthor%5D)> .

Department of Infectious Diseases, Yahyanejad Hospital, Babol Medical University, Babol, Iran. hagar2q@yahoo.ca

**BACKGROUND:** In the treatment of human brucellosis, antibiotic regimens containing an aminoglycoside are reportedly associated with fewer relapses. **METHODS:** This prospective, randomized study employed doxycycline (100 mg administered orally twice daily for 45 days) in combination with either streptomycin (1 g administered intramuscularly daily for 14 days; the DS regimen) or gentamicin (5 mg/kg per day administered intramuscularly for 7 days; the DG regimen). Efficacy of treatment was determined by rates of failure or relapse with a follow-up period of 1 year. **RESULTS:** Ninety-seven patients with a mean age (+/- standard deviation [SD]) of 33.74 +/- 15.47 years and 94 patients with the a mean age (+/-SD) of 36.2 +/- 14.14 years were treated with regimens DG and DS, respectively ( $P = .277$ ). The clinical manifestations in both groups of patients were similar with the exception of sweating, which was more common in the DG group ( $P = .04$ ). Three (3.2%) of the patients in the DS group and 3 (3.1%) of patients in the DG group experienced relapse (difference, 0.1%; 95% confidence interval [CI], -4% to 5%;  $P = 1.0$ ). Overall, 7 (7.4%) of the patients in the DS group and 5 (5.2%) of the patients in the DG group experienced failure of therapy or relapse (difference, 2.2%; 95% CI, -4.5% to 8.9%;  $P = .563$ ). The actuarial probability for relapse at 12 months after completion of therapy was 4.3% in the DS group and 2.1% in the DG group (difference, 2.2%; 95% CI, -2.8% to 7.2%). **CONCLUSIONS:** The combination of oral doxycycline for 45 days plus intramuscular gentamicin for 7 days is equally as effective as traditional therapy using doxycycline for 45 days plus streptomycin for 14 days.

PMID: 16575723 [PubMed - indexed for MEDLINE]

>>> Tom Ficht <tficht@cvm.tamu.edu> 09/19/06 8:45 AM >>>

Do you have the reference for the iv gentamycin treatment?

Tom

Thomas A. Ficht, Ph.D.  
Professor  
Veterinary Pathobiology  
Texas A&M University  
4467 TAMU  
College Station, TX 77843-4467  
979-845-4118 ph  
979-862-1088 fax

----- Forwarded Message

**From:** "Shaikh MD, Zakir A" <ZakirShaikh@mhd.com>  
**Date:** Thu, 14 Sep 2006 17:37:55 -0500  
**To:** <Paul.Southern@utsouthwestern.edu>, <Rita.gander@utsouthwestern.edu>, <tficht@cvm.tamu.edu>  
**Conversation:** Prophylaxis for Lab exposure to Brucella  
**Subject:** Prophylaxis for Lab exposure to Brucella

Hi All,

I would like to find out if there are any recent updates in recommendations for prophylaxis of Microbiology personnel with potential exposure to Brucella (as a result of bubbling while performing catalase test from misreading of gram stain as GPC). The exposed personnel has been counseled about lack of data about prophylaxis in this scenario, but has elected for antimicrobial prophylaxis.

I would certainly appreciate any input in this regard.  
Zakir

*Zakir Shaikh, MD, MPH, CPE, FIDSA*

*Hospital Epidemiologist*

*Medical Director, Infection Control*

*Methodist Health System*

*Dallas, TX*

*(214)947-2351*

\*\*\*\*\*

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Texas Department of State Health Services

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3194  
(512) 458-7318

LABORATORY SERVICES SECTION  
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

• Page 1 of 1  
Date: 5/25/2006

SCOTT AND WHITE CLINIC-02180184  
1600 UNIVERSITY DRIVE  
attn: Jack Crouch  
COLLEGE STATION, TX 77840

Spec #:  
Subm #:  
Lab: MEDICAL SEROLOGY  
Tel #: (512)458-7578

Patient

Patient Address:

DOB:

Date Rcvd: 5/18/2006  
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

Date Collected: 5/16/2006

BRUCELLA AGGLUTINATION \*\*1:160

A single Brucella agglutination titer of greater than or equal to 1:160 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing serologic evidence of recent Brucella infection is a fourfold rise in antibody titer between an acute and a convalescent serum.

(( BRUCELLA AGGLUTINATION is Reportable to Health Dept ))

Susan U. Neill, Ph.D., M.B.A.  
Director, Laboratory Services Section  
CLIA License Number 45D0660644  
www.dchs.state.tx.us/lab

***OPERATING PROCEDURES FOR  
THE BIOSAFETY LABORATORY  
SUITE,***

**THOMAS A. FICHT, PROFESSOR AND L. GARRY  
ADAMS, PROFESSOR  
VETERINARY PATHOBIOLOGY**

February 22, 2007

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### Acknowledgements

Biosafety Level 3 is applicable to clinical, diagnostic, teaching, research, or production facilities in which work is done with indigenous or exotic agents that may cause serious or potentially lethal disease as a result of exposure by the inhalation route. Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents.

Personnel wearing appropriate personal protective clothing and equipment conduct all procedures involving the manipulation of infectious materials. Additionally, all procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices. The laboratory has special engineering and design features.

The following standard and special safety practices, equipment and facilities apply to the Biosafety Level 3 Laboratory Suite. Disinfectants used include ethanol, 1% (w/v) Virkon-S and 10% (v/v) commercial bleach. Virkon-S is safe for use on human skin and is as effective as bleach at reducing *Brucella* viability. Ethanol is used for flame sterilization and may be used to clean surfaces, but is much less effective than either Virkon-S or bleach at inactivating *Brucella*.



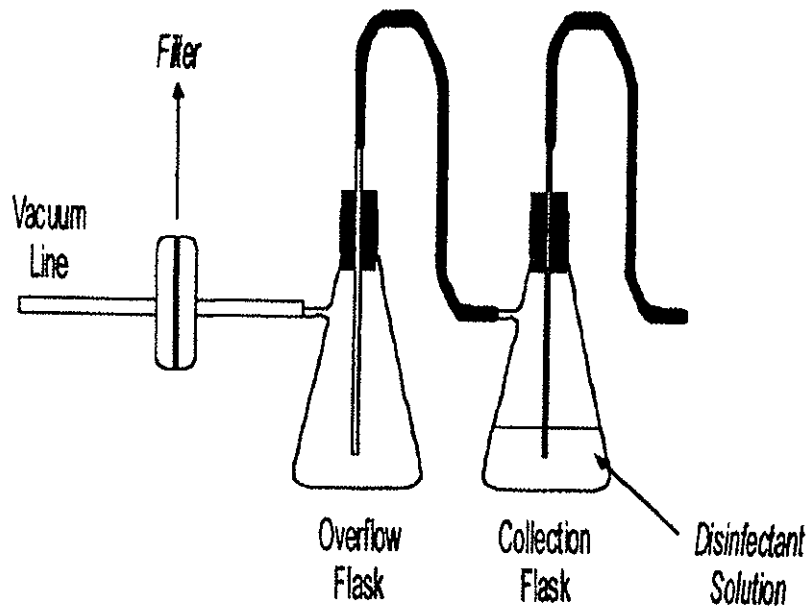


Fig. 1 Safety trap setup for use with in house vacuum line.

3.11 Spill procedures have been posted in

3.12 To use the vacuum lines for aspirating biological fluids, use two large flasks in series with a microbiological filter (0.2 – 0.45  $\mu\text{m}$ ).

3.13 The telephones in the BSL3 suite are for emergency use only, to provide additional safety for you. Remember that you are holding potentially contaminated latex gloves very close to your face, that these gloves are touching the receiver, which is very close to your face and mouth, and that someone else will be using the receiver after you.

13.1 Remove the outer pair of latex exam gloves before picking up the receiver.

13.2 Decontaminate the receiver immediately after every use.

13.3 Do not give the BSL3 phone number to friends. They can leave a message, and you can return their calls when you leave the BSL3 suite. If there is an emergency, laboratory or office staff can transfer the call or come into the BSL3 suite to give you the message.

#### 4. AEROSOL CHALLENGES

4.1 Intrafacility transfer forms are completed and faxed to EHSD before transfer.

4.2 *Brucella* suspensions used for inoculations are prepared and loaded into

- conical tubes in the \_\_\_\_\_ the biological safety cabinets.
- 4.3 Inoculum containing viable organisms is transported from the facility in generalized "triple" packaging (primary receptacle, water tight secondary packaging, durable outer packaging) required for a biological agent of human disease.
    - 3.1 This packaging requires the "Infectious Substance" label on the outside of the package. This packaging must be certified to meet rigorous performance tests as outlined in the DOT, USPS, PHS, and IATA regulations.
    - 3.2 Such samples are transported through the men's or women's locker rooms at the \_\_\_\_\_ / under constant supervision from approved persons.
  - 4.4 At the \_\_\_\_\_ personnel will change from street clothes into appropriate wardrobe
    - 4.1 In the outer locker room, street clothes are removed and scrubs put on.
    - 4.2 In the inner changing room, two pairs of gloves, facemask, tyvek suits and masks (N95 rated 3M 8210 or Tecno1 PFR95) are put on before entry into the main hallway.
  - 4.5 At the \_\_\_\_\_, animals will be transported to \_\_\_\_\_ in microisolyzer cages and removed in the biological safety cabinets and loaded into cages for challenges.
  - 4.6 Madison Chamber preparation and use
    - 6.1 Plug cord from control box into the wall socket. Check the light on the control box. Connect the source of compressed air (e.g., building; tank) through the small flow meter to the nebulizer. Make sure that the compressed air regulator reads at least 30 psig. When the main switch is on, the vacuum pump, fans, and timer should be operating.
    - 6.2 Carefully unscrew the glass jar from the nebulizer and place about 10 ml of challenge suspension in the jar. Attach the jar to the nebulizer unit and adjust the vertical stainless steel tube so that the lower (intake) end is about half an inch below the level of fluid in the jar.
    - 6.3 Load the animal basket into the chamber, being careful to center it so that it doesn't touch the fan blades. Close the door and turn on the main switch, activating the vacuum pump, fans, and timer. Reset the timer to zero.
    - 6.4 Check the main (room) air flow meter (the larger meter on the right). The center of the float (ball) should run about "21".
    - 6.5 Turn on the compressed air and simultaneously start the timer. The air flow rate through the compressed air flow meter should read about 5 psig. Check visually to be certain that the challenge inoculum is being nebulized.
    - 6.6 After exactly 300 seconds (5 min), the compressed air supply to the nebulizer should be shut off and the nebulization process will stop. Flow through the small meter will drop to zero, and visual inspection of the nebulizer will show no

- activity. The timer should continue to run.
- 6.7 After an additional 600 seconds (10 min) or 900 seconds (15 min) total on the timer, turn off the main switch, stopping the vacuum pump, fans, and timer.
  - 6.8 Open the chamber door and remove the animal basket. Remove the glass nebulizer jar, discard the challenge suspension, wash the jar thoroughly, and reload a fresh 10 ml volume of nebulizer suspension. Return to Step 3 above.
  - 6.9 At the end of the infection procedure, spray the inside of the chamber with disinfectant and wipe down very thoroughly. Leave clean nebulizer jar upside down on paper towels on the sideboard to drain and dry.
- 4.7 Nebulizer jars are filled with inoculum under the safety cabinet.
- 7.1 After use, culture will be decanted back into 50 ml conical tubes under the cabinet and saved and transported back to building
  - 7.2 The nebulizer jar is filled with bleach to disinfect. The nebulizer "probe" is dipped in 10% bleach, followed by two dips in sterile water.
- 4.8 Mice are removed from the chamber and placed back into the microisolyzer cages under the biological safety cabinet. Sealed cages are transported back to the room housing the mice.
- 4.9 After animals are removed, tubes are disinfected under the safety cabinet (Clorox bleach wipes, 10% bleach on paper towels, 1% (w/v) virkon on paper towels) before being brought to the sink for washing.
- 4.10 The inside of the chamber is cleaned from front to back with 10% bleach or 1% (w/v) virkon to surface decontaminate the chamber.
- 4.11 The inoculum is returned to \_\_\_\_\_ in approved containers
- 11.1 After thorough decontamination of container containing inoculum, containers are placed inside approved durable (leak-proof) transport container that is then closed, sealed, and disinfected as well.
- 4.12 Personnel remove tyvek suits and place in approved containers to be autoclaved by CMP personnel.
- 12.1 Full-face respirators are surface decontaminated with 70% ethanol.
  - 12.2 Scrubs are removed in inner changing rooms and placed in containers to be autoclaved by CMP personnel. Facemasks and gloves are thrown away.
  - 12.3 Hands are thoroughly washed before entering the outer changing room.
  - 12.4 Street clothes and personal belongings are worn and collected before exiting BL-3 suite.
5. ROUTINE CLEANING AND DECONTAMINATION PROCEDURES
- 5.1 Sharp objects

## Brucella Exposure

According to the personal physician individual tested positive for Brucella and has been under treatment. Actual exposure occurred on 2/9/06, during the cleaning of an aerobacter chamber. Several individuals were present but only <sup>skinned</sup> the unit by climbing partially into the chamber to disinfect it. Follow-up titer 5/16/06 indicated 1:160, satisfactory.

Dr. Ficht was corrected the cleaning procedure to prevent individuals from contacting internal surfaces until disinfectant.

**From:** Angelia Raines  
**To:** Ewing@vprmail.tamu.edu,f-bazer@tamu.edu  
**Date:** 4/10/2007 9:20:57 PM  
**Subject:** Select Agent Exposure

Several months ago, one of our laboratory employees had a slightly elevated titer, which indicated "evidence of prior exposure" to Brucella. The incident occurred during the time we were transitioning CDC compliance responsibilities from the Environmental Health and Safety Department to the Office of Research Compliance (ORC). It should have been immediately reported to the CDC but was not. All reporting responsibilities are now managed by the ORC and we have a process in place to insure immediate notification of a loss, theft or release/exposure. I have contacted CDC about the oversight and I am in the process of submitting the proper incident report to them.

All other lab personnel have since been tested and found to be negative.

In investigating the incident, we found that the exposure most likely occurred because of improper decontamination procedures. Specifically, the employee climbed into an aerosol chamber which was located in the BL3 lab. Following the incident, the laboratory's operating procedures were updated and all lab personnel were retrained.

Please let me know if you need further information regarding this incident.

Thank you,  
Angie

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  
(770) 789-3456 Cell

**CC:** TAgnew@vprmail.tamu.edu

**From:** Angelia Raines  
**To:** Mattox, Brent S  
**Date:** 4/24/2006 3:07:57 PM  
**Subject:** Fwd: FW: Workmen's Compensation

Brent,

Please let me know how you are going to proceed regarding the attached communication. Also, please let me know the outcome of your review of Dr. Samuels materials that I sent you.

Thanks much!

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

**CC:** [ibc@tam.u.edu](mailto:ibc@tam.u.edu); Salsman, John

**From:** Angelia Raines  
**To:** Bazer, Fuller  
**Date:** 4/21/2006 3:40:35 PM  
**Subject:** Fwd: FW: Workmen's Compensation

FYI...

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

**From:** Angelia Raines  
**To:** Ihrig, Melanie  
**Date:** 4/24/2006 3:03:49 PM  
**Subject:** Fwd: FW: Workmen's Compensation

Hi Melanie,

You probably already received the attached, but just in case...

Best,  
Angie

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



**Mattox, Brent S**

---

**From:** Mattox, Brent S  
**Sent:** Monday, April 24, 2006 4:04 PM  
**To:** 'Tom Ficht'  
**Subject:** RE: <no subject>

By the way, I heard from Scott & White today: all titers were negative. I do need a copy of the Lab results on ( getting a copy through if possible. Did you have her retested at S&W? though. I can go the long route or would prefer

As to the Ding subject, I don't understand why you had to contact Virginia Tech instead of our illustrious Office of Compliance. Isn't that their job?

Brent

-----Original Message-----

**From:** Tom Ficht [mailto:tficht@cvm.tamu.edu]  
**Sent:** Monday, April 24, 2006 1:51 PM  
**To:** Charlotte Waggoner  
**Cc:** Raines, Angelia; Tiffany Agnew; Mattox, Brent S  
**Subject:** Re: <no subject>

Thanks. CDC's approval process doesn't seem to be getting any faster. I will pass this on to my compliance office.

Taf

On 4/24/06 1:09 PM, "Charlotte Waggoner" <ren@vt.edu> wrote:

> Hi Dr. Ficht....

>

> Xicheng's DOJ ID number at Virginia Tech was C-XD-012047. Hope this helps...

>

> At 10:53 AM 4/24/2006, you wrote:

>> Dear Ms. Waggoner

>>

>> We are aware of the need to renew Dr. Ding's CDC approval. We were asked by our compliance office to obtain his previous number to expedite this request.

>>

>> If you prefer I will ask that the compliance office contact you directly for this info.

>>

>>

>> Charlotte M. Waggoner, RBP

>> University Biosafety Officer/Responsible Official Environmental,

>> Health and Safety Services (MS 0423) Virginia Tech

>> 459 Tech Center Drive

>> Blacksburg, Virginia 24061

>> <http://www.ehss.vt.edu/>

>>

>> ren@vt.edu

>> (540) 231-5864

>> (540) 231-3944 FAX

>>

>>

>>

>>

>> Sincerely,

>>

>> Thomas A. Ficht, Ph.D.  
>> Professor  
>> Veterinary Pathobiology  
>> Texas A&M University  
>> 4467 TAMU  
>> College Station, TX 77843-4467  
>> 979-845-4118 ph  
>> 979-862-1088 fax

>  
> Charlotte M. Waggoner, RBP  
> University Biosafety Officer/Responsible Official Environmental,  
> Health and Safety Services (MS 0423) Virginia Tech  
> 459 Tech Center Drive  
> Blacksburg, Virginia 24061  
> <http://www.ehss.vt.edu/>

>  
> ren@vt.edu  
> (540) 231-5864  
> (540) 231-3944 FAX

>  
>  
Thomas A. Ficht, Ph.D.  
Professor  
Veterinary Pathobiology  
Texas A&M University  
4467 TAMU  
College Station, TX 77843-4467  
979-845-4118 ph  
979-862-1088 fax

**Shannon Davis - Notification of CDC Site Visit 4/16/07****Page 1**

**From:** Shannon Davis  
**To:** Bazer, Fuller; Browder, Betsy; bsmattox@tamu.edu; ddavis@cvm.tamu.edu; Ewing, Richard; Ficht, Thomas; gadams@cvm.tamu.edu; mihrig@tamu.edu; Samuel, James; Tesh, Vernon  
**Date:** 4/13/2007 2:01:09 PM  
**Subject:** Notification of CDC Site Visit 4/16/07

I just got a call from CDC in response to our report of *Brucella* exposure. They are planning on conducting a site visit beginning Monday morning. Further information is attached.

Angella Raines

Angella 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](mailto:araines@vprmail.tamu.edu)  
(979) 847-9362 office  
(979) 862-3176 fax  
(770) 789-3456 Cell

**CC:** Cornett, Dianne; Raines, Angella; Wilson, Van

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Public Health Service  
Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

April 13, 2007

Richard Ewing, Responsible Official  
Texas A& M University (Registration #C20060605-0489)  
1500 Research Parkway, Suite B150, TAMU 1186  
College Station, TX 77843-1183  
Fax: (979) 862-3176

Subject: 42 C.F.R. § 73.19 (Notification of theft, loss, or release)

Dear Dr. Ewing:

This is to acknowledge the receipt of the APHIS/CDC Form 3 (Report of Theft, Loss, or Release of Select Agents and Toxins) from Texas A& M University dated April 11, 2007 that reported an occupational exposure to *Brucella*. Based upon the review of the report, the Centers for Disease Control and Prevention (CDC), Division of Select Agents and Toxins (DSAT) has additional questions:

1. Please provide a copy of the medical surveillance plan and describe how the follow up was conducted as a result of the incident.
2. Please provide all occupational health records pertaining to the exposed individuals and any individuals that have presented with symptoms associated with a possible exposure to *Coxiella*, *Brucella*, or *Mycobacterium tuberculosis*.
3. Please provide documentation in regards to the risk assessment that was performed for work with *Brucella*.
4. Please describe the decontamination procedures used for the aerosol chamber and any modifications incorporated to these procedures as a result of this incident.
5. Please provide all standard operating procedures (SOPs) and certification documents as it relates to the aerosol chamber.
6. Please provide a summary of events that occurred with this incident including the follow-up review that your entity conducted to assure that any other similar incidents do not occurred.
7. Since your entity failed to meet the reporting requirements of 42 C.F.R. § 73.19, please provide a plan of how Texas A& M University will achieve compliance with 42 C.F.R. 73. In addition, please explain if your entity failed to meet other required federal and state reporting requirements.
8. Please provide access logs for Room #143 and all rooms where work with *Brucella* is performed.
9. Please explain how your incident response plan, security plan, and biosafety plan have been modified as a result of this incident.

This document is intended for the exclusive use of the recipient(s) named above. It may contain sensitive information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient(s), any dissemination, distribution, or copying is strictly prohibited. If you think you have received this document in error, please notify the sender immediately and destroy the original.

APR. 13. 2007 2:33PM

SELECT AGENTS PROGRAM 4047182096

NO. 9688 P. 2

Texas A&amp;M University

2

10. Please provide any personal protective equipment or entry requirements that may be needed prior to entry into your laboratories.
11. Please provide any documents regarding unexpected animal illness.
12. Please provide an assessment of the risks of continuing to utilize the aerosol chamber.
13. Please provide a detail description of the measures implemented to protect the employees from exposures while decontaminating the aerosol chamber including any enhanced personal protective equipment (PPE) utilized and the medical surveillance activities implemented. The long term follow-up of employees should be included in this response.

The DSAT will be conducting an inspection of your entity on April 16, 2007 to assess the measures implemented by Texas A&M University to protect the staff and public from exposure to pathogenic microorganism, the measures implemented to prevent further incidents and to evaluate your entity's compliance with the select agent regulations. Please make available all staff members involved in the incident described in your report dated April 11, 2007 to be interviewed by the inspection team.

On April 16, 2007, the following representatives from the CDC will be visiting Texas A&M University:

Diane Martin, Lead Inspector  
Richard Henkel, Biosafety Officer  
Melissa Resnick, EIS Officer

Please have the response and any supporting documentation available for the inspectors upon their arrival to your entity on April 16, 2007.

Please contact Lori Bane, Compliance Officer with the DSAT at 404-718-2006 or at the address listed below if you have questions.



