

StFX Biosafety Committee

BIOSAFETY TRAINING

BSF-1

All individuals handling biohazardous materials must complete this form.

Name: _____ Position: _____

Principal Investigator/Course Instructor: _____

Project/Course Title: _____

Biohazard Project Number: _____ Valid From: _____ To: _____

Biosafety Experience: Use all that apply.

1. Have completed courses or certification programs relevant to biohazards Yes No
(list courses, location and date of completion)

2. Have employment experience relevant to biohazards Yes No
Describe experience. _____

3. Have viewed instructional videos on the Principles of Biosafety available at <https://training-formation.phac-aspc.gc.ca/course/index.php?categoryid=7> Yes No

Check all that have been viewed.

- Introduction to Biosafety
- Microbiology Overview
- Laboratory Acquired Infections
- General Safety for Containment labs
- Containment Level 2 Operational Practices
- Personal Protective Equipment
- Decontamination in the Laboratory
- Chemical Disinfectants
- Autoclaves

4. Have completed the building safety seminar. Yes Date: _____ No

Check the boxes below to indicate that the individual named above acknowledges that they have received and are familiar with information pertaining to workplace safety specific to the building and biohazard containment facility.

Tour of Building. (indicate building): _____ Date: _____

- 1. Fire: evacuation routes, fire alarms, emergency pull stations, fire extinguishers, fire blankets.
- 2. General safety equipment: safety shower/eye wash stations, spill kits, first aid boxes.
- 3. Chemical Spill Responses – MSDS, Chemical Inventory.

- 4. Physical hazards associated with the facility, i.e., electrical, temperature.

General Laboratory Safety:

- 1. Never work in the lab alone when working with new or hazardous materials.
- 2. No sandals or open toe/heel shoes are permitted.
- 3. No MP3 or ear phone usage is permitted in the labs.
- 4. No smoking, eating or drinking is permitted in the labs.

General Biosafety:

- 1. StFX Biohazard certificate is required for projects involving Risk Group 1/2 Organisms.
- 2. Only authorized personnel are permitted access to laboratories utilizing biohazardous materials.
All other individuals are permitted entry only in the presence of authorized personnel.
- 3. Doors to labs must be closed and locked unless occupied.
- 4. Have read the StFX Biosafety Protocol and StFX Biosafety Manual.
- 5. Have read Biosafety, Biosecurity and Emergency Response Plans specific to your project (s) and to the biocontainment facility.
- 6. Have read PSDS specific to the project and biocontainment facility.
- 7. Appropriate Personal Protective Equipment is to be used as appropriate.
- 8. Have read waste management protocols for Biohazard, Chemical and Regular non-hazardous waste.
- 9. Are aware of the StFX Biosafety Injury/Hazardous Incident Report requirements.

Equipment: (check all that apply - indicate date of training/trainer)

- Basic Microbiology
- Basic Molecular Biology
- Basic Tissue Culture
- Autoclave
- Biological Safety Cabinets
- Centrifuges – Microfuge
- Centrifuges – preparative
- Centrifuges – Ultracentrifuge
- Compressed Gases
- Fume Hoods
- Electrophoresis systems
- Microscope – Fluorescence
- Microscope – Confocal
- Microscope – Scanning electron
- Microscope – Transmission electron
- PCR systems
- pH meter
- Pipettor/Gilson
- Spectrophotometer

Victor – plate reader

Additional equipment not listed, please specify:

St. Francis Xavier University Biosafety Training

Employee/Researcher/Student/Visitor

Name: _____

Position: _____

Email: _____

Principle Investigator: _____

Department: _____

Email: _____

Signature of Principle Investigator

Date

I hereby accept my responsibility to acknowledge and implement all guidelines and standards set by the regulatory and granting agencies, St. Francis Xavier University Biosafety Committee to ensure not only my own personal safety but the safety of other personnel and to maintain a safe working environment.

Signature of Applicant

Date