Robbin Weyant, PhD, CAPT, USPHS  
Director  
Division of Select Agents and Toxins  
Coordinating Office of Terrorism Preparedness and  
Emergency Response

# CDC Emergency Contact Information

## Police, Fire, Medical = 9- 911

**Dr. L. Garry Adams**  
(Investigator)  
Work (979) 845-5092  
Mobile (979) 255-1657

**Dr. Thomas A. Ficht**  
(Investigator, IBC Co-Chair)  
Mobile (979) 374-9446

**Dr. John M. Quarles**  
(Department Head)  
Mobile (979) 220-7094

**Ms. Tiffany Agnew**  
(Program Coordinator, IBC)  
Work (979) 458-3624  
Mobile (706) 414-7133

**Dr. Melanie Ihrig**  
(Director, Comparative Medicine Program)  
Work (979) 845-7433  
Mobile (979) 229-2696

**Ms. Angelia Raines**  
(Director, Research Compliance)  
Work (979) 847-9362  
Mobile (770) 789-3456

**Fuller Bazer**  
(Assoc. VP for Research)  
Work (979) 693-2872  
Mobile (979) 324-7364

**Lt. Bert Kretzschmar**  
(University Police, Crime Prevention Unit)  
Work (979) 845-8900  
Mobile (979) 777-9033  
UPD (979) 324-0773

**Dr. James Samuel**  
(Investigator)  
Work (979) 845-1684  
Emergency (979) 220-8269

**Dr. Elizabeth Brinkley**  
(Assoc. Director, Comparative Medicine Program)  
Work (979) 845-7433  
Mobile (979) 777-0433

**Mr. Brent Mattox**  
(Alternative Responsible Official)  
Work (979) 845-2132  
Mobile (979) 450-0662

**Dr. Frank Stein**  
(Assoc. Director, Comparative Medicine Program)  
Work (979) 845-6488  
Mobile (979) 218-0642

**Mr. Donald Davis**  
(Investigator)  
Work (979) 845-5092  
Mobile (979) 255-1657

**Ms. Ellen Mitchell**  
Work (979) 847-8642  
Mobile (979) 255-2885

**Dr. Vernon Tesh**  
(Investigator)  
Work (979) 845-4113  
Mobile (979) 229-9774

**Dr. Richard Ewing**  
(Vice President for Research, Responsible Official)  
Work (979) 845-8585  
Mobile (979) 229-1479

**Dr. D Partin**  
USDA  
Mobile (979) 679-2312

**Dr. Van Wilson**  
(IBC Co-Chair)  
Work (979) 845-5207

- University police.....845-2345
- College station police.....764-3600
- College station fire.....764-3700
- TAMU environmental health and safety.....845-2132
- TAMU area maintenance.....845-5542
- TAMU maintenance (24 hours).....845-4311
- Radiological emergencies .....862-1111

**Callcott, Diane**

**From:** Raines, Angelia  
**Sent:** Thursday, April 12, 2007 2:06 PM  
**To:** James McGee  
**Cc:** Tiffany Agnew  
**Subject:** Form 3

**Attachments:** Form 3-Ficht (faxed).pdf; Angelia Raines.vcf



Form 3-Ficht (faxed).pdf (253 ...  
Angelia Raines.vcf (513 B)

Hi Jim,

Thanks for following up with me regarding the Brucella exposure. I also briefly spoke with Paul Mehta. Attached is an electronic copy of the report that was faxed to you. Per my conversation with Dr. Mehta, I will be prepared to send additional information about changes in our safety plan after we get the official response from your office.

To recap our conversation about the exposure:

- It most likely occurred in February 2006.
- The employee was tested, and treated.
- Other lab personnel were tested and found to be negative for exposure.
- The Lab Director reviewed his Biosafety Plan to determine if changes were needed.
- The Biosafety Plan was modified as a result of the incident.
- Lab personnel were updated and retrained on the changes.
- Form 3 was not submitted at the time of the event, as required; however a process is now in place to ensure immediate notification. We have also submitted the required report.

Thanks for sharing with me that many institutions have been unclear as to whether they needed to report some exposures based on the information contained in the Form-3 instructions. While I fully understand the regulatory requirements, clarity in these instructions could indeed assist the reporting process.

Thanks again for your insight and assistance!

Angelia Raines

Angelia Raines  
Director, VPR Office of Research Compliance TAMU 1186 1500 Research Parkway Suite 150 B  
(Centex Building) College Station, Texas 77843-1186 araines@vprmail.tamu.edu  
(979) 847-9362 office  
(979) 862-3176 fax  
(770) 789-3456 Cell



## GUIDANCE DOCUMENT FOR REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)

FORM APPROVED  
OMB NO. 0578-0213  
OMB NO. 0920-0576  
EXP DATE 12/31/2008

### INTRODUCTION

The U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) published final rules (7 CFR 331, 9 CFR 121, and 42 CFR 73), which implement the provisions of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188) setting forth the requirements for possession, use, and transfer of select agents and toxins. The select agents and toxins identified in the final rules have the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. Responsibility for providing guidance on this form was designated to the Centers for Disease Control and Prevention (CDC) by the HHS Secretary and to the Animal and Plant Health Inspection Service (APHIS) by the USDA Secretary. In order to minimize the reporting burden to the public, APHIS and CDC have developed a common reporting form for this data collection.

An entity is required by regulation (7 CFR 331.19, 9 CFR 121.19, and 42 CFR 73.19) to notify APHIS (telephone: 301-734-5960, facsimile: 301-734-3652, e-mail: [Agricultural.Select.Agent.Program@aphis.usda.gov](mailto:Agricultural.Select.Agent.Program@aphis.usda.gov)) or CDC (telephone: 404-718-2000, facsimile: 404-718-2096, or e-mail: [hseal@cdc.gov](mailto:hseal@cdc.gov)) immediately upon discovery of a theft (unauthorized removal of select agent or toxin), loss (failure to account for select agent or toxin), or release (occupational exposure or release of an agent or toxin outside of the primary barriers of the biocontainment area) of a select agent and toxin. In addition, clinical or diagnostic laboratories and other entities that possess, use or transfer a select agent or toxin contained in a specimen presented for diagnosis, verification, or proficiency testing must immediately report upon discovery of a theft, loss, or release of select agent or toxin. After the initial reporting, this form (APHIS/CDC Form 3) must be sent to APHIS or CDC within 7 calendar days after the discovery of theft, loss, or release of select agents or toxins.

For theft or loss of select agents or toxins, the entity must notify the appropriate local, state, or federal law enforcement agencies. For release of select agents or toxins, the entity should notify the appropriate local, state, and federal health agencies.

### PURPOSE

This form is to be used by the RO or facility director to report the theft, loss, or release of select agents or toxins. A copy of the completed form and attachments must be maintained by the entity for three years.

### INSTRUCTIONS

1. Immediately notify APHIS or CDC via telephone, fax, or e-mail and appropriate local, state, or federal law enforcement agencies (theft or loss) or appropriate local, state, and federal health agencies (release).
2. The RO or facility director must complete, sign and date this form. For registered entities, the information provided for this form should match the information submitted for the entity's certificate of registration.
  - A. For reporting of a theft or loss, complete sections 1 and 2. Thefts or losses must be reported even if the select agent or toxin is subsequently recovered or the responsible parties are identified. For reporting a theft or loss that occurred during transfer, complete sections 1, 2, and 3 and include a copy of the approved APHIS/CDC Form 2, "Request to Transfer Select Agents and Toxins."
  - B. For reporting a release, complete sections 1, 2, and 4. For reporting a release that occurred during transfer, complete all sections and include a copy of the approved APHIS/CDC Form 2, "Request to Transfer Select Agents and Toxins."
3. The RO or facility director faxes or mails the form to APHIS or CDC within 7 calendar days of the theft, loss, or release.

### OBTAINING EXTRA COPIES OF THIS FORM

Additional copies of this form are available on APHIS website ([http://www.aphis.usda.gov/programs/ag\\_selectagent/index.html](http://www.aphis.usda.gov/programs/ag_selectagent/index.html)) or CDC website (<http://www.cdc.gov/od/sap>) or by contacting APHIS at (301) 734-5960 or CDC at (404) 718-2000.





DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service  
Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

TO: Richard Ewing, Responsible Official  
Texas A&M University  
Mail Stop - 1186  
College Station, TX 77840  
Fax: (979) 862-3176

Received  
JAN 30 2007  
Research Compliance

FR: Centers for Disease Control and Prevention, Division of Select Agents and Toxins

RE: 42 C.F.R. § 73.19 (Notification of theft, loss, or release)

DATE: January 30, 2007

We have received your report of APHIS/CDC Form 3 (Report of Theft, Loss, or Release of Select Agents and Toxins) received from Texas A&M University on December 29, 2006 concerning your entity's investigation of the loss of *Coxiella burnetii*. Based upon the review of the report and additional information provided, the Centers for Disease Control and Prevention (CDC), Division of Select Agents and Toxins (DSAT) has no further questions at this time regarding this matter.

Paul Mehta, M.D.  
Team Leader/Health Scientist  
Centers for Disease Control and Prevention  
Division of Select Agents and Toxins  
1600 Clifton Road NE, MS A-46  
Atlanta, GA 30333  
Telephone: (404) 718-2011; FAX: (404) 718-2096

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# Transmission Report

Date/Time  
Local ID 1  
Local ID 2

01-18-2007  
979 862 3176

05:57:36 p.m.

Transmit Header Text  
Local Name 1  
Local Name 2

VPR COMPLIANCE

This document : Confirmed  
(reduced sample and details below)  
Document size : 8.5"x11"



## TEXAS A&M UNIVERSITY

**Vice President for Research - Office of Research Compliance**  
1186 TAMU  
College Station, TX 77843-1186

Telephone: 979.458.1467      Facsimile: 979.862.3176

Date: 01/18/2007

To: Paul Mehta, Centers for Disease Control (CDC)

Facsimile: (404) 718-2096

From: Angelia Rainca, ARO

Attached is the response to your letter, which was received on 1/10/07.

If you have questions, please feel free to reach me at 979 847-9362.

Best Regards,  
*Angelia Rainca*  
Angelia Rainca, ARO  
(Registration C 20060605-0489)

**SHOULD YOU EXPERIENCE ANY DIFFICULTIES IN RECEIVING THIS  
FACSIMILE, PLEASE CALL THE OFFICE AT (979) 458-1467.**

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone. Thank you.

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001	045	404 718 2096	05:53:47 p.m. 01-18-2007	00:03:08	18/18	1	EC	HS	CP28800

Abbreviations:

HS: Host send  
HR: Host receive  
WS: Waiting send

PL: Polled local  
PR: Polled remote  
MS: Mailbox save

MP: Mailbox print  
CP: Completed  
FA: Fail

TU: Terminated by user  
TS: Terminated by system  
RP: Report

G3: Group 3  
EC: Error Correct



**TEXAS A&M UNIVERSITY**

**Vice President for Research - Office of Research Compliance  
1186 TAMU  
College Station, TX 77843-1186**

**Telephone: 979.458.1467**

**Facsimile: 979.862.3176**

**Date: 01/18/2007**

**To: Paul Mehta, Centers for Disease Control (CDC)**

**Facsimile: (404) 718-2096**

**From: Angelia Raines, ARO**

**Attached is the response to your letter, which was received on 1/10/07.**

**If you have questions, please feel free to reach me at 979 847-9362.**

**Best Regards,**  
**Angelia Raines, ARO**  
**(Registration C 20060605-0489)**

**SHOULD YOU EXPERIENCE ANY DIFFICULTIES IN RECEIVING THIS  
FACSIMILE, PLEASE CALL THE OFFICE AT (979) 458-1467.**

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone. Thank you.



Office of the Vice President for Research  
Texas A&M University

1/11/2007

Paul Mehta, M.D.  
Centers for Disease Control & Prevention  
Division of Select Agents & Toxins  
1600 Clifton Rd, NE., Mailstop A46  
Atlanta, GA 30333

Re: 42 C.F.R. 73.19 (Notification of theft, loss, or release)

Dr. Mehta:

The following are responses to your letter, received on January 10, 2007, regarding form 3 (report of loss, theft, or release).

**Question 1:** What is the current status of the investigation? Has the disposition of the mouse been determined?

**Response:** The current status of the investigation is 'closed.' After inspecting the facility, interviewing all parties involved and reviewing all documents related to the incident, we have determined the following:

The missing mouse was most likely included in the autoclaved bedding material and disposed. It had been used to produce cultures and was scheduled to be sacrificed on the day of the incident. The day before, the cages had been changed. The animals were counted prior to the cage change and none were missing. The animals were later moved to clean cages. At the time that they were moved, a count was not performed. The following day is when the next count was performed and at that time it was determined that the mouse was missing. The cages had already been autoclaved and the bedding had already been disposed.

Because door sweeps are in place and vermin traps are distributed throughout the suite, it is unlikely that any other scenario could have occurred.

**Question 2:** What are the protocols for removing dead animals from cages?

**Response:** Animals are placed in biohazard bags, autoclaved, and disposed of by incineration. If the animal can not be immediately removed from the lab, they are placed temporarily in a secured 20 degree C freezer.

Office of Research Compliance

Academy for  
Advanced  
Telecommunication  
and Learning  
Technologies

Center for Information  
Assurance and Security

Comparative Medicine Program

Institute for  
Scientific Computation

Integrative Center for  
Homeland Security

Microscopy Imaging Center

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Foreign Animal and Zoonotic  
Disease Defense

Office of Distance Education

Office of Graduate Studies

Office of Proposal Development

Office of Sponsored Projects

Professional Development Group

Technology Commercialization  
Center

Texas A&M University  
Research Park



Texas A&M  
University

158 TAMU

350 Research Parkway

Suite B150

College Station, Texas

77843-3446

2025-1167

1-800-251-3446

**Question 3:** Please submit copies of all protocols for the decontaminating waste from animal studies.

**Response:** Please see attachment 'A'.

**Question 4:** Please submit copies of procedures for the handling of autoclaved animal carcasses?

**Response:** Please see attachment 'B'.

**Question 5:** What follow up training has been conducted to prevent future occurrences.

**Response:** All personnel have been instructed to always count the animals immediately before handling them in any way. They have been instructed on how to document the counts and have been retrained on the process for reporting any discrepancy. Finally, they have been instructed how to halt activity and secure the lab until an investigation is completed.

**Question 6:** Have there been any inventory discrepancies in the past?

**Response:** There have been no inventory discrepancies in the past.

**Question 7:** Please provide a list of people with access and the access logs where the animal was housed.

**Response:** Please see attachment 'C'.

I hope you will find this information helpful. Please feel free to contact our office at (979) 847-9362 if additional information is needed.

Sincerely,



Angelia Raines  
ARO/Director, Office of Research Compliance  
Registration #: C20060605-0489.

**Attachment A**  
**(Waste Decontamination)**

# APPROVED

STD OPERATING PROCEDURE: A-I.L.1  
Revision 2/05 kjg

REMOVAL OF BIOHAZARDOUS WASTE  
Page 1

## RESPONSIBILITY:

**Full-time Animal Care Staff only** - following health testing (if required), training and task assignment. **NOTE: Only staff with Department of Justice clearance for access to Select Biological Agents and Toxins may work with projects involving the use of select agents/toxins.**

## PROTECTIVE APPAREL:

- Clean coveralls
- CMP approved footwear
- Latex gloves - several pairs
- Face mask - dust/mist type in the event of aerosol risk
- Spray bottle with appropriate disinfectant solution
- Back support belt (optional, but strongly recommended)
- Spill kit for biohazardous waste
- Cellular telephone for emergency communication

## GENERAL INFORMATION:

1. The Ancillary Supervisor will coordinate transporting waste loads to the designated incinerator to ensure that the incinerator operator will be present when load is delivered. Biohazardous waste from Main and Ancillary will be transported in conjunction with the regular incinerator loads.
2. Only full-time animal care staff who have been specifically trained on biohazardous waste removal and protocols specific to the biohazard will handle these duties. Whenever possible, two employees will be assigned for each waste removal trip.
3. Any breaches in biohazardous waste handling or any accidents must be reported to the employee's supervisor immediately.
4. **All ABSL carcasses/waste must be autoclaved before being transported to the incinerator/biodigester.**

## TASKS:

### Primary Option:

1. Autoclave all biohazard bags (animal carcasses/tissues are to be bagged separately from trash waste). Use stainless steel pans under bags containing carcasses in the autoclave.
2. Unload the autoclaved carcasses/waste after ensuring that the cycle was completed and proper temperatures were met.
3. All bagged carcasses are placed into a red biohazard waste barrel (with top) and the barrel is then placed into the animal carcass cooler until ready to incinerate or biodigest.
4. All trash waste is taken to the trash dumpster located near the back dock (after being autoclaved).

### Emergency Option: (if autoclave is not functioning)

1. Prior to transporting biohazardous waste, put on clean coveralls and place a biohazard waste spill kit into the transport vehicle.
2. Verify with the Ancillary Supervisor which incinerator location will be used.

3. While still in the BSL-3 suite and properly suited, double bag all waste that is to be removed, seal bags with tape, and spray the outside of the bags with an appropriate disinfectant (meeting the minimum contact time required). The bags are then placed into leak proof red biohazard waste barrels (with lids secured) and placed into the biohazard airlock.
4. After ensuring that lids are properly secured, remove the barrels from the airlock and secure them in place in the back of a covered vehicle for transport.
5. When all biohazardous waste for that day's trip has been loaded, carefully drive to the designated incinerator location for waste disposal.
6. Put on 2 pairs of latex gloves and a dust/mist face mask.
7. Unload the biohazard waste barrels one at a time. Set one barrel near the incinerator, remove the lid from the barrel, and carefully remove one bag at a time and place it into the incinerator.
8. When the barrel is empty, replace the lid securely, and return the barrel to the transport vehicle. Repeat this process with each barrel until all are empty.
9. Dispose of gloves and face mask into the incinerator.
10. Return to Main dirty dock and, using the hose-end foam sprayer located there, thoroughly disinfect the biohazard waste bins, lids, and the back of the transport vehicle with the appropriate disinfectant solution for the minimum contact time required. Take the barrels to Dirty Cage for sanitation.
11. Thoroughly rinse the back of the transport vehicle with water after disinfecting it.

#### BIOHAZARDOUS WASTE SPILLS/LEAKS:

If a biohazardous waste spill or leak occurs, immediately report the spill to your direct supervisor (notify Environmental Health & Safety if outside the ABSL-3 containment area), use the spill kit and handle as follows.

1. Be sure to have on all required area protective apparel (when in ABSL-3 area). If outside the ABSL-3 area, put on a dust/mist face mask and 2 pair of latex gloves. Be sure your gloves are intact. If not, replace them.
2. Apply the appropriate disinfectant to the spill. If the spill is solid matter, spray with disinfectant mist. If the spill is liquid matter, pour disinfectant first around the perimeter of the spill, then pour disinfectant on the spill to cover it. Place paper towels on the liquid spill/disinfectant to absorb it.
3. Carefully clean up the spill with paper towels, disposing of the material in an intact biohazard waste bag. When all solid and liquid material is cleaned up, spray the spill site with the appropriate disinfectant mist again, then dry the residue, disposing of the paper towels in the biohazard waste bag.
4. Remove your outermost pair of latex gloves and dispose of them in the same biohazard waste bag. Put on a clean pair of gloves, and then seal the waste bag with tape.



5. Double bag and seal both bags to avoid further spills. Autoclave and/or incinerate the bags.

**SAFETY:**

1. **INJURIES:** All injuries must be reported to the employee's direct supervisor as soon as possible. Some injuries require immediate reporting (before any other tasks are completed).
2. When handling biohazardous wastes, you **MUST** follow the safety procedures outlined above to ensure personal safety. Any breach in handling these wastes, such as tears in bags, must be reported to the supervisor immediately.
3. Full-time animal care staff that work in the Biohazard Area and/or handle biohazardous waste will be routinely tested for exposure to specific biohazardous agents as directed by the Occupational Health physician.

Approved: *Doreen Jones*

Date: 2/14/05

**Attachment B**  
**(Handling Animal Carcasses)**

**APPROVED**

**RESPONSIBILITY:**

All full-time or part-time animal caretakers trained and assigned the task. **NOTE: Only staff with Department of Justice clearance for access to Select Biological Agents and Toxins may work with projects (animal carcasses) involving the use of select agents/toxins.**

**PROTECTIVE APPAREL:**

- Clean lab coat
- CMP approved footwear
- Latex gloves - for all direct animal contact
- Face mask - optional but strongly suggested

**GENERAL INFORMATION:**

1. Sanitation schedule of necropsy coolers/freezers:

Carts	1 x per week and as needed
Barrels	1 x per week and as needed
Racks/storage bins	1 x per week and as needed
Cooler	1 x per week and as needed

*\*Cooler is mopped with a 1% Lysol /water solution.*
2. All storage racks/bins and empty containers located inside of the carcass disposal cooler will be sent through Dirty Cage to be washed/sanitized.
3. Animal carcasses are designated as either "hold" or "non-hold."
4. A list is posted on the necropsy door indicating how carcasses should be treated, *i.e. hold or non-hold*, according to each investigator. **NOTE: if list is not posted or investigator's name is not found on the list, check with the area supervisor for instruction.**
5. Carcass disposal logs will be placed at the LARR Main carcass disposal cooler and the Reynolds Medical Building carcass disposal cooler and are to be filled out for all animal carcasses that are placed into the coolers (both hold and Non-hold animals). Animals that are marked for food and placed into the food (carcass) cooler at LARR Main will not have to be logged in on the carcass disposal log. **NOTE: animal carcasses marked for food will be given as a food source to other (larger) animals and therefore must not contain anything that could possibly be harmful to the animals that will ingest the carcasses (ie. metal staples, hazardous toxicology, etc.). All animals marked for food must be placed into transparent ziploc bags (label with room # and date) before being placed into the food cooler so that they can easily be checked for hazardous items such as metal staples.**
6. Animal carcasses that are picked up from the Psychology Building or Biology Building on main campus will be brought back to the LARR Main facility, weighed (separately by area), placed into the LARR Main carcass disposal cooler and each area's account will be charged for the (weighed) amount of animal carcasses respective to their area.

7. Animal carcasses are discarded either in a ziploc bag or **DOUBLED** trash liners. At LARR Main, all hold animal carcasses are to be bagged and marked (date, investigator's name, room #, and/or mortality card copy) and then stored in the investigator's labeled bin located in the necropsy cooler. All discarded non-hold animal carcasses are to be un-bagged and placed into the carcass disposal barrel located in the necropsy cooler. **NOTE: only animal carcasses are to be placed into the carcass disposal barrel (do not place plastic bags, metal objects, paper towels, etc. into the disposal barrels as these items will cause harm to the biodigester).**
8. Necropsy coolers are located:
9. Identification must be included with mortality carcasses indicating:
  - the date
  - the investigator
  - the room number
  - the accompanying mortality card if applicable
10. Ziploc bags or trash liners should not be over filled with animal carcasses (about 1/3 filled or less).
11. Glass is not allowed in any bags that will be transported to the incinerator. All glass should be placed in the glass bin located on the LARR Main back dock or in an approved sharps containers if in biohazard (autoclave out of the biohazard area).
12. Area necropsy coolers are checked or emptied weekly as directed by respective area supervisors.
13. Any questions should be directed to the area supervisor.

**HOLD ANIMALS:**

Some carcasses are temporarily stored in the necropsy cooler (for 1 week) to enable the investigator to make collections or observations of the animal before discarding. Special areas are allocated and clearly labeled for these carcasses:

- At the LARR Main facility, a polycarbonate cage is set up inside the necropsy cooler labeled with each investigator's name (if listed on the "Hold" list). Anything in this cage is not to be removed for incineration unless it is older than 1 week old or unless directed to do so by authorized personnel such as area supervisors, investigators, and veterinarians.
- CMP Support and the Ancillary facilities generally do not have a need to hold carcasses for investigators. Should the situation arise, the area supervisor will make special arrangements.

**NON-HOLD ANIMALS:**

Non-hold animals are placed in the coolers of each respective area.

- LARR Main has a disposal barrel for Non-hold animals inside of the necropsy cooler.
- LARR Support has a refrigerator/freezer. Do not place carcasses in the top (refrigerator) unless the bottom (freezer) is full or refrigeration is preferred.
- The Reynolds building has a freezer in the dirty cage area.
- The Psychology department has a freezer compartment set aside for necropsy storage in the hallway outside of rm 132. This needs to be checked/emptied frequently due to its small capacity. Carcasses are taken by the Ancillary crew to the LARR Main necropsy cooler for storage.

**NOTE: All animal carcasses in need of disposal at Biology will be coordinated by the Ancillary Supervisor prior to pickup.**

**DISPOSAL:**

1. Necropsy coolers are emptied as needed (usually weekly).
2. Upon request, the Ancillary crew will pick up carcasses from Ancillary areas not directly attended to by CMP personnel. Carcasses from these areas must be weighed (separately), recorded on the necropsy disposal log at LARR Main, and stored in the LARR Main necropsy cooler until they can be incinerated or biodigested.
3. Carcasses are collected from all coolers and transported to the incinerator/biodigester at the Vet School. Personnel in charge of the incinerator/biodigester are informed/made aware of loads in advance by the Ancillary Supervisor. The assigned LARR caretakers will gather carcasses from all needed coolers. The CMP Support Supervisor coordinates Support's necropsy disposal.
4. Occasionally, the incinerator/biodigester at the Vet School is out of service. Usually, it is back online before other arrangements have to be made. However, if the coolers appear to be reaching capacity, notify the CMP Program Manager to pursue other options. The CMP Main & Support supervisors will coordinate with the CMP Program Manager in using other options.

**INCINERATOR/BIODIGESTOR:**

1. CMP uses incinerators/biodigestors operated by other departments.
2. The most frequently used incinerator/biodigester is located at the Vet School.
3. The Ancillary Supervisor will coordinate use with the individuals who oversees the Vet School incinerator/biodigester.
4. The Ancillary Supervisor will coordinate disposal times **weekly** with the Vet school incinerator/biodigester personnel.
5. Items taken to the incinerator/biodigester must not include glass, paper, metal, plastic or other foreign objects.

**REMOVAL OF BIOHAZARD CARCASSES: (See SOP A-I.L.1. Removal of Biohazard Waste)**

Only full-time animal care staff who has been specifically trained on biohazardous waste removal and protocols specific to the biohazard will handle these duties. Whenever possible, two employees will be assigned for each waste removal trip. Any breaches in biohazardous waste handling or any accidents must be reported to the employee's supervisor immediately. **All ABSL carcasses/waste must be autoclaved before being transported to the incinerator/biodigester.**

**Primary Option:**

1. Autoclave biohazard bags containing animal carcasses/tissues. Use stainless steel pans under carcass bags in the autoclave.
2. Unload the autoclaved carcasses after ensuring that the cycle was completed and proper temperatures were met.
3. All bagged carcasses are placed into a red biohazard waste barrel (with top) and the barrel is then placed into the animal carcass cooler until ready to incinerate or biodigest.

**Emergency Option: (if autoclave is not functioning)**

1. Prior to transporting biohazardous carcasses, put on clean coveralls and place a biohazard waste spill kit into the transport vehicle.
2. Verify with the Ancillary Supervisor which incinerator location will be used.
3. While still in the BSL-3 suite and properly suited, double bag all carcasses that are to be removed, seal bags with tape, and spray the outside of the bags with an appropriate disinfectant (meeting the minimum contact time required). The bags are then placed into leak proof red biohazard waste barrels (with lids secured) and placed into the biohazard airlock.
4. After ensuring that lids are properly secured, remove the barrels from the airlock and secure them in place in the back of a covered vehicle for transport.
5. When all biohazard carcass barrels for that day's trip have been loaded, carefully drive to the designated incinerator location for carcass disposal.
6. Put on 2 pairs of latex gloves and a dust/mist face mask.
7. Unload the biohazard carcass barrels one at a time. Set one barrel near the incinerator, remove the lid from the barrel, and carefully remove one bag at a time and place it into the incinerator.
8. When the barrel is empty, replace the lid securely, and return the barrel to the transport vehicle. Repeat this process with each barrel until all are empty.
9. Dispose of gloves and face mask into the incinerator.

10. Return to Main dirty dock and, using the hose-end foam sprayer located there, thoroughly disinfect the biohazard waste bins, lids, and the back of the transport vehicle with the appropriate disinfectant solution for the minimum contact time required. Take the barrels to Dirty Cage for sanitation.
11. Thoroughly rinse the back of the transport vehicle with water after disinfecting it.

Approved: \_\_\_\_\_

*Melanie Johns*

Date: \_\_\_\_\_

2/10/05

**Attachment C**  
**(Personnel Access)**



Personnel who are have approved access to Lab (1/9/07)

James Samuel - PI  
Masako Andoh  
Heather Bridges  
Suat Cirillo  
Chen Chen  
Laura Hendrix  
Joshua Hill  
Eunhee Lee  
Katja Mertens  
John Quarles  
Kasi Russell  
Kelly Soltysiak  
Nathan Unsworth  
Guo-Quan Zhang  
Yan Zang

Kim Abatie  
Elizabeth Browder  
Ralph Callicott  
John Delaney  
Gordon Draper  
Thomas Ficht  
Stacey Gillenwater  
Ken Gillenwater  
Vincent Gresham  
Randi Harbour  
Amy Henson  
Melanie Ihrig  
Gabrielle Kapp  
Sean Knox  
Sean Knox  
Laura Quinilven  
Kevin Saunders  
Deborah Sargeant  
Christine Sivula  
Jody Smith  
Stephen Sterle

Tif.  
- Scot Hoster <sup>5/15/07</sup> ~~5/15/07~~ should have been  
on this list or we should  
have amended it.

✓ Need to look for original  
into - 5/15/07

Scott Hoster was inadvertently  
left off the list. We attempted to correct  
After reviewing our records  
it appears that he was

Attached is the access log, used where animals are housed.  
We have also provided a sample of a completed access log  
for this facility.

**FACILITY ACCESS LOG**

ROOM # \_\_\_\_\_

BUILDING # \_\_\_\_\_

PI NAME \_\_\_\_\_

**ALL persons entering this facility MUST sign In and Out - Please write legibly**

THIS SECTION TO BE COMPLETED BY ALL PERSONS ENTERING THIS FACILITY				THIS SECTION TO BE COMPLETED BY ALL VISITORS						
Date	Printed Name	Signed Name	Department/ Organization	Time		Status (Initial One) DOJ Authorized Visitor Canteen	[1] Purpose of Access (Use Legend Below)	[2] ID Verification (Use Legend Below)	Verified/ Escorted By (Initial)	Received Hazard Training (Initial)
				In	Out					

[1] Purpose of Access: Maintenance (M) - Include Description of Work; Delivery (D); Research (R); Tour (T); Inspection (I)  
 [2] Acceptable Forms of ID: Current Drivers License (DL) - Include Issuing State; Government ID Card (GID); Passport (P)

ALL persons entering this facility MUST sign In and Out - Please write legibly

THIS SECTION TO BE COMPLETED BY ALL PERSONS ENTERING THIS FACILITY				THIS SECTION TO BE COMPLETED BY ALL VISITORS					
Date	Printed Name	Signed Name	Department/Organization	Time	Status (Initial One)	[1] Purpose of Access (Use Legend Below)	[2] ID Verification (Use Legend Below)	Verified/Insured By (Initials)	Received Hazard Training (Initials)
1/20/08	S. Hester	[Signature]	CMP	10:55	SH				
1/21	Yan Zhang	YZ	MMP	11:20	YZ				
1/21	MASATO ANDOH	MANA	MMPA	14:00	MA				
1/21	Katie Kesters	Kesters	HXP	5:20	KA				
1/22	Kelby Solby-Jack	[Signature]	MMPA	9:00	KS				
1/22	D. Sargent	D. Sargent	CMP	10:53	DS				
1/22	Katie Kesters	Kesters	HXP	11:35	KA				
1/22	Scott Halsted	[Signature]	CMP	2:20	SH				
1/22	Gabby Kapp	Halsted	CMP	3:05	GK				
1/24	Yan Zhang	YZ	MMP	10:10	YZ				
1/24	D. Sargent	D. Sargent	CMP	10:20	DS				

Purpose of Access: Maintenance (M) - Include Description of Work; Delivery (D); Research (R); Tour (T); Inspection (I)  
 Acceptable Forms of ID: Current Drivers License (DL) - Include Issuing State; Government ID Card (GID); Passport (P)



**GUIDANCE DOCUMENT FOR REPORT OF THEFT, LOSS, OR  
RELEASE OF SELECT AGENTS AND TOXINS  
(APHIS/CDC FORM 3)**

FORM APPROVED  
OMB NO. 0578-0213  
OMB NO. 0920-0578  
EXP DATE 12/31/2008

**INTRODUCTION**

The U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) published final rules (7 CFR 331, 9 CFR 121, and 42 CFR 73), which implement the provisions of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188) setting forth the requirements for possession, use, and transfer of select agents and toxins. The select agents and toxins identified in the final rules have the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal and plant products. Responsibility for providing guidance on this form was designated to the Centers for Disease Control and Prevention (CDC) by the HHS Secretary and to the Animal and Plant Health Inspection Service (APHIS) by the USDA Secretary. In order to minimize the reporting burden to the public, APHIS and CDC have developed a common reporting form for this data collection.

An entity is required by regulation (7 CFR 331.19, 9 CFR 121.19, and 42 CFR 73.19) to notify APHIS (telephone: 301-734-5960, facsimile: 301-734-3652, e-mail: [Agricultural.Select.Agent.Program@aphis.usda.gov](mailto:Agricultural.Select.Agent.Program@aphis.usda.gov)) or CDC (telephone: 404-718-2000, facsimile: 404-718-2096, or e-mail: [rsat@cdc.gov](mailto:rsat@cdc.gov)) immediately upon discovery of a theft (unauthorized removal of select agent or toxin), loss (failure to account for select agent or toxin), or release (occupational exposure or release of an agent or toxin outside of the primary barriers of the biocontainment area) of a select agent and toxin. In addition, clinical or diagnostic laboratories and other entities that possess, use or transfer a select agent or toxin contained in a specimen presented for diagnosis, verification, or proficiency testing must immediately report upon discovery of a theft, loss, or release of select agent or toxin. After the initial reporting, this form (APHIS/CDC Form 3) must be sent to APHIS or CDC within 7 calendar days after the discovery of theft, loss, or release of select agents or toxins.

For theft or loss of select agents or toxins, the entity must notify the appropriate local, state, or federal law enforcement agencies. For release of select agents or toxins, the entity should notify the appropriate local, state, and federal health agencies.

**PURPOSE**

This form is to be used by the RO or facility director to report the theft, loss, or release of select agents or toxins. A copy of the completed form and attachments must be maintained by the entity for three years.

**INSTRUCTIONS**

1. Immediately notify APHIS or CDC via telephone, fax, or e-mail and appropriate local, state, or federal law enforcement agencies (theft or loss) or appropriate local, state, and federal health agencies (release).
2. The RO or facility director must complete, sign and date this form. For registered entities, the information provided for this form should match the information submitted for the entity's certificate of registration.
  - A. For reporting of a theft or loss, complete sections 1 and 2. Thefts or losses must be reported even if the select agent or toxin is subsequently recovered or the responsible parties are identified. For reporting a theft or loss that occurred during transfer, complete sections 1, 2, and 3 and include a copy of the approved APHIS/CDC Form 2, "Request to Transfer Select Agents and Toxins."
  - B. For reporting a release, complete sections 1, 2, and 4. For reporting a release that occurred during transfer, complete all sections and include a copy of the approved APHIS/CDC Form 2, "Request to Transfer Select Agents and Toxins."
3. The RO or facility director faxes or mails the form to APHIS or CDC within 7 calendar days of the theft, loss, or release.

**OBTAINING EXTRA COPIES OF THIS FORM**

Additional copies of this form are available on APHIS website (<http://www.aphis.usda.gov>) or CDC website (<http://www.cdc.gov/od/sap>) or by contacting APHIS at (301) 734-55

APHIS/CDC FORM 3 (12/31/2008)  
(CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)

Sent on 12/26/07



**REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)**

FORM APPROVED  
OMB NO. 0579-0213  
OMB NO. 0920-0578  
EXP DATE 12/31/2008

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service  
Agricultural Select Agent Program  
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07  
Riverdale, MD 20737  
FAX: 301-734-3652

Centers for Disease Control and Prevention  
Division of Select Agents and Toxins  
1600 Clifton Road NE, Mailstop A-46  
Atlanta, GA 30333  
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES			
1. Entity name: Texas A&M University		2. Entity registration number (if applicable): APHIS#	
3. Entity address (NOT a post office address): Mail Stop - 1188		4. City: College Station	5. State: 6. Zip Code: 77840
7. Responsible Official (RO) or facility director First: Richard MI: Last: Ewing		8. Telephone: 979 8458585	9. FAX: (979) 862-3176
11. RO or facility director address (NOT a post office address): same as above		12. City:	10. E-mail: rewing@vprmail.tamu.edu
15. Type of incident: <input type="checkbox"/> Theft <input checked="" type="checkbox"/> Loss <input type="checkbox"/> Release	16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC	17. Date of immediate notification: 12/22/2006	13. State: 14. Zip Code:
18. Type of immediate notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Telephone			
19. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, please provide additional details in an attachment.) The review is still on-going.			

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES			
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)			
27. Date and time of incident: 12/21/2006	28. Date of last inventory: 12/20/2006	29. Name of principal investigator for laboratory with select agents and toxins First: James MI: Last: Samuel	
30. Location of incident (building and room #):	31. Location of incident (within room (e.g., freezer, incubator)): Cage # 86163	32. Biosafety level of laboratory where incident occurred: ABSL3	
33. Name and telephone number of agencies or local authorities notified: TAMU UPD	34. Symbols or markings on vials (if any): N/A - Ear notch on animal	35. Agent was recovered (theft/loss): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input checked="" type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input checked="" type="checkbox"/> Called police department (case #) 12-06-5068 <input checked="" type="checkbox"/> Other (explain): contacted TAMU Environmental Health and Safety, ARO, and RO			
37. Provide a detailed summary of events (attach additional sheets if necessary): A mouse that was infected with Q-fever was discovered missing on 12/21/06. An animal census was performed on 12/22/06 and there was no discrepancy. On 12/21/06, several of the animals were being euthanized, when it was discovered that one was missing. We are currently investigating the lab to determine if the animal was euthanized in error or if other actions resulted in the discrepancy. We will update CDC on the progress of our investigation.			

**SECTION 3 - IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION**

38. APHIS authorization number from transfer form:		39. CDC authorization number from transfer form:					
40. Name of carrier:		41. Airway bill number/bill of lading number/tracking number:					
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):							
	<b>SENDER INFORMATION</b>		<b>RECIPIENT INFORMATION</b>				
43. Name of person:	a. First:	MI:	Last:	b. First:	MI:	Last:	
44. Name of entity:	a.			b.			
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:		c. APHIS:	d. CDC:		
46. PHS/USDA import permit number:	a. PHS:	b. USDA:		c. PHS:	d. USDA:		
47. Date shipped:	a.			b.			
48. Telephone:	a.			b.			
49. FAX:	a.			b.			
50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes				51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, explain)			
52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes				53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes			

**SECTION 4 - TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS**

54. Hazards posed by release: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if Yes, explain. Use an attachment if necessary.) Low dose of coxiella burnetii in a prevaccinated mouse should result in minimal hazards if any.
55. Exposures: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.)
56. Area was decontaminated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if Yes, explain. Use an attachment if necessary.) Area was decontaminated based on standard (ABSL3) procedures as outlined in the BMBL
57. Medical treatment was provided: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, explain. Use an attachment if necessary.)

APHIS/CDC FORM 3 (12/31/2008)  
(CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)

**SECTION 2 -- TO BE COMPLETED BY ALL ENTITIES**

**LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED**

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/slant)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vial (e.g., 10 <sup>6</sup> pfu/ml)
1						1 x 10
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 10

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of Respondent: [Signature] Typed or printed name of Respondent: Angelia Raines

Title: ARO (Director - VPR Office of Research Com) Date: 12/22/2006


**Public reporting burden:** Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (8920-0576).





**TEXAS A&M UNIVERSITY**  
Environmental Health & Safety Department

To: Angelia Raines  
Office of the Vice President for Research

From: Nancy Eaker   
Environmental Health & Safety

Date: January 11, 2007

Subject: Notes regarding Dr. Russell's mice

I spoke with Dr. Russell and looked through her lab notebook this morning. I've attached photocopies of the pages from December 13, 2006 through December 20, 2006. I've made additional notes on those pages in blue ink. I've also attached a copy of the BL3 Entry Log. From my discussion with Dr. Russell, the BL3 entry log, and notes taken on December 22, 2006 at the interview with CMP personnel, the following was determined:

- Dr. Russell weighed all of her mice on December 13, 2006. None were sacrificed at that time.
- CMP changed out the cages on December 13, 2006, after Dr. Russell had handled the mice.
- The number of animals in the room from 12/8/06 to 12/13/06 was 154, as per CMP.
- The number of animals in the room from 12/14/06 to 12/19/06 was 129, as per CMP.
- CMP changed out the cages on December 20, 2006 prior to Dr. Russell entering the BL3 suite. The number of animals in the room on 12/10/06 was 113, as per CMP.
- Dr. Russell sacrificed and weighed all of her mice on December 20, 2006. One mouse was missing.
- The number of animals in the room on 12/21/06 was 16, as per CMP.
- There were no animals left in the room on 12/22/06, as per CMP.

Please let me know if you have any questions.

cc: Brent Mattox, EHS 

**BL3 Entry Log**  
Reynolds Building BL3 Facility

(In order of entry as noted by Nancy Eaker on 01/10/07.)

<u>Date</u>	<u>Name</u>	<u>Dept.</u>	<u>Comments</u>
12/13/2006	Kasi Russell	MMPA	Visitor; ID # given. May have already been DOJ approved.
	Yan Zhang	MMPA	
	Masako Anown	MMPA	
	Scot Holster	CMP	
	Masako Anown	MMPA	
	Chen Chen	MMPA	
12/14/2006	Masako Anown	MMPA	
	Eunhee Lee	MMPA	
	G. Zhang	MMPA	
	Kasi Russell	MMPA	
	Eunhee Lee	MMPA	
	Yan Zhang	MMPA	
	Stacie Brown	CMP	
	Eunhee Lee	MMPA	
	Masako Anown	MMPA	
	Eunhee Lee	MMPA	
	12/15/2006	Yan Zhang	MMPA
Stacie Brown		CMP	
Stacie Brown		CMP	
G. Zhang		MMPA	
Joshua Hill		MMPA	
Eunhee Lee		MMPA	
12/16/2006		Chris Knowlton	CMP
	12/17/2006	Gordon Draper	CMP
12/18/2006		Yan Zhang	MMPA
	Katia Mertenenes	MMPA	
	John Delaney	CMP	
	G. Zhang	MMPA	
	D. Sargent	CMP	
	12/19/2006	Masako Anown	MMPA
Kelly Soltysiak		MMPA	
Masako Anown		MMPA	
Kelly Soltysiak		MMPA	
12/20/2006	Katia Mertenenes	MMPA	
	Stacie Brown	CMP	
	Kelly Soltysiak	MMPA	
	Kasi Russell	MMPA	
	Eunhee Lee	MMPA	
	Katia Mertenenes	MMPA	
	Lizet Opmeer	MMPA	
	Kasi Russell	MMPA	
	Kasi Russell	MMPA	

11 Dec 06 made fresh term.

12 Dec 06 H<sup>3</sup>T added to go lymphoprolif. assay cultures.  
 cells harvested in Mwangi lab.  
 Filters left in the Mwangi lab to run later.

13 Dec 06 MSU mice weighed

Groups of mice in question.

Group	Number	Body wt (g)	
no #s	1	18.256	
	2	20.761	
	3	18.985	
	4	19.006	
	5	19.224	
2	1	18.129	
	2	20.788	
	3	20.640	
	4	21.832	
	5	19.212	
3	1	21.311	
	2	20.753	
	3	18.897	
	4	19.635	
	5	20.648	
	6	21.001	
4	1	20.554	
	2	21.362	
	3	19.068	
	4	19.994	
	6	20.841	
	5	19.187	
5	2	20.703	
	4	20.412	
	5	20.396	
	6	20.117	
	6	1	17.228
		2	22.590
3		20.947	
4		20.922	
5		21.365	
6		20.139	

Group	Number	Body wt (g)
7	1	20.376
	2	21.699
	3	20.363
	4	20.867
	5	21.755
	6	22.102
8	1	20.134
	2	21.895
	3	21.056
	4	21.766
	5	18.581
	6	19.539
9	1	20.847
	2	20.361
	3	18.975
	4	21.274
	5	19.123
	6	17.856
10	1	20.203
	3	20.160
	4	21.545
	5	18.021
	6	18.843
	11	1
2		20.412
3		19.477
4		20.995
5		19.138
6		21.340

Group	Number	Body wt (g)
12	1	19.74
	2	18.57
	3	19.21
	4	19.69
	5	19.83
	6	21.54
13	1	16.05
	2	21.22
	3	20.13
	4	20.52
	5	19.34
	6	18.92
14	1	19.10
	3	18.24
	4	19.98
	5	20.88
	6	19.24
	15	1
2		17.67
3		18.82
4		19.16
5		19.97
16		1
	2	18.90
	3	18.37
	4	22.70
	6	20.6
	17	1
2		19.48
3		19.0
4		22.50
5		21.6
6		21.81

13 Dec 06  
cont.

Sac's + exsanguinated Gps 85253-55. Spleen + l.n. (axillary + inguinal)  
collected for lymphoprolif. assays.

Guinea pigs

14 Dec 06

<sup>GP</sup>Spleens + l.n. homogenized + cultured for lymphoprolif. assays.

Guinea pigs

	10 ConA			10 PHA			10 Deb Cb			+ tm		
535	○	○	○	○	○	○	○	○	○	○	○	○
545	○	○	○	○	○	○	○	○	○	○	○	○
555	○	○	○	○	○	○	○	○	○	○	○	○
532	○	○	X	○	○	X	○	○	X	○	○	X
54+52	○	○	X	○	○	X	○	○	X	○	○	X
	○	○	○	○	○	○	○	○	○	○	○	○
	○	○	○	○	○	○	○	○	○	○	○	○

14 Dec 06

10ug/ml Indomethacin

	10 ConA			10 PHA			10 Deb Cb			+ tm		
535	○	○	○	○	○	○	○	○	○	○	○	○
545	○	○	○	○	○	○	○	○	○	○	○	○
555	○	○	○	○	○	○	○	○	○	○	○	○
532	○	○	X	○	○	X	○	○	X	○	○	X
54+52	○	○	X	○	○	X	○	○	X	○	○	X
	○	○	○	○	○	○	○	○	○	○	○	○
	○	○	○	○	○	○	○	○	○	○	○	○

14 Dec 06  
cont.  
→ Mice from CMP not MSU mice at Reynolds.  
2 ICB mice sacrificed @ CMP + exsanguinated - blood to Josh.  
2 eggs in Pm 323 bled from lateral saphenous - blood to Josh.  
→ Guinea pigs

18 Dec 06  
H<sup>3</sup>T added to lymphoprolif. cultures.  
cells harvested in Mwangi lab + filters kept there for reading tomorrow.  
Guinea pigs

19 Dec 06  
Lymphoprolif assays from Gps 85 235-37, 297-52, + 253-55 run  
on B cell counter in Mwangi lab.  
Guinea pigs

Plate 1  
Cassette information:  
Assay: -/Prot: -/Cass: -/Func: -/Cassette no: 1/Shelf: 1/8\*12

CCPM1

	1	2	3	4	5	6	7	8	9	10	11	12
A	901	923	899	588	761	783	205	134	205	310	359	330
B	221	154	236	178	254	201	199	230	264	250	300	318
C	387	356	371	326	313	262	216	244	189	189	248	437
D	278	231	285	321	317	384	203	130	206	165	212	266
E	252	159	242	211	228	164	189	207	155	182	216	331
F	236	190	165	310	208	232	168	170	118	216	174	229
G	23	17	41	27	18	35	4	23	31	10	29	45
H	10	12	4	0	4	8	12	6	10	2	6	22

Plate 2  
Cassette information:  
Assay: -/Prot: -/Cass: -/Func: -/Cassette no: 2/Shelf: 2/8\*12

CCPM1

	1	2	3	4	5	6	7	8	9	10	11	12
A	28932	26037	35674	16419	16745	16618	557	679	659	284	254	201
B	33643	59593	61478	38637	50701	35699	6161	7194	2347	1293	1031	1126
C	64580	66566	69574	22653	35185	23848	114	332	115	151	119	298
D	76232	71971	74308	46136	45304	44070	826	970	1132	302	258	294
E	47517	54782	52696	38212	34318	37162	1598	778	857	161	284	241
F	44670	68628	8963	24432	39647	47814	711	177	116	114	163	108
G	2099	1225	1527	1564	955	51	19	18	18	27	16	33
H	97	29	17	17	10	14	6	4	14	12	6	8

Plate 3

Guinea Pigs

Cassette information:

Assay:-/Prot:-/Cass:-/Func:-/Cassette no: 3/Shelf: 3/8\*12

CCPM1

	1	2	3	4	5	6	7	8	9	10	11	12
A	10574	11221	14512	4391	5202	4543	1180	1123	1033	828	625	528
B	4305	6442	6082	1358	1279	1239	458	368	375	363	369	334
C	7383	6182	7414	1955	1908	1942	508	511	488	306	344	421
D	58256	79084	1482	70361	63038	62934	138	134	161	189	246	68
E	65031	70590	57194	48687	39369	46306	10117	7441	10715	559	588	165
F	43620	53468	51084	13914	21510	15849	4522	11334	8437	482	500	374
G	1405	2806	99	3746	1066	2461	538	31	1669	27	298	96
H	21	41	27	19	18	14	4	19	12	10	12	2

Plate 4

Cassette information:

Assay:-/Prot:-/Cass:-/Func:-/Cassette no: 4/Shelf: 4/8\*12

CCPM1

	1	2	3	4	5	6	7	8	9	10	11	12
A	57962	50647	53503	29069	33879	26640	1621	1485	1382	558	590	629
B	47455	46316	1163	35184	47821	397	1399	1493	195	344	342	258
C	53325	56629	207	29932	47117	307	303	185	171	226	216	550
D	962	2199	405	2578	1869	340	185	159	169	193	272	671
E	587	362	388	498	368	495	218	212	271	186	310	859
F	442	322	475	207	290	302	226	288	563	390	331	304
G	33	85	21	31	31	55	37	66	202	104	63	86
H	14	14	10	14	10	41	16	12	35	10	12	8

Plate 5

Cassette information:

Assay:-/Prot:-/Cass:-/Func:-/Cassette no: 5/Shelf: 5/8\*12

CCPM1

	1	2	3	4	5	6	7	8	9	10	11	12
A	32568	16179	23141	6200	1511	5905	895	1302	1936	278	715	786
B	63208	53047	27828	37945	12086	28699	3148	4246	5394	324	556	260
C	80710	74889	27430	11114	7299	4772	9846	12150	4769	302	600	280
D	32159	50183	186	28355	37085	165	2510	2274	50	580	242	26
E	698	1512	264	3459	4039	327	592	462	269	596	88	22
F	167	213	132	794	520	58	337	265	102	427	65	10
G	41	52	16	50	78	8	45	29	6	59	29	6
H	14	19	16	10	16	16	12	31	8	2	38	8

Plate 6

Cassette information:

Assay:-/Prot:-/Cass:-/Func:-/Cassette no: 6/Shelf: 6/8\*12

CCPM1

	1	2	3	4	5	6	7	8	9	10	11	12
A	9753	41868	33033	3873	7801	16125	4905	3252	3891	747	635	79
B	32017	52046	44754	31388	45045	27858	10116	10272	6746	437	625	133
C	63699	51956	33883	10052	10877	6644	9061	11166	7795	534	518	367
D	40938	28659	262	22286	17836	232	2511	2491	145	391	334	129
E	552	576	99	922	934	230	382	345	141	329	373	253

## Mice in question.

20 Dec 06 Rec'd Montana mice. Serum + spleens collected + saved for ELISA + RT-PCR. Samples in BTBD -20°C.

Group 1 mouse #5 was not in the cage and was not in most recent change-out (Ken checked). Room was also checked.

Wts (spleen + BW) on next pg. (p14)

Some mice in groups 3-12 + 16-17 had marked peritonitis at necropsy. (Animals w/ marked peritonitis are indicated w/ a "P" in front of their #s on the xl spreadsheet.) The extent of peritonitis did not appear to be related to spleen size.

28 Dec 06 L929 cells recovered + restarted w/ fresh media.

3 Jan 07<sup>12</sup> Supplemented L929 cell media + split out flasks.

9 Jan 07<sup>12</sup> Rec'd RFP for ACLAM Foundation

Important dates: Letter of Intent Jan 30, 2007

Full Grant Proposal April 5, 2007

Grant idea - Evaluation of novel diagnostic methodologies (i.e. ELISA, qPCR vs. IFA, serology) to determine Q fever infection status in laboratory sheep.

CoPIs - Dr J + Masako?

Apply for the Elizabeth R. Griffin Research Foundation grant for zoonotic dzs.

ACD8 Ab arrived in Peters' group in CA. Aliquotted + stored @ -80°C - See Peters exp. notebook.

Group	Number	Body wt (g)	Spleen wt (g)
1 no #s	1	20.048	1.440
	2	22.329	1.255
	3	20.075	1.094
	4	19.979	1.078
	5		
2	1	18.906	0.543
	2	21.390	0.182
	3	21.633	0.601
	4	22.828	1.285
	5	20.602	0.901
3	1	22.712	1.177
	2	22.517	1.522
	P3	20.413	1.203
	4	21.029	1.196
	5	22.125	1.545
	6	21.949	1.360
4	1	21.425	0.738
	P2	22.986	1.272
	3	20.180	1.179
	P4	20.744	0.872
	P6	21.871	0.518
5	1	20.319	1.289
	P2	21.421	0.511
	4	21.754	0.932
	5	21.540	1.292
	P6	20.622	0.258
6	P1	17.653	0.444
	2	22.951	0.458
	3	21.759	0.572
	4	22.652	1.509
	5	23.090	1.304
	6	21.149	0.997
7	1	21.937	1.379
	2	22.450	1.078
	P3	21.719	1.422
	4	21.616	0.489
	5	22.504	1.193
	P6	23.544	1.176
8	P1	20.752	0.986
	P2	22.942	0.756
	3	22.487	1.302
	4	22.740	1.233
	5	19.105	0.837
	6	20.716	0.987
17	1	20.429	0.722
	P2	20.291	0.794
	2	19.017	1.120

Group	Number	Body wt (g)	Spleen wt (g)
9	P1	21.564	0.624
	2	21.304	1.098
	3	19.795	1.076
	4	22.235	0.732
	5	20.786	1.298
	6	18.228	1.054
10	P1	20.611	0.534
	3	21.370	1.136
	P4	22.734	1.049
	5	18.853	1.012
	6	19.481	0.507
11	P1	21.469	0.860
	P2	20.937	0.546
	P3	20.190	0.689
	4	21.903	0.931
	5	20.128	0.995
	P6	22.654	1.188
12	P1	21.179	1.215
	2	19.004	1.165
	3	19.817	0.499
	4	20.467	1.007
	5	21.331	1.439
	6	23.140	1.354
13	1	16.310	0.566
	2	21.883	0.422
	3	21.835	1.224
	4	20.944	0.318
	5	20.692	1.387
	6	19.880	1.309
14	1	19.941	1.275
	3	18.914	0.525
	4	21.179	0.961
	5	22.344	1.827
	6	20.251	0.405
	15 no #s	1	19.540
2		18.375	1.126
3		19.883	1.185
4		20.486	1.123
5		21.518	1.153
16	P1	22.798	0.791
	P2	19.471	0.649
	3	19.117	1.22
	P4	23.579	0.741
	6	21.723	1.094
17	P4	23.38	1.002
	5	23.786	1.479
	P6	22.277	1.510



**Office of Research Compliance  
Quality Assurance – IBC Adverse Event (AE) Audit**

QA Date: 7-21-07  
QA Reviewer: Angelia Raines  
Lab Number: Unknown  
PI: Unknown

Records received from:

**B. Mattox** Date: **07-19-07**

AE Date: **04-08-2004** AE Type: **Exposure**

Biohazardous material or toxin involved: **Brucella**  
AE Reported to: RO: **X** ARO: **X** CDC \_\_\_\_\_ NIH \_\_\_\_\_ IBC \_\_\_\_\_  
Other (describe) **ULAC (now known as IACUC), the BSO/ARO,  
Dept. Head**

---

**Description of AE.**

**A graduate student injected her hand with Brucella. The student saw an MD and was placed on antibiotics.**

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**Outcome of AE Investigation: No documentation available.**

**Review Findings: The AE occurred in 2004 and the only records available for review were emails. There was no documentation to support an investigation, medical follow-up beyond initial treatment or reporting requirements. Although it appears that the incident could have involved a SBAT, this could not be verified. Most records older than 3 years old were not maintained.**

**The AE occurred before TAMU developed clear procedures for reporting, investigating and monitoring AEs. SOP 601, 602 and 603 are now in place and all employees have been trained.**

---

## Mattox, Brent S

---

**From:** Mattox, Brent S  
**Sent:** Tuesday, April 13, 2004 8:26 AM  
**To:** Buckley, Michael  
**Subject:** RE: Re: Lab accident

I have to call CDC this morning about another import/export question (not any of our regular contacts), otherwise the reply looked OK. I suspect we answered too broadly in some cases, as CDC seemed to be keying off of singular observances, but they were issues that needed dealt with anyway. Wonder when CDC will respond? NOTE: We will be officially transferred out of Business Services on the 15th (Thursday). We will be reporting (as far as I can tell) to Charlie Clark. As far as I can tell, our functions will not change. I will let you know what CDC has to say.

Brent

-----Original Message-----

**From:** Buckley, Michael  
**Sent:** Tuesday, April 13, 2004 6:40 AM  
**To:** Mattox, Brent S  
**Subject:** RE: Re: Lab accident

Brent,

Sounds good, how is everything else going? How did the CDC response look to you?

Mike

Michael W. Buckley, Ph.D.  
Director, Research Compliance  
Texas A&M University  
MS 1112  
Office of the Vice President for Research  
College Station, Texas 77843-1112  
979.847.9362

>>> "Mattox, Brent S" <bsmattox@tamu.edu> 4/12/2004 1:20:01 PM >>>  
We were informed. All accidents are investigated, but there is no requirement with the exception that needle sticks must be reported to TDH under the bloodborne pathogens rule.

Brent

-----Original Message-----

**From:** Buckley, Michael  
**Sent:** Monday, April 12, 2004 9:00 AM  
**To:** Mattox, Brent S  
**Cc:** Meyer, Chris; Wei Zhao  
**Subject:** Fwd: Re: Lab accident

Brent,

Not sure if you have been informed about this accidental exposure.

I have looked thru the CFRs and can't find anything which requires us report this incident - are you familiar with any requirements? Also, does EHS usually investigate this events and file an internal report on them? I was just curious if we should cross reference the procedure this tech was using with what is described in the protocol as a QA

issues to see if there were procedure problems, or just an mistake.  
If  
you need any information out of the file here just let me know and  
we'll  
have it sent over to you.

What are your thoughts?

Mike

Michael W. Buckley, Ph.D.  
Director, Research Compliance  
Texas A&M University  
MS 1112  
Office of the Vice President for Research  
College Station, Texas 77843-1112  
979.847.9362

>>> Michael Buckley 4/12/2004 8:53:17 AM >>>  
Betsy,

Thanks for passing this along. I will brief Wei at our meeting this  
afternoon - not sure what else would be required. I have looked over  
the federal regulations on SBATs and did not find any reporting  
requirements for accidental exposures.

Mike

Michael W. Buckley, Ph.D.  
Director, Research Compliance  
Texas A&M University  
MS 1112  
Office of the Vice President for Research  
College Station, Texas 77843-1112  
979.847.9362

>>> "Betsy Browder" <ejb@tamu.edu> 4/9/2004 4:59:02 PM >>>  
Melanie and Mike,

EHS and HR are informed through the First Report of Injury but I  
wanted  
to let you both know about this to avert surprises.  
If there is a need for further documentation that either of you might  
be aware of please let John Quarles know.  
Thanks,  
bb

>>> John M. Quarles<QUARLES@medicine.tamu.edu> 4/9/2004 4:10:45 PM >>>  
Thanks Betsy. We've already done that and the "sharps" report also.

>>> "Betsy Browder" <ejb@tamu.edu> 04/09/04 04:10PM >>>  
Hi John,  
Nothing specific regarding the animals but the "First Report of  
Injury"  
form needs to get to the Campus Environmental Health and Safety  
Office.

Their fax number is 5-1348.  
bb

>>> John M. Quarles 4/9/2004 10:01:07 AM >>>  
Betsy-  
One of our graduate students injected her hand with Brucella yesterday

Director, Research Compliance  
Texas A&M University  
MS 1112  
Office of the Vice President for Research  
College Station, Texas 77843-1112  
979.847.9362

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>>> John M. Quarles 4/9/2004 10:01:07 AM >>>  
Betsy-  
One of our gra late students injected her hand with Brucella yesterday  
afternoon. She saw a doc at S&W, is on antibiotics, and has a  
appointment with occupational health. Is there any reporting we need  
to  
do to you or ULAC or any thing about animals?  
Thanks,  
John

**Office of Research Compliance  
Quality Assurance – IBC Adverse Event (AE) Audit**

QA Date: 7-21-07  
QA Reviewer: Angelia Raines  
Lab Number: Unknown  
PI: Unknown

Records received from:

**B. Mattox** Date: 07-19-07

AE Date: 04-08-2004 AE Type: Exposure

Biohazardous material or toxin involved: Brucella  
AE Reported to: RO: X ARO: X CDC \_\_\_\_\_ NIH \_\_\_\_\_ IBC \_\_\_\_\_  
Other (describe) ULAC (now known as IACUC), the BSO/ARO,  
Dept. Head

---

**Description of AE.**

**A graduate student injected her hand with Brucella. The student saw an MD and was placed on antibiotics.**

---

**Outcome of AE Investigation: No documentation available.**

**Review Findings: The AE occurred in 2004 and the only records available for review were emails. There was no documentation to support an investigation, medical follow-up beyond initial treatment or reporting requirements. Although it appears that the incident could have involved a SBAT, this could not be verified. Most records older than 3 years old were not maintained.**

**The AE occurred before TAMU developed clear procedures for reporting, investigating and monitoring AEs. SOP 601, 602 and 603 are now in place and all employees have been trained.**

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Director, Research Compliance  
Texas A&M University  
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Office of the Vice President for Research  
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Thanks,  
John

**SBAT  
Training  
Certifications**

**(1 of 2)**

**Dr. Adams**

**Dr. Ficht**



15. TEST OF COMPREHENSION

Question

Answer (True or False)

- Street clothes may be worn in the BSL3 area under certain circumstances. **false**
- Contaminated materials may be opened on the benchtop. **false**
- When not inside a biosafety cabinet all contaminated materials must be kept in double-containers. **True**
- All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets. **True**
- Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work. **True**
- In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr. ~~False~~ **True**
- Spills should be covered with absorbent material and the site disinfected with bleach or other agent. **True**

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation

Warning

Second violation

Probation and 2-month prohibition from working in the BSL3 suite

Third violation

Dismissal from the TAMU payroll

Employee

Date

I have checked this employee's test answers and we have discussed the BSL3 procedures.

Employer

Date

# Training: Adams

**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.

## II. 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 of laboratory containing select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a Restricted Person as defined 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 Burkholderia malleus in laboratory room(s) 15-1105 and the select agent storage facility in room 15-1105 under the direction of H.G. Adams

I further certify that I understand the hazards of working with Burkholderia malleus, 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

H.G. Adams  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

12-15-05  
\_\_\_\_\_  
Date

H. Gary Adams  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

Witnessed by:  
Sara Lawton

12-15-2005

(Reproduce this document as needed to cover all personnel)

15. TEST OF COMPREHENSION

Question

Answer (True or False)

- Street clothes may be worn in the BSL3 area under certain circumstances. **F**
- Contaminated materials may be opened on the benchtop. **F**
- When not inside a biosafety cabinet all contaminated materials must be kept in double-containers. **T**
- All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets. **T**
- Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work. **T**
- In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr. **T**
- Spills should be covered with absorbent material and the site disinfected with bleach or other agent. **T**

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation

Warning

Second violation

Probation and 2-month prohibition from working in the BSL3 suite

Third violation

Dismissal from the TAMU payroll

Employee

Date

I have checked this employee's test answers and we have discussed the BSL3 procedures.

Employer

Date

*W. G. Adams*      *15 XION*

Witnessed by:

*Lara Lawhorn*

*12-15-2005*

Certificate of Training (Maintenance Personnel)

Texas A&M University

Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I understand the laboratory security, policies and procedures for working in the BSL3 laboratory suite 125 to 135 under the direction of Dr. Thomas A. Ficht and agree to never go unescorted into these facilities or without recording entry and exit.

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

Signature

L. G. Adams

Date

14 JUL 05

Printed name

L. G. Adams

Position/Title

Assoc. Dean - SI

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

VNR 108

Social security number

Date of birth

17 JUL 1941

Email address

ladams@cvm.tamu.edu

Supervisor's signature

L. G. Adams

Supervisor's printed name

L. G. Adams

Date

14 JUL 05

**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.

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- **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**

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## **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).



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 emergency policies and procedures for working with B. Adams in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of L.G. Adams

I further certify that I understand the hazards of working with Bruce/12 sp. Rift Valley Fever 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.

L.G. Adams  
Signature of Person Receiving Training

7/10/05  
Date

L.G. Adams  
Printed name of Person Receiving Training

L.G. Adams  
Supervisor/Authorized Person Signature

7/10/05  
Date

L.G. Adams  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

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

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

Signature: L. G. Adams  
Printed Name: L. G. Adams

Date: 7/1/05  
Title: Assoc. Dean

Witness: D. G. Liere  
Printed Name: Douglas Liere

Title: Student Worker

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

**CERTIFICATION**

I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins that includes \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Roger L Adams Jr.  
Signature of Person Receiving Training

7-17-2007  
Date

Roger L Adams Jr.  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

[Signature]  
Signature of Person Receiving Training

7-17-07  
Date

THOMAS C. ADAMS  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

  
Signature of Person Receiving Training

7-17-07  
Date

Murray Akines  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-17-07  
\_\_\_\_\_  
Date

Frank Andolino (LMS)  
\_\_\_\_\_  
Printed name of Person Receiving Training

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
Supervisor/Authorized Person Signature

7/17/07  
\_\_\_\_\_  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers

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Additionally, by signing this form, I certify that I have read agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) 134 VMR under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Chloe Anth's

Signature of Person Receiving Training

7-17-07

Date

Chloe Anth's

Printed name of Person Receiving Training

Melissa Kahl-McDonagh

Supervisor/Authorized Person Signature

7/17/07

Date

Melissa M. Kahl-McDonagh

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

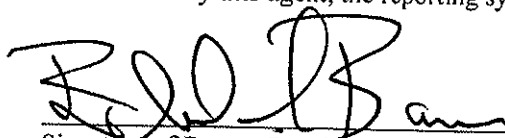
# CERTIFICATION

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 that includes room numbers

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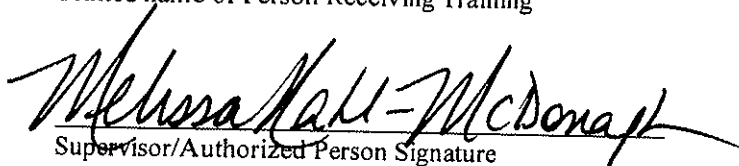
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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

2-17-07  
Date

EDWARD G. BARRON  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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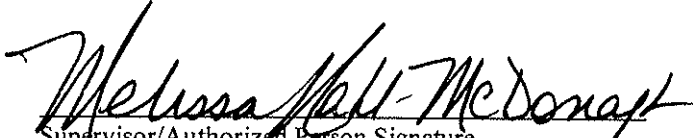
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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-17-07  
\_\_\_\_\_  
Date

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

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

7/17/07  
\_\_\_\_\_  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Larry Burch

Signature of Person Receiving Training

7-18-07

Date

LARRY BURCH

Printed name of Person Receiving Training

Melissa Kahl-McDonagh

Supervisor/Authorized Person Signature

7/18/07

Date

Melissa M. Kahl-McDonagh

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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Larry Borch II  
Signature of Person Receiving Training

7-18-07  
Date

Larry Borch II  
Printed name of Person Receiving Training

Melissa M. Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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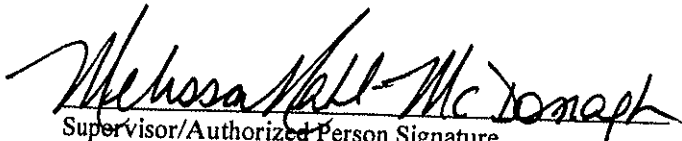
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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

Sherilyn Carroll  
Printed name of Person Receiving Training

19 July 2007  
Date

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

7/19/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers \_\_\_\_\_

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-18-07  
\_\_\_\_\_  
Date

Mike A Carson  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/18/07  
\_\_\_\_\_  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**Certificate of Training**

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp., Mycobacterium spp. and Rift Valley Fever Vaccine Strains only in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of C. Garry Adams.

I further certify that I understand the hazards of working with Brucella spp., Mycobacterium spp. and Rift Valley Fever Vaccine Strains only; 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]  
Signature

11-22-04  
Date

Douglas Liene  
Printed name

Student Workers  
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  
Date and location of training

Social security number

11-20-81  
Date of birth

snyc-f181@yahoo.com  
Email address

[Signature]  
Supervisor's signature

22 XI 04  
Date

L. G. Adams  
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 that includes room numbers \_\_\_\_\_

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Adrian Contreras  
Signature of Person Receiving Training

7-18-07  
Date

ADRIAN CONTRERAS  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella sp. in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. L. G. Adams.

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

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

  
Signature of Person Receiving Training

April 19, 2005  
Date

Roy Cox  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

April 19, 2005  
Date

ROBERTA PUGH  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

[Signature]  
Signature of Person Receiving Training

7/17/07  
Date

Jose R. Cruz  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

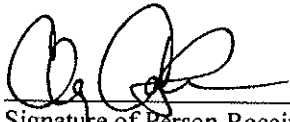
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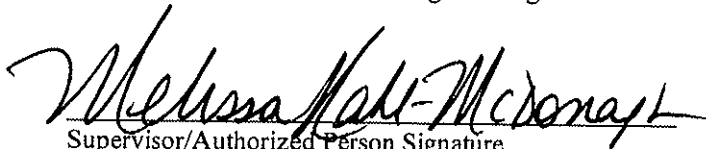
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\_\_\_\_\_  
Signature of Person Receiving Training

<sup>ae</sup>  
7-17-07  
Date

Clay Cunningham  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

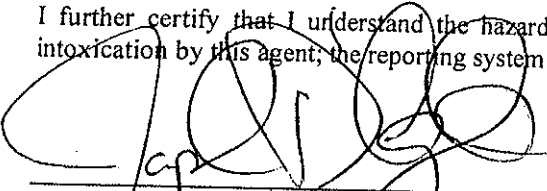
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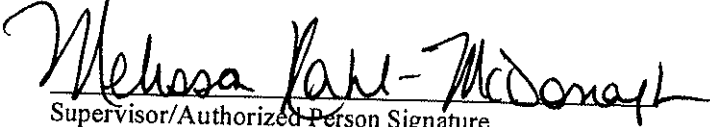
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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

18 July 2007  
Date

Joseph D'Agostino  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/18/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-18-07  
Date

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

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

7/18/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp., Mycobacterium in laboratory Rift Valley Fever room(s) 5799S and the select agent storage facility in room 5799S under the direction of L. Gary Adams.

I further certify that I understand the hazards of working with Brucella spp., Mycobacterium the Rift Valley Fever 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.

Garrett Dodd  
Signature

11/22/04  
Date

Garrett Dodd  
Printed name

Student Tech  
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  
Date and location of training

Social security number

07/03/83  
Date of birth

Email address  
L.G. Adams

22/11/04  
Date

Supervisor's signature  
L.G. Adams  
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 Bruella abortus, suis, melitensis in laboratory room( ) and the select agent storage facility under the direction of Dr. Garry Adams (VMR).

I further certify that I understand the hazards of working with B. abortus, B. suis, B. melitensis; 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.

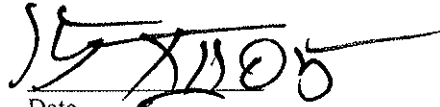
  
Signature of Person Receiving Training

JOSELY FERREIRA FIGUEIREDO  
Printed name of Person Receiving Training

12/15/05  
Date

  
Supervisor/Authorized Person Signature

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

  
Date

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature Josey F. Figueredo  
Date 2/14/05  
Printed name JOSELY FERREIRA FIGUEREDO  
Position/Title Graduate Student / DVM/MS

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

Have you undergone training with regard to personal safety, and security?  Yes.  No.  
Date and location of training 2/14/05 VRB 108

Social security number \_\_\_\_\_  
Date of birth Dec/06/1974  
Email address JFIGUEREDO@CVM.TAMU.EDU

Supervisor's signature L. G. Adams  
Supervisor's printed name L. G. Adams  
Date 4/11/05

Animal Biosafety Level 3

15. TEST OF COMPREHENSION

Question	Answer (True or False)
F > Street clothes may be worn in the BSL3 area under certain circumstances.	
F > Contaminated materials may be opened on the benchtop.	
T > When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.	
T > All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.	
T > Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.	
T > In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.	
T > Spills should be covered with absorbent material and the site disinfected with bleach or other agent.	

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation	Warning
Second violation	Probation and 2-month prohibition from working in the BSL3 suite
Third violation	Dismissal from the TAMU payroll

12/15/05

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Employee \_\_\_\_\_ Date \_\_\_\_\_  
 I have checked this employee's test answers and we have discussed the BSL3 procedures.

L. S. Adams \_\_\_\_\_  
 Employer Date



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

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

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

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

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

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

Signature: Josely F. Figueroa Date: 02/07/05  
 Printed Name: JOSELY FIGUEROA FIGUEROA Title: Graduate Student  
 Witness: CARLOS A. ROSSETTI  
 Printed Name: [Signature] Title: GRADUATE STUDENT

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

**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).

## CERTIFICATION

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

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

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.

Josey J. Figueroa  
Signature of Person Receiving Training

JOSEY FERREIRA FIGUEROA  
Printed name of Person Receiving Training

2/07/05  
Date

H. G. Adams  
Supervisor/Authorized Person Signature

H. G. Adams  
Printed Name of Authorized Person Providing Training

2/7/05  
Date

(Reproduce this document as needed to cover all personnel)

Certificate of Training

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Bacillus spp, mycobacterium spp and Rift valley fever vaccu strains in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of L. Grady Adams.

I further certify that I understand the hazards of working with Bacillus sp, mycobacterium spp,; the Rift valley fever vaccine; 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.

Josey Ferrera Figueredo  
Signature

11/22/04  
Date

JOSEY FERRERA FIGUEREDO  
Printed name

Graduate Student  
Position/Title

Are you a US citizen?  
 Yes.  No.

Brazil  
Country of your citizenship (if not USA)

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

Room 108 Building 1197 Date: 11/22/04  
Date and location of training

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

Dec/06/1974  
Date of birth

JFIGUEREDO@CVM.TAMU.EDU  
Email address

L. G. Adams  
Supervisor's signature

22X104  
Date

L. G. Adams  
Supervisor's printed name

**Certificate of Training**

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp., Mycobacterium spp. and Rift Valley Fever vaccine strains only in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of L. Garry Adams.

I further certify that I understand the hazards of working with Brucella spp., Mycobacterium spp. and Rift Valley Fever vaccine strain only; 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.

Tamara Gull  
Signature

22 Nov 04  
Date

Tamara Gull  
Printed name

graduate student  
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.

22 Nov 04  
Date and location of training

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

03-26-68  
Date of birth

tgull@cvm.tamu.edu  
Email address

L. G. Adams  
Supervisor's signature

22 Nov 04  
Date

L. G. Adams  
Supervisor's printed name

**Certificate of Training**

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella<sup>sp.</sup>, Mycobacterium<sup>sp.</sup> and Rift Valley Fever Vaccine in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Gary Adams.

I further certify that I understand the hazards of working with Brucella<sup>sp.</sup>, Mycobacterium<sup>sp.</sup> and Rift Valley Fever Vaccine; 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 BIII 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.

Donald Rit Hanley  
Signature

11/22/04  
Date

Donald Rit Hanley  
Printed name

Student Techs  
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  
Date and location of training

Social security number  
0111 1111 1111

1/25/80  
Date of birth

Email address

H.G. Adams  
Supervisor's signature

22 XI 04  
Date

H.G. Adams  
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 that includes room numbers:

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

James Fish  
Signature of Person Receiving Training

7-18-07  
Date

James Fish  
Printed name of Person Receiving Training

Melissa M. Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7/17/07  
Date

Jason Ferd  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Felipe Garcia Jr  
Signature of Person Receiving Training

July 17, 2007  
Date

Felipe Garcia Jr.  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Richard Hanhart  
Signature of Person Receiving Training

2/17/07  
Date

Richard Hanhart  
Printed name of Person Receiving Training

Melissa M. Kahl-McDonagh  
Supervisor/Authorized Person Signature

2/17/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

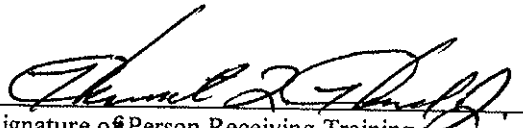
# CERTIFICATION

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 that includes room numbers 1'

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

  
Signature of Person Receiving Training

7-17-07  
Date

Hubert T. Havel Jr.  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7/18/07  
\_\_\_\_\_  
Date

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

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

7/18/07  
\_\_\_\_\_  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers

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Sonya Hebert  
Signature of Person Receiving Training

7/19/07  
Date

Sonya Hebert  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/19/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Amelia Henderson  
Signature of Person Receiving Training

7-17-07  
Date

Amelia Henderson  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

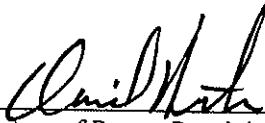
## CERTIFICATION

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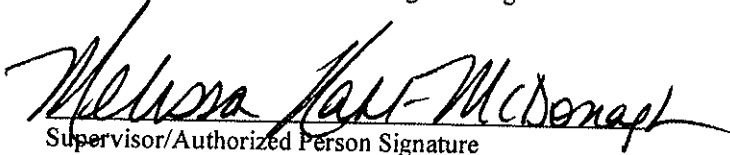
\_\_\_\_\_  
Signature of Person Receiving Training

7-18-07

Date

David Henthorn

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



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

7/18/07

Date

Melissa M. Kahl-McDonagh

\_\_\_\_\_  
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 that includes room numbers

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Chris Herron  
Signature of Person Receiving Training

7/18/07  
Date

Chris Herron  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



## CERTIFICATION

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

7-17-07  
Date

Joel S. Herrera  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers \_\_\_\_\_.

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Paul R Hundl  
Signature of Person Receiving Training

7/17/07  
Date

Paul R Hundl  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**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.

## II. 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/chsd/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 Bacillus anthracis, B. melitensis in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. L. G. Adams.

I further certify that I understand the hazards of working with Bacillus anthracis, suis + millersii; 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.

Doris Hunter  
Signature of Person Receiving Training

12-15-05  
Date

Doris Hunter  
Printed name of Person Receiving Training

L. G. Adams  
Supervisor/Authorized Person Signature

15 JUL 05  
Date

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

(Reproduce this document as needed to cover all personnel)

Animal Biosafety Level 3

15. TEST OF COMPREHENSION

Question	Answer (True or False)
F > Street clothes may be worn in the BSL3 area under certain circumstances.	
F > Contaminated materials may be opened on the benchtop.	
T > When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.	
T > All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.	
T > Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.	
T > In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.	
T > Spills should be covered with absorbent material and the site disinfected with bleach or other agent.	

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

<b>First violation</b>	Warning
<b>Second violation</b>	Probation and 2-month prohibition from working in the BSL3 suite
<b>Third violation</b>	Dismissal from the TAMU payroll

---

Employee Doris Hunter Date 12-15-05

I have checked this employee's test answers and we have discussed the BSL3 procedures.

1581505 [Signature]

---

Employer \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

Signature Doris Hunter

Date 2-14-05

Printed name Doris Hunter

Position/Title Research Assistant

Are you a US citizen?  Yes.  No.

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

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

Date and location of training 2-14-05 \_\_\_\_\_

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

Date of birth 11-13-40

Email address dhunter@cvm.tamu.edu

Supervisor's signature H. G. Adams

Supervisor's printed name H. G. Adams

Date 14 II 05

**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).



# CERTIFICATION

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

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella sp.* in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of *Dr L.G. Adams*.

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

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

*Doris Hunter*  
Signature of Person Receiving Training

*2-7-05*  
Date

*Doris Hunter*  
Printed name of Person Receiving Training

*L.G. Adams*  
Supervisor/Authorized Person Signature

*2/7/05*  
Date

*L.G. Adams*  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

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

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

Signature: Doris Hunter

Date: February 7, 2005

Printed Name: Doris Hunter

Title: Research Assistant

Witness: Roberta Pugh

Title: Research Associate

Printed Name: ROBERTA PUGH

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

Certificate of Training

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Bacillus species, Mycobacterium in laboratory <sup>Step. + Rift Valley fever vaccine strains only</sup> room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. L. K. Adams

I further certify that I understand the hazards of working with Bacillus spp, Mycobacterium, the <sup>sppt Rift Valley fever vaccine strains only</sup> 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.

Doris Hunter  
Signature

11-22-04  
Date

Doris Hunter  
Printed name

Research Assistant  
Position/Title

Are you a US citizen?  
 Yes.     No.

Country of your citizenship (if not USA)

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

11-22-04  
Date and location of training

Social security number

11-13-40  
Date of birth

dhunter@cvm.tamu.edu  
Email address

L. G. Adams  
Supervisor's signature

22/10/04  
Date

L. G. Adams  
Supervisor's printed name

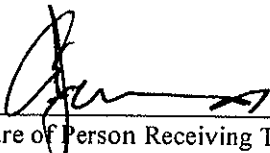
**CERTIFICATION**

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 that includes room numbers \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-17-07  
Date

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

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

07-18-07  
Date

Donald R Johnson Sr  
Printed name of Person Receiving Training

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

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

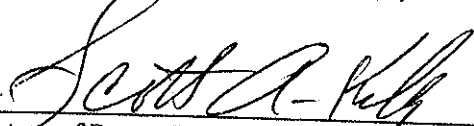
# CERTIFICATION

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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.



Signature of Person Receiving Training

7/19/07  
Date

Scott A. Kelly

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

7/19/07  
Date

Melissa M. Kahl-McDonagh

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 abortus, suis, melitensis in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Garry Adams

I further certify that I understand the hazards of working with Brucella abortus, suis, melitensis 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.

Sangeeta  
Signature of Person Receiving Training

12/15/05  
Date

SANGEETA KHARE  
Printed name of Person Receiving Training

G. Adams  
Supervisor/Authorized Person Signature

15 XII 05  
Date

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

(Reproduce this document as needed to cover all personnel)

15. TEST OF COMPREHENSION

Question	Answer (True or False)
➤ Street clothes may be worn in the BSL3 area under certain circumstances.	False
➤ Contaminated materials may be opened on the benchtop.	False
➤ When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.	True
➤ All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.	True
➤ Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.	True
➤ In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.	True
➤ Spills should be covered with absorbent material and the site disinfected with bleach or other agent.	True

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation	Warning
Second violation	Probation and 2-month prohibition from working in the BSL3 suite
Third violation	Dismissal from the TAMU payroll

---

Employee Sangeetha Date 12/15/05  
 I have checked this employee's test answers and we have discussed the BSL3 procedures.

W.G. Adams 12/15/05  
 Employer Date



Certificate of Training (Maintenance Personnel)

Texas A&M University

Facilities and Research Laboratories with Select Agents or Toxins

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

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

Signature

*Sangeeta*

Date

2/14/05

Printed name

SANGEETA KHARE

Position/Title

ASSOCIATE RESEARCH SCIENTIST

Are you a US citizen?

Yes.  No.

Country of your citizenship (if not USA)

INDIA

(permanent Resident in U.S.)

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

Yes.  No.

Date and location of training

2/14/05

Social security number

Date of birth

2-21-1965

Email address

Skhare@cvm.tamu.edu.

Supervisor's signature

*L. S. Adams*

Supervisor's printed name

L. S. ADAMS

Date

2/11/05

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

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

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

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

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

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

Signature: *Sangeeta*

Date: 2/7/05

Printed Name: SANGEETA KHARE

Title: Associate Research Scientist

Witness: *[Signature]*

Printed Name: Alan Patrulla

Title: Research Technician

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

**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).

# CERTIFICATION

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

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp. in laboratory room(s) Y-100 and the select agent storage facility in room                      under the direction of Dr. L.G. Adams.

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.

Sangeeta  
Signature of Person Receiving Training  
SANGEETA KHARE  
Printed name of Person Receiving Training

2/7/05  
Date

L.G. Adams  
Supervisor/Authorized Person Signature  
L.G. Adams  
Printed Name of Authorized Person Providing Training

2/11/05  
Date

(Reproduce this document as needed to cover all personnel)

Certificate of Training

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp, Mycobacterium spp, Rift valley fever vaccine strain only and the select agent storage facility in room 100 under the direction of L. Garry Adams.

I further certify that I understand the hazards of working with Brucella spp, Mycobacterium spp, Rift valley fever vaccine strain; 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.

Sangeeta Khare
Signature

11/22/04
Date

SANGEETA KHARE
Printed name

Associate Research Scientist
Position/Title

Are you a US citizen?
[ ] Yes. [x] No.

INDIA
Country of your citizenship (if not USA)

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

11/22/04
Date and location of training

Social security number

2/21/1965
Date of birth

SKhare @ cvm.tamu.edu
Email address

L. G. Adams
Supervisor's signature

11/22/04
Date

L. G. Adams
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 that includes room numbers \_\_\_\_\_.

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.



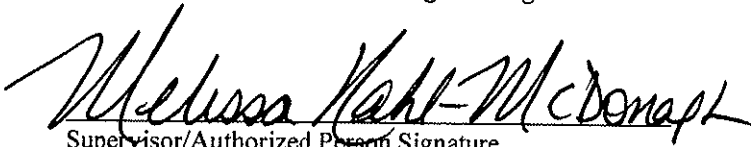
\_\_\_\_\_  
Signature of Person Receiving Training

7-18-07

\_\_\_\_\_  
Date

TRAVIS KINCANNON

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



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

7/18/07

\_\_\_\_\_  
Date

Melissa M. Kahl-McDonagh

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

(Reproduce this document as needed to cover all personnel)

**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 Brucella suis, Brucella abortus, Brucella melitensis laboratory room(s) 4 and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. L. Garvey Adams.

I further certify that I understand the hazards of working with Brucella abortus, Brucella suis, Brucella melitensis; 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.

Sara Dyaun Lawhon  
Signature of Person Receiving Training

12-15-2005  
Date

Sara Dyaun Lawhon  
Printed name of Person Receiving Training

L.G. Adams  
Supervisor/Authorized Person Signature

12/15/05  
Date

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

(Reproduce this document as needed to cover all personnel)

15. TEST OF COMPREHENSION

- | Question   | Answer (True or False) |
|--|------------------------|
| F > Street clothes may be worn in the BSL3 area under certain circumstances.   |                        |
| F > Contaminated materials may be opened on the benchtop.  |                        |
| T > When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.  |                        |
| T > All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.                      |                        |
| T > Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.                  |                        |
| T > In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr. |                        |
| T > Spills should be covered with absorbent material and the site disinfected with bleach or other agent.  |                        |

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

- |                         |  |
|-------------------------|--|
| <b>First violation</b>  | Warning  |
| <b>Second violation</b> | Probation and 2-month prohibition from working in the BSL3 suite |
| <b>Third violation</b>  | Dismissal from the TAMU payroll                                  |

<i>Sara Aurbach</i>	<i>12-15-2005</i>
---------------------	-------------------

<b>Employee</b>	<b>Date</b>
-----------------	-------------

I have checked this employee's test answers and we have discussed the BSL3 procedures.

<i>H.G. Adams</i>	<i>12-15-2005</i>
-------------------	-------------------

<b>Employer</b>	<b>Date</b>
-----------------	-------------

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

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

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

Signature

Sara D Lawhon

Date

2 - 14 - 2005

Printed name

Sara D. Lawhon

Position/Title

Postdoctoral Research Associate

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

\_\_\_\_\_

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

Yes.

No.

Date and location of training

2-14-2005 VMR 108

Social security number

\_\_\_\_\_

Date of birth

09/26/1969

Email address

slawhon@cvm.tamu.edu

Supervisor's signature

L.G. Adams

Supervisor's printed name

L.G. Adams

Date

14 Feb 05

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

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

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

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

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

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

Signature: Sara D. Lawhon

Date: February 7, 2005

Printed Name: Sara D. Lawhon

Title: Postdoctoral Research Associate

Witness: Roberta Pugh

Printed Name: ROBERTA PUGH

Title: Research Associate

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

**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).

**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 species in laboratory room(s) \_\_\_\_\_ the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. L. Garry Adams.

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

Sara D. Lawhon  
Signature of Person Receiving Training

February 7, 2005 (2-7-2005)  
Date

Sara D. Lawhon  
Printed name of Person Receiving Training

L. G. Adams  
Supervisor/Authorized Person Signature

8/10/05  
Date

L. G. Adams  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training

Texas A&M University

Facilities and Research Laboratories with Select Agents or Toxins

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella abortus, Tuberculosis laboratory

Rift Valley Fever

room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_

under the direction of Dr. L. G. Adams

I further certify that I understand the hazards of working with Brucella abortus, Tuberculosis 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.

Rift Valley Fever

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.

Sava D. Lawhon 11-22-04

Signature Date

Sava D. Lawhon Postdoctoral Research Associate

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? 11-22-04, online

Yes.  No. Date and location of training

07-26-1969

Social security number Date of birth

slawhon@cmr.tamu.edu

## 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 that includes room number:

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Thomas Loper  
Signature of Person Receiving Training

7-18-07  
Date

THOMAS M LOPER  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers \_\_\_\_\_.

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

David Lujan

Signature of Person Receiving Training

7-17-07

Date

David Lujan

Printed name of Person Receiving Training

Melissa Kahl-McDonagh

Supervisor/Authorized Person Signature

7/17/07

Date

Melissa M. Kahl-McDonagh

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

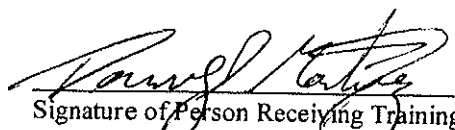
## CERTIFICATION

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 that includes room numbers \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-17-07  
Date

Daniel Joe Martinez  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

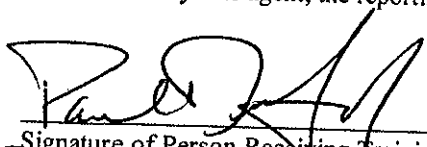
## CERTIFICATION

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 that includes room number \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7/18/07  
Date

Paul D. McNEEL Jr.  
Printed name of Person Receiving Training

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

7/18/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room number \_\_\_\_\_.

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L. Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Ricky Monroe  
Signature of Person Receiving Training

7-18-07  
Date

Ricky Monroe  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

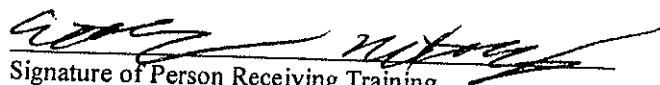
## CERTIFICATION

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 that includes room numbers

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.

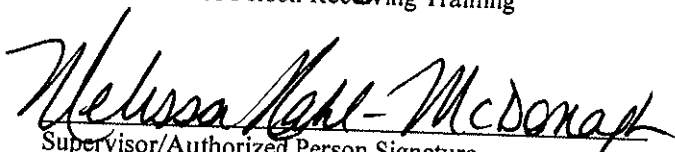
Additionally, by signing this form, I certify that I have read agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L. Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

  
Signature of Person Receiving Training

07-18-07  
Date

Ethan Montgomery  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

**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.

## II. 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 *Brucella abortus, B. melitensis* in laboratory room(s) *120* and the select agent storage facility in room      under the direction of *L G Adams*

I further certify that I understand the hazards of working with *Brucella abortus, B. melitensis, B. suis*; 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.

*Jairo S. Nunes*  
Signature of Person Receiving Training

*12/15/05*  
Date

JAIRO S. NUNES  
Printed name of Person Receiving Training

*L G Adams*  
Supervisor/Authorized Person Signature

*12/15/05*  
Date

      
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



**15. TEST OF COMPREHENSION**

Question

Answer (True or False)

- F > Street clothes may be worn in the BSL3 area under certain circumstances.
- F > Contaminated materials may be opened on the benchtop.
- T > When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.
- T > All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.
- T > Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.
- T > In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.
- T > Spills should be covered with absorbent material and the site disinfected with bleach or other agent.

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

- |                  |  |
|------------------|--|
| First violation  | Warning  |
| Second violation | Probation and 2-month prohibition from working in the BSL3 suite |
| Third violation  | Dismissal from the TAMU payroll                                  |

José E. dos S. Nunes 12/15/05  
Employee Date

I have checked this employee's test answers and we have discussed the BSL3 procedures.

[Signature] 12/15/05  
Employer Date

Certificate of Training (Maintenance Personnel)

Texas A&M University

Facilities and Research Laboratories with Select Agents or Toxins

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

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

Signature

Jairo E. dos S. Nunes

Date

02-14-05

Printed name

JAIRO NUNES

Position/Title

GRADUATE STUDENT / DVM, MS

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

BRAZIL

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

Yes.

No.

Date and location of training

02-14-05

Social security number

Date of birth

04-09-1976

Email address

jnunes@crv.tamu.edu

Supervisor's signature

L. G. Adams

Supervisor's printed name

L. G. ADAMS

Date

14 II 04

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

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

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

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

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

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

Signature: Jairo E. dos Santos Nunes  
Printed Name: JAIRO NUNES

Date: 02-07-2005  
Title: DVM, MS

Witness: Josely F. RIVERA  
Printed Name: Josely F. RIVERA

Title: \_\_\_\_\_

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

**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).

**CERTIFICATION**

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

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

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.

Jairo E. de Santos Nunes  
Signature of Person Receiving Training  
JAIRO NUNES  
Printed name of Person Receiving Training

02-07-2005  
Date

L.G. Adams  
Supervisor/Authorized Person Signature  
L.G. Adams  
Printed Name of Authorized Person Providing Training

02/07/05  
Date

(Reproduce this document as needed to cover all personnel)

Certificate of Training

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp, mycobacterium and Rift Valley Fever vaccine in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of L. Garry Adams.

I further certify that I understand the hazards of working with Brucella spp, mycobacterium spp, and Rift Valley Fever vaccine; 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.

Jairo E. Dos. Santos Nunes  
Signature

11-21-04  
Date

JAIRO E. DOS. SANTOS NUNES  
Printed name

GRADUATE STUDENT / DVM, MS  
Position/Title

Are you a US citizen?  
 Yes.  No.

BRAZIL  
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

11-21-04  
Date of birth

j.nunes@cvm.tamu.edu  
Email address

L. G. Adams  
Supervisor's signature

22X12  
Date

L. G. Adams  
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 B. Suis in laboratory room(s), MA and the select agent storage facility in room MA under the direction of Dr. Garry Adams

I further certify that I understand the hazards of working with B. abortus, B. melitensis, Rift Valley Fever, B. Suis; 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

12-15-05

Date

Alan Patranella

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

12-15-05

Date

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

15. TEST OF COMPREHENSION

Question

Answer (True or False)

- Street clothes may be worn in the BSL3 area under certain circumstances. *False*
- Contaminated materials may be opened on the benchtop. *False*
- When not inside a biosafety cabinet all contaminated materials must be kept in double-containers. *True*
- All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets. *True*
- Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work. *True*
- In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr. *True*
- Spills should be covered with absorbent material and the site disinfected with bleach or other agent. *True*

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation

Warning

Second violation

Probation and 2-month prohibition from working in the BSL3 suite

Third violation

Dismissal from the TAMU payroll

*Alan Patrone*  
\_\_\_\_\_  
Employee

*12-15-05*  
\_\_\_\_\_  
Date

I have checked this employee's test answers and we have discussed the BSL3 procedures.

*W. G. Adams*  
\_\_\_\_\_  
Employer

*12/15/05*  
\_\_\_\_\_  
Date



**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**

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- **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.
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**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 Dr G Adams in laboratory room(s) \_\_\_\_\_ 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 B. anthracis spores <sup>Rift Valley Fever</sup>; 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]  
Signature of Person Receiving Training

2-7-05  
Date

Alan Catarella  
Printed name of Person Receiving Training

[Signature]  
Supervisor/Authorized Person Signature

8/1/05  
Date

G. Adams  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

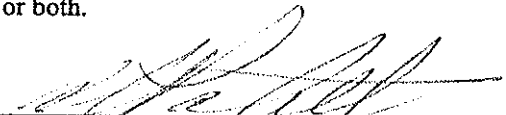
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

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

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

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

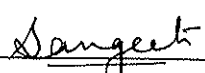
I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized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

Signature: 

Date: 2-7-05

Printed Name: Paul Patronek

Title: Research Technician

Witness: 

Printed Name: SANGEETA KHARE

Title: Associate Research Scientist

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

**Certificate of Training**

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Bacella spp, mycobacterium spp laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of L. Garry Adams *and RAV Valley Fever vaccine strain*

I further certify that I understand the hazards of working with Bacella spp, RAV Valley Fever vaccine strain 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]  
Signature

11-22-04  
Date

Alan Patranella  
Printed name

Animal Tech II  
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

09-25-77  
Date of birth

gadams988@cum.tamu.edu  
Email address

L.G. Adams  
Supervisor's signature

2/28/04  
Date

L.G. Adams  
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 abortus in laboratory room 1001 the select agent storage facility under the supervision of L. G. Adams.

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.

Robert Pugh  
Signature of Person Receiving Training

Dec 15, 2005  
Date

ROBERTA PUGH  
Printed name of Person Receiving Training

L. G. Adams  
Supervisor/Authorized Person Signature

15 XII 05  
Date

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

(Reproduce this document as needed to cover all personnel)

Animal Biosafety Level 3

15. TEST OF COMPREHENSION

Question

Answer (True or False)

False ~~True~~ Street clothes may be worn in the BSL3 area under certain circumstances.

False > Contaminated materials may be opened on the benchtop.

True > When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.

True > All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.

True > Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.

True > In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.

True > Spills should be covered with absorbent material and the site disinfected with bleach or other agent.

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation

Warning

Second violation

Probation and 2-month prohibition from working in the BSL3 suite

Third violation

Dismissal from the TAMU payroll

ROBERTA PUGH

December 15, 2005

Employee

Date

I have checked this employee's test answers and we have discussed the BSL 3 procedures.

L. G. ADAMS

12/15/05

Employer

Date

Certificate of Training (Maintenance Personnel)

Texas A&M University

Facilities and Research Laboratories with Select Agents or Toxins

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

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

Signature

Roberta Pugh

Date

February 14, 2005

Printed name

ROBERTA PUGH

Position/Title

Research Associate

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

February 14, 2005//

Social security number

Date of birth

April 7, 1953

Email address

rpugh@crm.tamu.edu

Supervisor's signature

H. G. ADAMS

Supervisor's printed name

H. G. ADAMS

Date

14-11-04

**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).



# CERTIFICATION

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

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella sp. in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. L. G. Adams.

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

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

Roberta Pugh  
Signature of Person Receiving Training

February 7, 2005  
Date

ROBERTA PUGH  
Printed name of Person Receiving Training

L. G. Adams  
Supervisor/Authorized Person Signature

8/11/05  
Date

L. G. Adams  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

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

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

Signature: Roberta Pugh  
Printed Name: ROBERTA PUGH

Date: February 7, 2005  
Title: Research Associate

Witness: Sara D Lawhon  
Printed Name: Sara D Lawhon

Title: Postdoctoral Research associate

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

**Certificate of Training**

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella spp, Mycobacterium, TSP and Rift Valley fever vaccine strains in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of L. Garry Adams ONLY

I further certify that I understand the hazards of working with Brucella spp, Mycobacterium, TSP and Rift Valley vaccine strains 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. ONLY

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.

Roberta Pugh  
Signature

November 22, 2004  
Date

ROBERTA PUGH  
Printed name

Research Associate  
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.

November 22, 2004 -  
Date and location of training

Social security number

April 7, 1953  
Date of birth

rpugh@cvm.tamu.edu  
Email address

L. G. Adams  
Supervisor's signature

22X104  
Date

L. G. Adams  
Supervisor's printed name

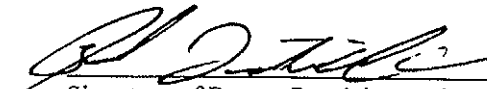
# CERTIFICATION

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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) 126, 120A, 130, 130A, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000 under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

07-16-07  
Date

Joseph H. Quintanilla  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L. Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Emily Ramshaw  
Signature of Person Receiving Training

7/19/07  
Date

Emily Ramshaw  
Printed name of Person Receiving Training

Melissa M. Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/19/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Michael Reans  
Signature of Person Receiving Training

7-18-07  
Date

Michael Reans  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

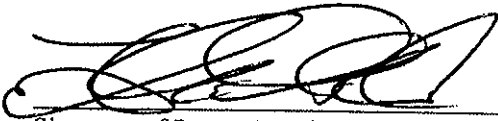
**CERTIFICATION**

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 that includes room numbers

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Additionally, by signing this form, I certify that I have read agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-17-07  
Date

Thomas A. REED  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers

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 Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Gail Ridgway  
Signature of Person Receiving Training

7-17-07  
Date

GAIL RIDGWAY  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7-17-07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



# Animal Biosafety Level 3

A

## 15. TEST OF COMPREHENSION

Question	Answer (True or False)
➤ Street clothes may be worn in the BSL3 area under certain circumstances.	F
➤ Contaminated materials may be opened on the benchtop.	F
➤ When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.	T
➤ All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.	T
➤ Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.	T
➤ In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.	T
➤ Spills should be covered with absorbent material and the site disinfected with bleach or other agent.	T

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation	Warning
Second violation	Probation and 2-month prohibition from working in the BSL3 suite
Third violation	Dismissal from the TAMU payroll

Employee Carlos Rossetti

Date 12-15-05

I have checked this employee's test answers and we have discussed the BSL3 procedures.

Employer H.A. Adams

Date 12-15-05

# 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 Brevetia abortus, m. femis, S43 in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of D. L. CAROL ADAMS

I further certify that I understand the hazards of working with Brevetia abortus, m. femis and S43; 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

12-15-05  
\_\_\_\_\_  
Date

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

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

12-15-05  
\_\_\_\_\_  
Date

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

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature *Rossetti*  
Date FEBRUARY 14, 2005  
Printed name CARLOS A. ROSSETTI  
Position/Title GRADUATE STUDENT

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

Have you undergone training with regard to personal safety, and security?  Yes.  No.  
Date and location of training FEBRUARY 14, 2005

Social security number \_\_\_\_\_  
Date of birth MARCH 05, 1965  
Email address CROSSETTI@CUM.TAMU.EDU

Supervisor's signature *H. G. Adams*  
Supervisor's printed name H. G. ADAMS  
Date 11/05

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

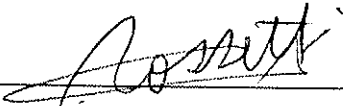
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

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

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

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

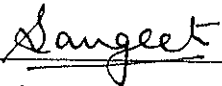
I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized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

Signature: 

Date: FEBRUARY 7, 2005

Printed Name: CARLOS A. ROSSETTI

Title: GRADUATE STUDENT

Witness: 

Printed Name: SANGEETA KHARE

Title: Associate Research Scientist

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

**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).

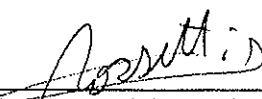
## CERTIFICATION

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 Brevetia spp in laboratory room(s) 1 and the select agent storage facility in room      under the direction of DR L. GARRY ADAMS.

I further certify that I understand the hazards of working with Brevetia 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.

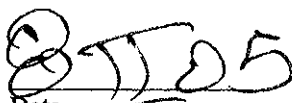
Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President for Research; and that the detailed records of information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

  
Signature of Person Receiving Training

FEBRUARY 7, 2005  
Date

CARLOS A. ROSSETTI  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

  
Date

L. G. ADAMS  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with BREVEVIA SPP., MYCOBACTERIA SPP., and RIFT VALLEY FEVER in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room VACCINE ONLY under the direction of L. GARRY ADAMS.

I further certify that I understand the hazards of working with BREVEVIA SPP., MYCOBACTERIA SPP., and RIFT VALLEY FEVER; 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]  
Signature

11-22-04  
Date

CARLOS A. ROSSETTI  
Printed name

GRADUATE STUDENT  
Position/Title

Are you a US citizen?  
 Yes.  No.

ARGENTINA  
Country of your citizenship (if not USA)

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

11-22-04  
Date and location of training

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

03-05-1965  
Date of birth

CROSSETTI@CVM.TAMU.EDU  
Email address

[Signature]  
Supervisor's signature

22 XI 04  
Date

L. G. ADAMS  
Supervisor's printed name

# 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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Colby Rowbach  
Signature of Person Receiving Training

7-18-07  
Date

Colby Rowbach  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



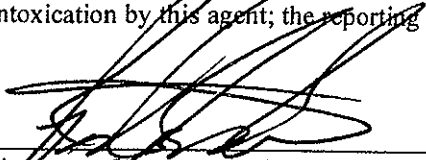
CERTIFICATION

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I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-17-07  
Date

Ralph Segars Jr.  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 B. abortus in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of J. W. TEMPLETON.

I further certify that I understand the hazards of working with B. abortus; 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.



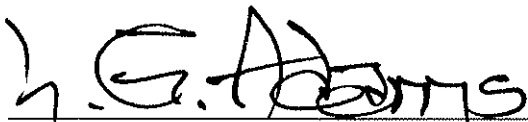
Signature of Person Receiving Training

121505

Date

CHRISTOPHER SCHOTTA

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

15 JUL 05

Date

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Animal Biosafety Level 3

15. TEST OF COMPREHENSION

Question	Answer (True or False)
➤ Street clothes may be worn in the BSL3 area under certain circumstances.	F
➤ Contaminated materials may be opened on the benchtop.	F
➤ When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.	T
➤ All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.	T
➤ Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.	T
➤ In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.	T
➤ Spills should be covered with absorbent material and the site disinfected with bleach or other agent.	T

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation	Warning
Second violation	Probation and 2-month prohibition from working in the BSL3 suite
Third violation	Dismissal from the TAMU payroll

[Signature] 12/15/05

---

Employee \_\_\_\_\_ Date \_\_\_\_\_  
 I have checked this employee's test answers and we have discussed the BSL3 procedures.

L. S. Adams 12/15/05  
 Employer \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Training (Maintenance Personnel)

Texas A&M University

Facilities and Research Laboratories with Select Agents or Toxins

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Signature



Date

02/14/05

Printed name

CHRISTOPHER SCHOTTA

Position/Title

GRADUATE STUDENT

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

02/14/05

Social security number

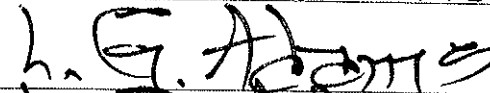
Date of birth

03/10/63

Email address

cschotta@cum.tamu.edu

Supervisor's signature



Supervisor's printed name

H. G. ADAMS

Date

14-11-05

**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**

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- 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/chsd/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 BRUCELL SP. in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of DR. GARRY ADAMS.

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

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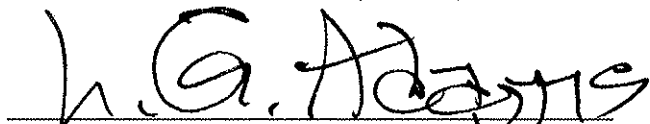


Signature of Person Receiving Training

02/10/05  
Date

CHRISTOPHER SCHOTTA

Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

11/11/05  
Date

W. GARRY ADAMS

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

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


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

Signature: 

Date: 02/10/05

Printed Name: CHRISTOPHER SCHOTTA

Title: GRADUATE STUDENT

Witness: 

Printed Name: ROBERTA PUGH

Title: Research Associate

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



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

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

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

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

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

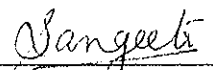
I understand that if I answered "Yes" to any of the above questions, (except No. 5), or if I am a non-permanent resident of the U.S. and a citizen of a country determined by the Secretary of State to repeatedly provide support for acts of international terrorism, and I possess (unless specifically authorized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

Signature: 

Date: 12/15/05

Printed Name: Lindsay R. Syler

Title: DM / PhD student

Witness: 

Printed Name: SANGEETA KHARE

Title: Associate Research Scientist

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

CERTIFICATION

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

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella abortus, Brucella suis, Brucella melitensis in laboratory room(s) 1110 and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Barry Adams.

I further certify that I understand the hazards of working with B. abortus, B. suis, B. melitensis; 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.

Lindsay E. Syler  
Signature of Person Receiving Training

12/15/05  
Date

Lindsay E. Syler  
Printed name of Person Receiving Training

B. G. Adams  
Supervisor/Authorized Person Signature

15 XII 05  
Date

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

(Reproduce this document as needed to cover all personnel)

15. TEST OF COMPREHENSION

Question

Answer (True or False)

- Street clothes may be worn in the BSL3 area under certain circumstances. *False*
- Contaminated materials may be opened on the benchtop. *False*
- When not inside a biosafety cabinet all contaminated materials must be kept in double-containers. *True*
- All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets. *True*
- Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work. *True*
- In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr. *True*
- Spills should be covered with absorbent material and the site disinfected with bleach or other agent. *True*

I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

First violation

Warning

Second violation

Probation and 2-month prohibition from working in the BSL3 suite

Third violation

Dismissal from the TAMU payroll

*[Handwritten Signature]*  
Employee

*12/15/05*  
Date

I have checked this employee's test answers and we have discussed the BSL3 procedures.

*[Handwritten Signature]*  
Employer

*12/15/05*  
Date

# 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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Brett Smith

Signature of Person Receiving Training

7-18-07

Date

Brett A. Smith

Printed name of Person Receiving Training

Melissa Kahl-McDonagh

Supervisor/Authorized Person Signature

7/18/07

Date

Melissa M. Kahl-McDonagh

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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Richard B. Stuart  
Signature of Person Receiving Training

7/17/07  
Date

Richard B. Stuart  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7-18-07  
Date

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

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

7/18/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
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 that includes room numbers \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Thomas J. Swierc, Jr.  
Signature of Person Receiving Training

7-17-07  
Date

THOMAS J. SWIERC, JR.  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
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 that includes room numbers \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Jason Templeton  
Signature of Person Receiving Training

7/17/2007  
Date

Jason Templeton  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/17/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



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

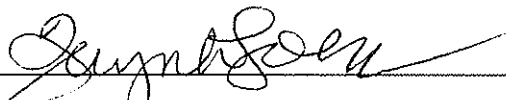
Pursuant to Federal Law (18 U.S.C. § 175b, as amended by the USA Patriot Act of 2001)

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

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

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

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

Signature: 

Date: 12.15.05

Printed Name: QUYNH TIEN NGOC TRAN

Title: Graduate Research Student

Witness: 

Printed Name: L.G. Adams

Title: Assoc Dean

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

CERTIFICATION

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

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with Brucella abortus, Brucella in laboratory room(s) 40; and the select agent storage facility in room 40 under the direction of Dr. L. Garry Adams Biohazard Bldg.

I further certify that I understand the hazards of working with Brucella abortus, Brucella melitensis, Brucella suis; 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]  
Signature of Person Receiving Training

12.15.05  
Date

QUYNH TIEN NGOC TRAN  
Printed name of Person Receiving Training

[Signature: L. G. Adams]  
Supervisor/Authorized Person Signature

15 XII 05  
Date

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

(Reproduce this document as needed to cover all personnel)

Animal Biosafety Level 3

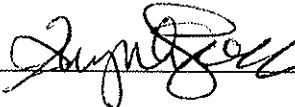
15. TEST OF COMPREHENSION

Question	Answer (True or False)
False > Street clothes may be worn in the BSL3 area under certain circumstances.	
False > Contaminated materials may be opened on the benchtop.	
True > When not inside a biosafety cabinet all contaminated materials must be kept in double-containers.	
True > All manipulations of contaminated material should be performed at least 6 inches inside the biological safety cabinets.	
True > Disinfect all work surfaces, door handles and any other materials which you may have come in contact with during your work.	
True > In the event of a spill, outer clothes must be left in the lab where the spill has occurred and the lab should be vacated for at least 1 hr.	
True > Spills should be covered with absorbent material and the site disinfected with bleach or other agent.	

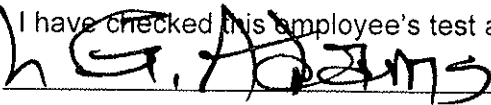
I have read and understood this procedures manual, and I agree to follow all procedures outlined herein.

I understand that violation of any of these procedures will result in disciplinary action against me:

- |                  |  |
|------------------|--|
| First violation  | Warning  |
| Second violation | Probation and 2-month prohibition from working in the BSL3 suite |
| Third violation  | Dismissal from the TAMU payroll                                  |

QUYNH T. TRAN  12.15.2005  
 \_\_\_\_\_  
 Employee Date

I have checked this employee's test answers and we have discussed the BSL3 procedures.

 12.15.05  
 \_\_\_\_\_  
 Employer Date

## 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 that includes room numbers \_\_\_\_\_

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 agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

Joey Williams  
Signature of Person Receiving Training

7/18/07  
Date

Joey Williams  
Printed name of Person Receiving Training

Melissa Kahl-McDonagh  
Supervisor/Authorized Person Signature

7/18/07  
Date

Melissa M. Kahl-McDonagh  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

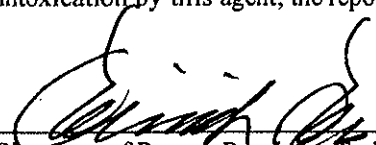
## CERTIFICATION

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 that includes room numbers

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.

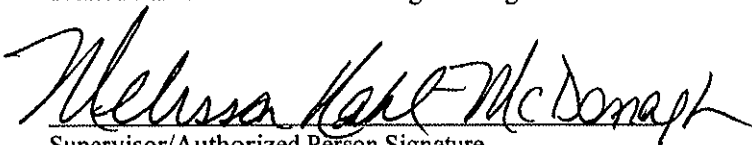
Additionally, by signing this form, I certify that I have read agree to abide by the policies associated with the select agent Brucella Sp. and agree to restrict my access to laboratory room(s) \_\_\_\_\_ and \_\_\_\_\_ under the direction of Dr. L.Garry Adams.

I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy.

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

7/17/07  
Date

WILLIAM L. WU  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

7/17/07  
Date

Melissa M. Kahl-McDonagh  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

# Training: Ficht

## 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 Maintenance - Hood in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room - under the direction of Dr. Tom Ficht.

I further certify that I understand the hazards of working with Brucella spp. - Maintenance 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.

Scott R. Ahrens  
Signature of Person Receiving Training

5/2/05  
Date

Scott R. Ahrens  
Printed name of Person Receiving Training

Carol Turse  
Supervisor/Authorized Person Signature

5/2/05  
Date

Carol Turse  
Printed Name of Authorized Person Providing Training

Precision Air ;  
- fix w/ light in  
Rm 129 hood  
- Replace exhaust  
filters room 130  
hood

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

By my signature below, I certify that I understand the laboratory security, policies and procedures for working in the BSL3 laboratory suite 125 to 135 under the direction of Dr. Thomas A. Ficht and agree to never go unescorted into these facilities or without recording entry and exit.

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

Signature Scott R. Ahrens

Date 1-12-05

Printed name Scott R. Ahrens

Position/Title Engineer

Are you a US citizen?  Yes.  No.

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

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

Date and location of training Many dates

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

Date of birth 10-23-64

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

Supervisor's signature Thomas Ficht

Supervisor's printed name Dr. Tom Ficht

Date 1/12/05




## CERTIFICATION

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

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

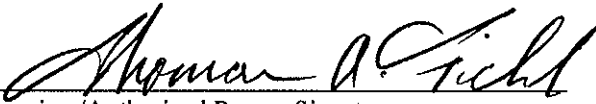
I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the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

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

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

February 27, 2007  
Date

MARY ALCORN  
Printed name of Person Receiving Training

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

February 27, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature 

Date 12/15/04

Printed name MARIS ALCORN

Position/Title SIEMENS SERVICE TECHNICIAN

Are you a US citizen?  Yes.  No.

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

( ) e you undergone training with regard to personal safety, and security?  Yes.  No.

Date and location of training \_\_\_\_\_

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

Date of birth 8-20-68

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

Supervisor's signature 

Supervisor's printed name Thomas A. Ficht

Date 12/15/04

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 in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Thomas Licht.

I further certify that I understand the hazards of working with 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 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]  
Signature of Person Receiving Training

Pete Alderete  
Printed name of Person Receiving Training

3/16  
Date

→ Maintenance w/  
→ Changing  
our lights to energy  
eff. lights.

[Signature]  
Supervisor/Authorized Person Signature

Carol Tuise  
Printed Name of Authorized Person Providing Training

3/16  
Date

(Reproduce this document as needed to cover all personnel)

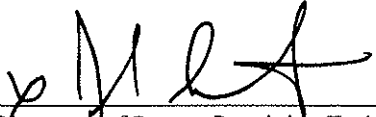
# CERTIFICATION

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


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

I further certify that I understand the hazards of working with maintenance; 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  
JOSEPH ANASTASI  
Printed name of Person Receiving Training

5-2-05  
Date

  
Supervisor/Authorized Person Signature  
Carol Turse  
Printed Name of Authorized Person Providing Training

5-2-05  
Date

- Looking @ ceiling  
(maintenance)

## CERTIFICATION

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

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

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

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

*VC*  
\_\_\_\_\_  
Signature of Person Receiving Training

Veronica Ancona-Contreras  
Printed name of Person Receiving Training

November 19, 2006  
Date

*Thomas A. Ficht*  
Supervisor/Authorized Person Signature

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

November 19, 2006  
Date

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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

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

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

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

Angela Arenas

Signature of Person Receiving Training

April 16, 2007

Date

Angela Arenas

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

April 16, 2007

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

## CERTIFICATION

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

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

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

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

angela arena s  
Signature of Person Receiving Training

March 3, 2006  
Date

angela arena s  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

March 3, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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

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

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.

*angelia arenas*  
Signature of Person Receiving Training

December 8, 2005  
Date

angelia arenas  
Printed name of Person Receiving Training

*Thomas A. Ficht*  
Supervisor/Authorized Person Signature

December 8, 2005  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



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

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

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

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

Signature

arenas

Date

May 4, 2005

Printed name

angela arenas

Position/Title

graduate student

Are you a US citizen?

Yes.  No.

Country of your citizenship (if not USA)

Colombia

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

Yes.  No.

Date and location of training

May 4, 2005

Social security number

Date of birth

11/30/78

Email address

aarenas@cum.tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005

**CERTIFICATION**

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

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

angela orenas  
Signature of Person Receiving Training

2/11/05  
Date

angela orenas  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

2/11/05  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

Certificate of Training

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

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

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

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

Signature

angela arenas

Date

April 30, 2004

Printed name

angela arenas

Position/Title

graduate student

Are you a US citizen?

Yes.  No.

Country of your citizenship (if not USA)

COLOMBIA

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

Yes.  No.

Date and location of training

April 30, 2004

Social security number

Date of birth

11/30/1978

Email address

aarenas@cvm.tamu.edu

Supervisor's signature

Supervisor's printed name

Date

Thomas A. Ficht  
Thomas A. Ficht

April 30, 2004

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

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

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

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

angelas  
Signature

12-12-03  
Date

angelia arenas  
Printed name

Graduate Student  
Position/Title

Are you a US citizen?  
 Yes.  No.

COLOMBIA  
Country of your citizenship (if not USA)

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

10-24-03 TAMU  
Date and location of training

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

11-30-78  
Date of birth

aarenas@cvm.tamu.edu  
Email address

Thomas A. Ficht  
Supervisor's signature

12/15/03  
Date

Thomas A. Ficht   
Supervisor's printed name

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

## CERTIFICATION

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

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

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

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

Thomas D. Bayer  
Signature of Person Receiving Training

June 26, 2006  
Date

Thomas D. Bayer  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

June 26, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

Signature

Don J. Bebell

Date

February 22, 2006

Printed name

Don J. Bebell

Position/Title

Capital Equip. Acct. Mng.

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

February 22, 2006

Social security number

I decline to give my Social Security Number due to Identity Theft Issues

Date of birth

1-22-60

Email address

Supervisor's signature

Supervisor's printed name

Thomas A. Ficht

Date

February 22, 2006

Note: Going in to examine sterilizer

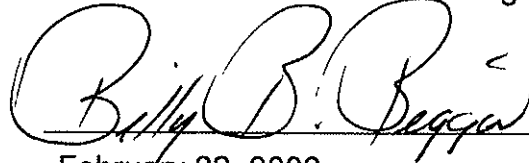
Certificate of Training  
**Texas A&M University**  
**Facilities and Research Laboratories with Select Agents or Toxins**

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

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

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

Signature



Date

February 22, 2006

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

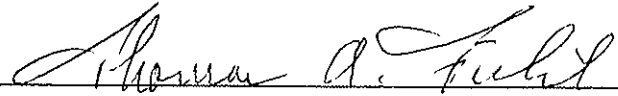
February 22, 2006

Social security number

Date of birth

Email address

Supervisor's signature



Supervisor's printed name

Thomas A. Ficht

Date

February 22, 2006

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

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

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

Signature

X Tim Ball

Date

12-2-04

Printed name

Tim Ball

Position/Title

Construction Worker

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

12-2-04

Social security number

Date of birth

5/30/82

Email address

Supervisor's signature

Dr. Tom Ficht

Supervisor's printed name

X Thomas A. Ficht

Date

12-2-04



## CERTIFICATION

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

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

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

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

*NS Bhatkar*  
Signature of Person Receiving Training

July 18, 2006  
Date

Navina S. Bhatkar  
Printed name of Person Receiving Training

*Thomas A. Ficht*  
Supervisor/Authorized Person Signature

July 18, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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

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

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.

*NS Bhatkar*  
Signature of Person Receiving Training

December 8, 2005  
Date

Navina Bhatkar  
Printed name of Person Receiving Training

*Thomas A. Ficht*  
Supervisor/Authorized Person Signature

December 8, 2005  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

# 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 Maintenance in BL-3 in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room n/A under the direction of Dr. Tom Ficht.

I further certify that I understand the hazards of working with Maintenance BL-3; 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.

Alamy Orlik  
Signature of Person Receiving Training

8-9-05  
Date

ALAN BORDEKER  
Printed name of Person Receiving Training

Carol Turse  
Supervisor/Authorized Person Signature

8/9/05  
Date

Carol Turse  
Printed Name of Authorized Person Providing Training

[ Incubator Service & Mouse Cribble Service ]

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature

Homer L. Bruner Jr.

Date

12-15-04

Printed name

HOMER L. BRUNER JR.

Position/Title

Energy Manager

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

Social security number

Date of birth

Email address

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

12/15/04

CERTIFICATION

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

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

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

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

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

Larry Burch  
Signature of Person Receiving Training

18  
April 18, 2007  
Date

LARRY BURCH  
Printed name of Person Receiving Training

TAF

BSL3 renovations

Thomas A. Ficht  
Supervisor/Authorized Person Signature

18  
April 16, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

# CERTIFICATION

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

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

I further certify that I understand the hazards of working with Maintenance; 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. Paul Calhoun  
Signature of Person Receiving Training

8/24/05  
Date

DAVID CALHOUN  
Printed name of Person Receiving Training

Carol Turse  
Supervisor/Authorized Person Signature

8/24/05  
Date

Carol Turse  
Printed Name of Authorized Person Providing Training

Maintenance -  
looking @  
crack in floor  
room

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

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

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

Signature

David Calhoun

Date

12/15/04

Printed name

DAVID CALHOUN

Position/Title

AREA MAINTENANCE FOREMAN

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

MAY

Social security number

Date of birth

10-11-51

Email address

dcalhoun@ppps4.tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

12/15/04

**CERTIFICATION**

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

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

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

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

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

05-23-07  
Date

SCOTT CAMPBELL  
Printed name of Person Receiving Training

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

5/23/07  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

Paraformaldehyde  
& decontamination  
5/22-5/23/07

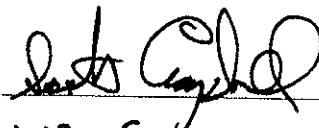

(Reproduce this document as needed to cover all personnel)



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

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

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

Signature	<u></u>
Date	<u>1-12-05</u>
Printed name	<u>SCOTT CAMPBELL</u>
Position/Title	<u>Engineer</u>
Are you a US citizen?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Country of your citizenship (if not USA)	_____
Have you undergone training with regard to personal safety, and security?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Date and location of training	_____
Social security number	_____
Date of birth	<u>12-29-1963</u>
Email address	_____
Supervisor's signature	<u></u>
Supervisor's printed name	<u>Dr Tom Ficht</u>
Date	<u>1/12/05</u>

## CERTIFICATION

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

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

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

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

*Dennis E Carey*  
Signature of Person Receiving Training

February 22, 2007  
Date

Dennis E Carey  
Printed name of Person Receiving Training

*Thomas A. Ficht*  
Supervisor/Authorized Person Signature

February 22, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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

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

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

*Kenneth H. Carson*  
Signature of Person Receiving Training

December 8, 2005  
Date

Kenneth H. Carson  
Printed name of Person Receiving Training

*Thomas A. Ficht*  
Supervisor/Authorized Person Signature

December 8, 2005  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

Signature	<u>Kenneth H. Carson</u>
Date	<u>May 4, 2005</u>
Printed name	<u>Kenneth H. Carson</u>
Position/Title	<u>Grad Student</u>
Are you a US citizen?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Country of your citizenship (if not USA)	_____
Have you undergone training in safety, security, and emergency response?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
Date and location of training	<u>May 4, 2005</u>
Social security number	_____
Date of birth	<u>10-10-73</u>
Email address	<u>Kenneth-h-carson@neo.tamu.edu</u>
Supervisor's signature	<u>Thomas A. Ficht</u>
Supervisor's printed name	<u>Thomas A. Ficht</u>
Date	<u>May 4, 2005</u>

## CERTIFICATION

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

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

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

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

Kenneth H. Carson  
Signature of Person Receiving Training

2-11-05  
Date

Kenneth H. Carson  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

2-11-05  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

Certificate of Training

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

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

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

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

Signature Kenneth H. Carson  
Date April 30, 2004  
Printed name Kenneth H. Carson  
Position/Title Graduate Student  
Are you a US citizen?  Yes.  No.  
Country of your citizenship (if not USA) \_\_\_\_\_  
Have you undergone training in safety, security, and emergency response?  Yes.  No.  
Date and location of training April 30, 2004  
Social security number \_\_\_\_\_  
Date of birth 10-10-73  
Email address kenneth-h-carson@neo.tamu.edu  
Supervisor's signature Thomas A. Ficht  
Supervisor's printed name Thomas A. Ficht  
Date April 30, 2004


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

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

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

June 26, 2006  
Date

Tilson Casey  
Printed name of Person Receiving Training

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

June 26, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

Signature



Date

February 22, 2006

Printed name

Tilson Casey

Position/Title

Planner/ESTIMATOR

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

February 22, 2006

Social security number

Date of birth

Email address

tcasey@tamv.edu

Supervisor's signature

Supervisor's printed name

Thomas A. Ficht

Date

February 22, 2006

Surveying Autoclave



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

November 8, 2006

\_\_\_\_\_  
Date

Nidia Guadalupe Aréchiga Ceballos

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



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

November 8, 2006

\_\_\_\_\_  
Date

Thomas A. Ficht

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

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature \_\_\_\_\_  
Date 12-16-04  
Printed name PERRY W. CHATHAM  
Position/Title PAINTER CC-1

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

Have you undergone training with regard to personal safety, and security?  Yes.  No.  
Date and location of training 12-16-04 VMR

Social security number \_\_\_\_\_  
Date of birth 1-24-49  
Email address \_\_\_\_\_

Supervisor's signature \_\_\_\_\_  
Supervisor's printed name Thomas A. Ficht  
Date 12/16/04

## CERTIFICATION

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

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

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

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Ross Clubb

Signature of Person Receiving Training

January 22, 2007

Date

Ross Clubb

Ross Clubb

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

January 22, 2007

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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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Signature of Person Receiving Training

February 20, 2007  
Date

FRANK N. COX  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

February 20, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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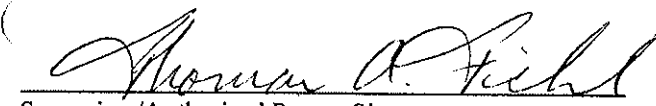
I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the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

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

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

March 3, 2006  
Date

Donald S. Davis  
Printed name of Person Receiving Training

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

March 3, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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Jacob Dement  
Signature of Person Receiving Training

5/15/07  
Date

Jacob Dement  
Printed name of Person Receiving Training

Thomas Ficht  
Supervisor/Authorized Person Signature

5/16/07  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

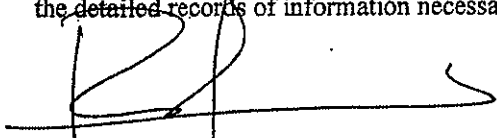
## CERTIFICATION

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

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

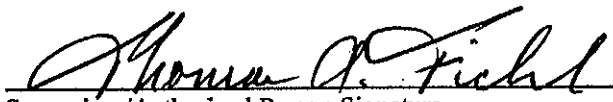
I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special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

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

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

November 19, 2006  
\_\_\_\_\_  
Date

PAUL DE FIGUEIREDO  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

November 19, 2006  
\_\_\_\_\_  
Date

Thomas A. Ficht  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)


## CERTIFICATION

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

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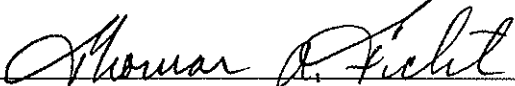
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Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the University Police Department and the Office of the Vice President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

  
Signature of Person Receiving Training

February 6, 2006  
Date

Brent DeSitter  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

February 6, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



## CERTIFICATION

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

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

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

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

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



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

April 16, 2007

\_\_\_\_\_  
Date

Yicheng Ding

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



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

April 16, 2007

\_\_\_\_\_  
Date

Thomas A. Ficht

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

## CERTIFICATION

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

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

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.

I received training on January 18<sup>th</sup>, 2007 to properly complete the facilities access log and agent access log.

Xicheng Ding  
Signature of Person Receiving Training

January 18, 2007  
Date

Xicheng Ding  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

January 18, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

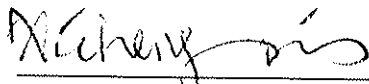
## CERTIFICATION

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

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

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.



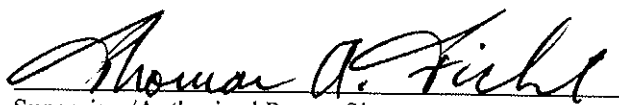
\_\_\_\_\_  
Signature of Person Receiving Training

July 26, 2006

\_\_\_\_\_  
Date

Xicheng Ding

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



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

July 26, 2006

\_\_\_\_\_  
Date

Thomas A. Ficht

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

(Reproduce this document as needed to cover all personnel)



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

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

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

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

Signature

Liu Duay

Date

April 30, 2004

Printed name

Liu Duay

Position/Title

Postdoctoral Fellow

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

China

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

Yes.

No.

Date and location of training

April 30, 2004

Social security number

Date of birth

6/25/04

Email address

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

April 30, 2004

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

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

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

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

Liu Duan  
Signature

12/10/03  
Date

Liu, Duan  
Printed name

Postdoc  
Position/Title

Are you a US citizen?  
 Yes.  No.

P.R. China  
Country of your citizenship (if not USA)

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

8/15/2003 11-1-03  
Date and location of training

Social security number

06/25/63  
Date of birth

Liu duan@mail.bio.tamu.edu  
Email address

Thomas A. Ficht  
Supervisor's signature

12/15/03  
Date

Thomas A. Ficht  
Supervisor's printed name

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

# CERTIFICATION

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

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

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

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

  
Signature of Person Receiving Training

April 20, 2006  
Date

Nancy L. Eaker  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

April 20, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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

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

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

January 10, 2006  
Date

Nancy L. Eaker  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

January 10, 2006  
Date

Thomas A. Ficht  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



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

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

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

Signature

*Nancy L. Eaker*

Date

1/11/05

Printed name

Nancy L. Eaker

Position/Title

Safety Tech II

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

\_\_\_\_\_

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

Yes.

No.

Date and location of training

1/11/05 Bldg 1197

Social security number

\_\_\_\_\_

Date of birth

12/22/69

Email address

n-eaker@tamu.edu

Supervisor's signature

*Thomas A. Ficht*

Supervisor's printed name

Dr. Tom Ficht

Date

1/10/05

# 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.

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I further certify that I understand the hazards of working with Brucella spp. (maint.); 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]  
Signature of Person Receiving Training

5/17/05  
Date

*Fix ceiling in*

Bobby Eastaf  
Printed name of Person Receiving Training  
construction crew 4

[Signature]  
Supervisor/Authorized Person Signature

5/17/05  
Date

Carol Turse Carol Turse  
Printed Name of Authorized Person Providing Training

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

X Jawoy Eismann

Signature of Person Receiving Training

5/17/05  
Date

LARRY Eismann

Printed name of Person Receiving Training

construction crew 4 - supervisor

→ Fix ceiling in

X

Supervisor/Authorized Person Signature

5/17/05  
Date

Carol Turse Carol Turse  
Printed Name of Authorized Person Providing Training

(I understand 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 do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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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

4/2/05  
Date

Eridal Erol

Printed name of Person Receiving Training

-> Eridal had a tour of BL-3 b/c he's putting together the manual for their BL-3



Supervisor/Authorized Person Signature

4/2/2005  
Date

Joshua E. Turse

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

Allison R. Ficht  
Signature of Person Receiving Training

April 16, 2007  
Date

Allison R. Ficht  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

April 16, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

## CERTIFICATION

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

Allison R. Lich

Signature of Person Receiving Training

December 8, 2005

Date

Allison R. Ficht

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

December 8, 2005

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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Signature

Allison R. Ficht

Date

May 4, 2005

Printed name

Allison R. Ficht

Position/Title

Professor

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

May 4, 2005

Social security number

Date of birth

8/14/53

Email address

a-ficht@tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005

## CERTIFICATION

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

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Allison R. Ficht  
Signature of Person Receiving Training

2/11/05  
Date

Allison R. Ficht  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

2/11/05  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



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

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

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

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

Signature	<u>Allison R. Ficht</u>
Date	<u>April 30, 2004</u>
Printed name	<u>Allison R. Ficht</u>
Position/Title	<u>Professor</u>
Are you a US citizen?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Country of your citizenship (if not USA)	_____
Have you undergone training in safety, security, and emergency response?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Date and location of training	<u>April 30, 2004</u>
Social security number	_____
Date of birth	<u>8/14/53</u>
Email address	<u>a.ficht@tamu.edu</u>
Supervisor's signature	<u>Thomas A. Ficht</u>
Supervisor's printed name	<u>Thomas A. Ficht</u>
Date	<u>April 30, 2004</u>

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

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

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

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

Allison R. Ficht  
Signature

12/10/03  
Date

Allison R. Ficht  
Printed name

Professor of Medical Biochem.  
Position/Title

Are you a US citizen?  
 Yes.  No.

U.S.A.  
Country of your citizenship (if not USA)

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

4/1/03 TAMU  
7/10/03 TAMU  
Date and location of training

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

8/14/53  
Date of birth

a-ficht@tamu.edu  
Email address

Thomas A. Ficht  
Supervisor's signature

12/15/03  
Date

Thomas A. Ficht   
Supervisor's printed name

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

## CERTIFICATION

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

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

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

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

Thomas A. Ficht  
Signature of Person Receiving Training

December 9, 2005  
Date

Thomas A. Ficht  
Printed name of Person Receiving Training

Allison R. Ficht  
Supervisor/Authorized Person Signature

December 9, 2005  
Date

Allison R. Ficht  
Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

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

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

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

Thomas A. Ficht  
Signature of Person Receiving Training

2/11/05  
Date

Thomas A. Ficht  
Printed name of Person Receiving Training

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

\_\_\_\_\_  
Date

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

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

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

I further certify that I understand the hazards of working with Brucella sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special biosafety practices required for biosafety level \_\_\_\_\_ 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.

Thomas Ficht  
Signature

5-03-04  
Date

Thomas Ficht  
Printed name

Prof  
Position/Title

Are you a US citizen?  
 Yes.       No.

US  
Country of your citizenship (if not USA)

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

April 9<sup>th</sup>  
Date and location of training

\_\_\_\_\_  
Social security number      08/18/50  
Date of birth

t.ficht@cmr.tamu.edu  
Email address

Thomas Ficht  
Supervisor's signature

5-03-04  
Date

Thomas Ficht  
Supervisor's printed name

Certificate of Training

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

By my signature below, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with *Brucella abortus*, *B. melitensis* and *B. suis* in laboratory room(s) 120, 100, and 101 and the select agent storage facility under the direction of Dr. Thomas A. Ficht.

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

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

Signature

Thomas A. Ficht

Date

April 30, 2004

Printed name

Thomas A. Ficht

Position/Title

Professor/Principal Investigator

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

April 30, 2004

Social security number

Date of birth

August 18, 1950

Email address

tficht@cvm.tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

April 30, 2004

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

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

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

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Thomas A. Ficht  
Signature

12/12/03  
Date

Thomas A. Ficht  
Printed name

Professor  
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.

11/1/03  
Date and location of training

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

8/18/50  
Date of birth

tficht@cvms.tamu.edu  
Email address

NA  
Supervisor's signature

\_\_\_\_\_  
Date

Thomas A. Ficht  
Supervisor's printed name

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

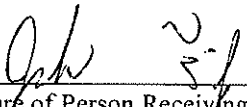
## CERTIFICATION

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

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

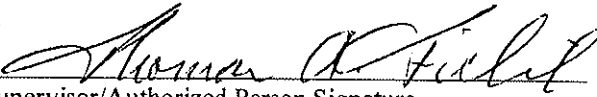
I further certify that I understand the hazards of working with **Brucella Sp.**; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the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

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

  
Signature of Person Receiving Training

March 1, 2006  
Date

John Fife  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

March 1, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



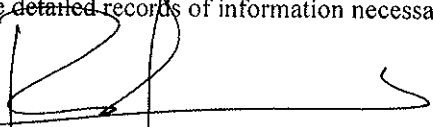
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I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as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

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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

PAUL DE FIGUEIREDO

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

November 19, 2006

\_\_\_\_\_  
Date



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

Thomas A. Ficht

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

November 19, 2006

\_\_\_\_\_  
Date

(Reproduce this document as needed to cover all personnel)

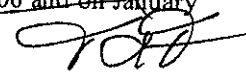
**CERTIFICATION**

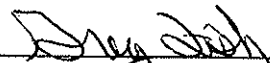
I have read and understood the above policies on admittance as an Authorized Person into a secured area or laboratory containing Select Agents and Toxins. By signing this form, I certify that I do not meet the criteria of a **Restricted Person** as outlined above in Section IV, Criminal Liability.

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

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

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

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

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

18  
\_\_\_\_\_  
Date  
April 16, 2007

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

BSL3  
renovations.

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

18  
\_\_\_\_\_  
Date  
April 16, 2007

Thomas A. Ficht  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

## CERTIFICATION

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

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

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

Nathan Franklin  
Signature of Person Receiving Training

February 23, 2006  
Date

Nathan Franklin  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

February 23, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

*install door closure*

*TuF*

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature [Handwritten Signature]  
Date 12-15-04  
Printed name J. H. Givert  
Position/Title Senior Specialist

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

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

Social security number \_\_\_\_\_  
Date of birth Feb - 9 - 1960  
Email address \_\_\_\_\_

Supervisor's signature [Handwritten Signature]  
Supervisor's printed name Thomas A. Ficht  
Date 12/15/04

Received  
FEB 08 2007  
Research Compliance

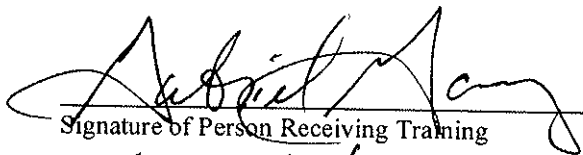
### CERTIFICATION

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 Sp.** in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Thomas A. Ficht.

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

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

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

February 5, 2007  
Date

Gabriel Gomez  
Printed name of Person Receiving Training

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

February 5, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature

*Burtis R Hall*

Date

11/13/05

Printed name

→ BURTIS R HALL

Position/Title

Construction

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

Social security number

Date of birth

9-14-59

Email address

Supervisor's signature

*Dr. Thomas A. Ficht*

Supervisor's printed name

Dr. Tom Ficht

Date

11/13/05

**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 in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Thomas Ficht.

I further certify that I understand the hazards of working with 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 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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David S Hall  
Signature of Person Receiving Training

3/16/05  
Date

David S Hall  
Printed name of Person Receiving Training

. Maintenance w/ Areas  
→ Changing our  
light bulbs + etc  
(Energy Eff.)

Thomas Ficht  
Supervisor/Authorized Person Signature

3/16/05  
Date

Carol Turse  
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 Brevella spp in laboratory room(s) 6 and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Thomas Ficht.

I further certify that I understand the hazards of working with Brevella 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.

Troy G. Hammerstrum  
Signature of Person Receiving Training

March 31, 2005  
Date

Troy G. Hammerstrum  
Printed name of Person Receiving Training

For Troy to observe Josh

Joshua E. Turse  
Supervisor/Authorized Person Signature

3/31/05  
Date

Joshua E. Turse  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



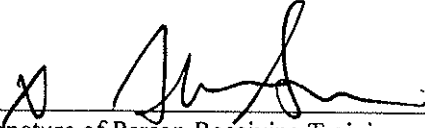
## CERTIFICATION

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 visit in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Tom Ficht.

I further certify that I understand the hazards of working with visit; 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

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

7/15/05  
\_\_\_\_\_  
Date

*Student Visitor  
↳ Observe  
Only*

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

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

7/15/05  
\_\_\_\_\_  
Date

## CERTIFICATION

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

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

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

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Dale D. Hayes  
Signature of Person Receiving Training

February 20, 2007  
Date

Dale D. Hayes  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

February 20, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

Signature John M Herrera  
Date 12/15/04  
Printed name John M Herrera  
Position/Title Plumber II

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

( ) you undergone training with regard to personal safety, and security?  Yes.  No.  
Date and location of training \_\_\_\_\_

Social security number \_\_\_\_\_  
Date of birth 08/10/61  
Email address jmhervera@ppfs.tamu.edu

Supervisor's signature David Calhoun  
Supervisor's printed name DAVID CALHOUN  
Date 12/15/04

## CERTIFICATION

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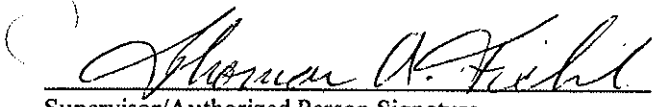
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\_\_\_\_\_  
Signature of Person Receiving Training

March 3, 2006

Date

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

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

March 3, 2006

Date

Thomas A. Ficht  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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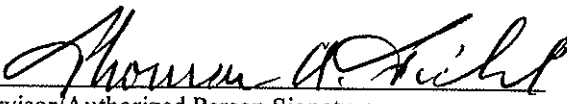
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Signature of Person Receiving Training

February 27, 2007  
Date

Richard Hubacek  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

February 27, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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Paul R Hundl  
Signature of Person Receiving Training

June 26, 2006  
Date

Paul R Hundl  
Printed name of Person Receiving Training

Thomas A Ficht  
Supervisor/Authorized Person Signature

June 26, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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Carol Hyde

Signature of Person Receiving Training

March 5, 2007

Date

Carol Hyde

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

March 5, 2007

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

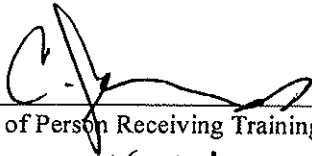
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\_\_\_\_\_  
Signature of Person Receiving Training

CHAS JENNINGS

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

June 26, 2006

\_\_\_\_\_  
Date



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

Thomas A. Ficht

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

June 26, 2006

\_\_\_\_\_  
Date

(Reproduce this document as needed to cover all personnel)



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

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Signature Chester Jones  
Date 1-12-05 1/12/05  
Printed name Chester Jones  
Position/Title Maint Worker (2)  
Ray Shop  
Are you a US citizen?  Yes.  No.  
Country of your citizenship (if not USA) \_\_\_\_\_

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

Social security number \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Email address \_\_\_\_\_

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

## CERTIFICATION

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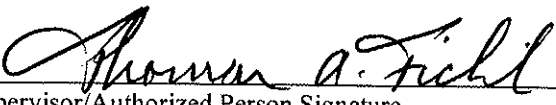
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Signature of Person Receiving Training

February 22, 2007  
Date

Jimmy Lee Jones  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

February 22, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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*Uma Joshi*  
Signature of Person Receiving Training

February 5, 2007  
Date

UMA JOSHI  
Printed name of Person Receiving Training

*Thomas A. Ficht*  
Supervisor/Authorized Person Signature

February 5, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Melissa  
from Dr. Ficht.

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

You may consult the literature to find the answers

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

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

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

1. What are the initial symptoms of Q fever and how long after exposure do they usually occur?  
*flu-like illness (headache, fever, chills, cough, muscle pains, weakness)  
Average onset ~ 20 days.*
2. What is the recommended treatment for Q fever?  
*Antibiotic therapy: doxycycline for acute infections ~~initial~~<sup>men</sup>  
Chronic infections: doxycycline in combination w/ quinine / hydroxychloroquine*

## CERTIFICATION

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I received training on January 18<sup>th</sup>, 2007 to properly complete the facilities access log and agent access log.

Melissa Kahl-McDonagh  
Signature of Person Receiving Training

January 18, 2007  
Date

Melissa Kahl-McDonagh  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

January 18, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

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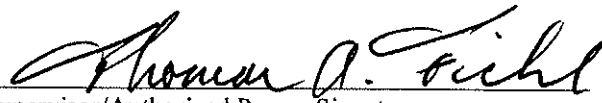
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\_\_\_\_\_  
Signature of Person Receiving Training

August 1, 2006  
Date

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

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

August 1, 2006  
Date

Thomas A. Ficht  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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Melissa Kahl  
Signature of Person Receiving Training

December 8, 2005  
Date

Melissa Kahl  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

December 8, 2005  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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Signature

Melissa Kahl

Date

May 4, 2005

Printed name

Melissa Kahl

Position/Title

Graduate Assistant-Research

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

May 4, 2005

Social security number

Date of birth

12/09/1977

Email address

mkahl@cum.tamu.edu

Supervisor's signature

Thomas A. Ficht

Supervisor's printed name

Thomas A. Ficht

Date

May 4, 2005



**CERTIFICATION**

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Melissa Kahn  
Signature of Person Receiving Training

2/11/05  
Date

Melissa Kahn  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

2/11/05  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

Certificate of Training

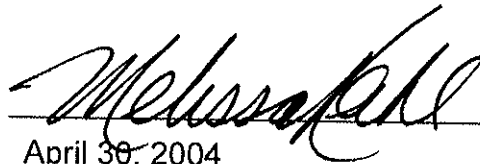
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**Facilities and Research Laboratories with Select Agents or Toxins**

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Signature



Date

April 30, 2004

Printed name

Melissa Kahl

Position/Title

Graduate Assistant-Research

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

April 30, 2004

Social security number

Date of birth

12/09/1977

Email address

mkahl@cvm.tamu.edu

Supervisor's signature



Supervisor's printed name

Thomas A. Ficht

Date

April 30, 2004

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

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Melissa Kahl  
Signature

12/10/03  
Date

Melissa Kahl  
Printed name

Graduate Assistant - Research  
Position/Title

Are you a US citizen?  
 Yes.  No.

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

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

11/1/03 UMR Building 1197  
Date and location of training

Social security number

12/09/77  
Date of birth

mkahl@cv.m.tamu.edu  
Email address

Thomas A. Ficht  
Supervisor's signature

12/15/03  
Date

Thomas A. Ficht   
Supervisor's printed name

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

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

\* Entered only  
clean area - w/ri  
on outer door

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

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

Signature

*Jeff Kitchen*

Date

2.3.05

Printed name

Jeff Kitchen

Position/Title

TAC

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

2.3.05

Social security number

Date of birth

Email address

n/a

Supervisor's signature

*Thomas A. Ficht*

Supervisor's printed name

Thomas A. Ficht

Date

2.3.05

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

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Signature X *Ernest Kluge*  
Date 12-1-04  
Printed name Ernest Kluge  
Position/Title \_\_\_\_\_

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

Have you undergone training with regard to personal safety, and security?  Yes.  No.  
Date and location of training 12-1-04 \_\_\_\_\_

Social security number \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Email address \_\_\_\_\_

Supervisor's signature X *Thomas A. Ficht*  
Supervisor's printed name Dr. Tom Ficht  
Date 12-1-04

## CERTIFICATION

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

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

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

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

Michael O'Lee

Signature of Person Receiving Training

March 1, 2006

Date

Michael O'Neal Lee

Printed name of Person Receiving Training

Thomas A. Ficht

Supervisor/Authorized Person Signature

March 1, 2006

Date

Thomas A. Ficht

Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

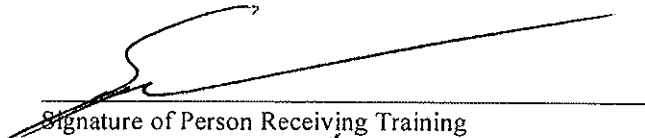
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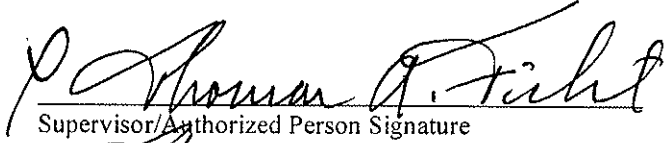
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\_\_\_\_\_  
Signature of Person Receiving Training

3-4-05  
Date

Steven J. Lesher →  
Printed name of Person Receiving Training

Fire Station Testing

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

3.4.05  
Date

Thomas Ficht  
Printed Name of Authorized Person Providing Training

• Tested Fire Alarms in BL-3 hallway & airlock - did not enter any lab spaces.  
(All fire alarms passed ✓)

## CERTIFICATION

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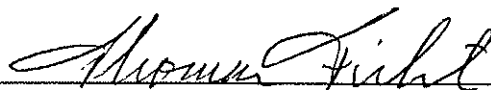
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I received training on January 18<sup>th</sup>, 2007 to properly complete the facilities access log and agent access log.

  
Signature of Person Receiving Training

January 18, 2007  
Date

HONG LIU  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

January 18, 2007  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training



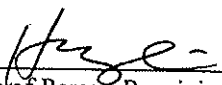
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Signature of Person Receiving Training

December 8, 2005  
Date

HONG LIU  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

December 8, 2005  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

\_\_\_\_\_  
Date January 10, 2006

Brent S. Mattox  
\_\_\_\_\_  
Printed name of Person Receiving Training

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

\_\_\_\_\_  
Date January 10, 2006

Thomas A. Ficht  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

# CERTIFICATION

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B.S. Mattox  
Signature of Person Receiving Training

12-7-05  
Date

Brent S. Mattox  
Printed name of Person Receiving Training

Thomas Ficht  
Supervisor/Authorized Person Signature

12/8/05  
Date

Thomas Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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Signature

*Brent S. Mattox*

Date

12-15-04

Printed name

Brent S. Mattox

Position/Title

Biological Safety Officer

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

Social security number

Date of birth

06-01-1957

Email address

bsmattox@tamv.edu

Supervisor's signature

*Thomas A. Ficht*

Supervisor's printed name

Thomas A. Ficht

Date

12-15-04

### CERTIFICATION

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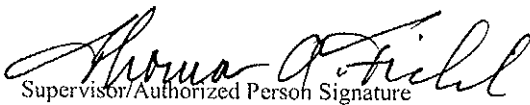
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Signature of Person Receiving Training

Date December 8, 2005 <sup>DM</sup>  
11-30-06

JOCELYNE MAYOR  
Printed name of Person Receiving Training



Supervisor/Authorized Person Signature

Date December 8, 2005

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

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Christine McFarland  
Signature of Person Receiving Training

4-13-07  
Date

Christine McFarland  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

4/13/07  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

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

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

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

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

**AFFIRMATION**

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

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

Signature: Christine J. McFarland  
 Printed Name: Christine T. McFarland

Date: 7-27-06  
 Title: Research Assistant

Witness: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## 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.

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Jean L. McSweeney  
Signature of Person Receiving Training

November 16, 2006  
Date

Jean L. McSweeney  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

November 16, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)



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Jane Miller  
Signature of Person Receiving Training

\_\_\_\_\_  
Date

Jane Miller  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

6/15/05  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

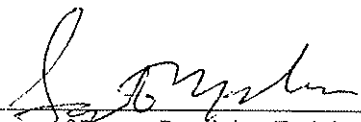
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Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with inspection - AALAC in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Tom Ficht.

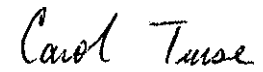
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Signature of Person Receiving Training

6/22/05  
Date

Scott Muschler  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

6/22/05  
Date

Carol Turse  
Printed Name of Authorized Person Providing Training

*• Inspection Only - AALAC*

## CERTIFICATION

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Signature of Person Receiving Training

April 18, 2006  
Date

WILLIAM L. MOXCAN  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

April 18, 2006  
Date

Thomas A. Ficht  
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

03-15-05  
Date

DAVID M MORALES  
Printed name of Person Receiving Training

• maintenance w/

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

3.15.05  
Date

→ changing  
our light bulbs +  
ballast (new Energy  
Eff. lights)

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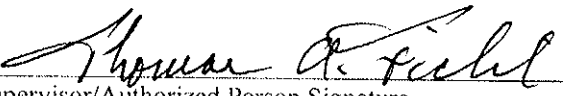
I further certify that I understand the hazards of working with Brucella Sp.; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the special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

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

*Waithaka*  
\_\_\_\_\_  
Signature of Person Receiving Training

\_\_\_\_\_  
November 30, 2006  
Date

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

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

\_\_\_\_\_  
November 30, 2006  
Date

Thomas A. Ficht  
\_\_\_\_\_  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

## CERTIFICATION

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

Additionally, by signing this form, I certify that I have read and understand the laboratory security and emergency policies and procedures for working with BSD, Level 3 Agent laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Thomas Ficht.

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

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

Jack C. Myers  
Signature of Person Receiving Training

10/3/05  
Date

JACK C. MYERS  
Printed name of Person Receiving Training

Thomas Ficht  
Supervisor/Authorized Person Signature

10/3/05  
Date

Thomas Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

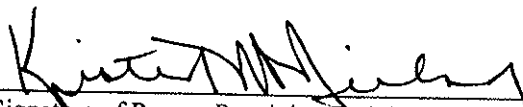
## CERTIFICATION

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

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

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

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

  
Signature of Person Receiving Training

December 8, 2005  
Date

Kristen M. Nielsen  
Printed name of Person Receiving Training

  
Supervisor/Authorized Person Signature

December 8, 2005  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

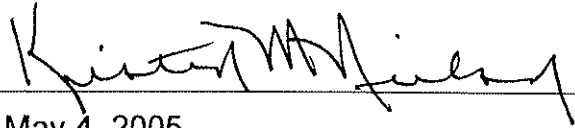
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Certificate of Training  
**Texas A&M University**  
**Facilities and Research Laboratories with Select Agents or Toxins**

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

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

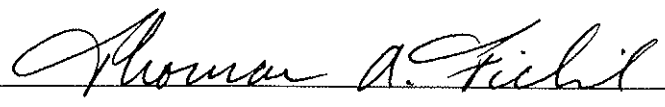
Finally, I certify that any transfer of this select agent will be done in accordance with CDC/USDA regulations; that any theft, loss, or release of this agent will be reported to the Office of the Vice President for Research and the TAMU Office of Environmental Health and Safety; and that the detailed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

Signature   
Date May 4, 2005  
Printed name Kristen M. Nielsen  
Position/Title Graduate Assistant Researcher

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

Have you undergone training in safety, security, and emergency response?  Yes.  No.  
Date and location of training May 4, 2005

Social security number \_\_\_\_\_  
Date of birth 04-24-1979  
Email address knielsen@cvm.tamu.edu

Supervisor's signature   
Supervisor's printed name Thomas A. Ficht  
Date May 4, 2005



**CERTIFICATION**

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

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 species in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Thomas Ficht.

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

Kristen M. Nielsen  
Signature of Person Receiving Training  
Kristen M. Nielsen  
Printed name of Person Receiving Training

2/14/05  
Date

Thomas Ficht  
Supervisor/Authorized Person Signature  
Thomas Ficht  
Printed Name of Authorized Person Providing Training

2/14/05  
Date

(Reduce this document as needed to cover all personnel)

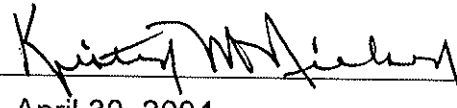
Certificate of Training  
**Texas A&M University**  
**Facilities and Research Laboratories with Select Agents or Toxins**

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

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

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

Signature



Date

April 30, 2004

Printed name

Kristen Nielsen

Position/Title

Graduate Research Assistant

Are you a US citizen?

Yes.

No.

Country of your citizenship (if not USA)

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

Yes.

No.

Date and location of training

April 30, 2004, Vet. Research Bldg, BL-3

Social security number

Date of birth

4-24-79

Email address

knielsen@cvm.tamu.edu

Supervisor's signature



Supervisor's printed name

Dr. Thomas Ficht

Date

April 30, 2004

# 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 maintenance in laboratory room(s) hall and the select agent storage facility in room — under the direction of maintenance Dr. Tom Ficht

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

M.O.  
Signature of Person Receiving Training  
Mikael Olsen  
Printed name of Person Receiving Training

9/24/05  
Date

Carol Turse  
Supervisor/Authorized Person Signature  
Carol Turse  
Printed Name of Authorized Person Providing Training

8/24/05  
Date

Maintenance -  
looking @  
crack in floor


## 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 AALAC inspection in laboratory room(s) \_\_\_\_\_ and the select agent storage facility in room \_\_\_\_\_ under the direction of Dr. Tom Ficht.

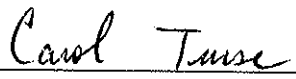
I further certify that I understand the hazards of working with AALAC inspection; the indications of infection or intoxication by this agent; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory; the 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

6/22/05  
Date

Dorcas P. O'Rourke  
Printed name of Person Receiving Training

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

6/22/05  
Date

Carol Turse  
Printed Name of Authorized Person Providing Training

*\* Inspection Only - AALAC*

# CERTIFICATION

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

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

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

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

Chris Osborn  
Signature of Person Receiving Training

5-23-07  
Date

Chris Osborn  
Printed name of Person Receiving Training

Thomas A. Ficht  
Supervisor/Authorized Person Signature

5-23-07  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

Paraformaldehyde  
decontamination  
5/22-5/23/07

(Reproduce this document as needed to cover all personnel)

**CERTIFICATION**

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

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

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

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

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

October 19, 2006  
Date

Chris Cohen  
Printed name of Person Receiving Training

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

October 19, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)

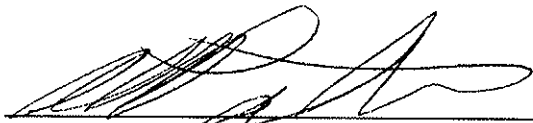
## CERTIFICATION

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

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


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

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

March 3, 2006  
Date

Alan Patronek  
Printed name of Person Receiving Training

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

March 3, 2006  
Date

Thomas A. Ficht  
Printed Name of Authorized Person Providing Training

(Reproduce this document as needed to cover all personnel)