**Part IV**

**Personnel Information**

**A. Personnel List**

To be completed by the PI/CI/CC when working in settings that are **BSL-2**.

Please include all employed personnel that are under your immediate supervision.

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| **Action** | **Last Name** | **First Name** | **Building Name** | **Room #** | **Position Title** | **Email Address** |
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**B. Employee-Agent Access**

It is assumed that each employee listed above will have access to every agent (organism, pathogen, toxin, rDNA/RNA, etc.) described in this document. Please note that “having access” means that the employee has the capability of accessing and handling the agent, but does not refer to the employee’s work involving direct contact with the agent.

If an employee listed above will not have access at any time during their employment to any or all of the agents described in this document, please indicate this in the space provided.

**C. Employee Signature Page**

**Each employee working in a BSL2 setting must complete this page. Documents containing original signatures**

**must be submitted with this document.**

By my signature below, I certify that in addition to the required training listed below, I have been trained by my supervisor (Principal Investigator, Course Instructor, or Course Coordinator), and understand the laboratory / classroom security and emergency procedures while working in the  building and room(s)  under the direction of .

I further certify that I understand the hazards of working with the agents included in the WTAMU Biosafety Permit Application; the indications of infection or intoxication by this biological material; the reporting system for potential exposure and accidents; how to seek evaluation and therapy; the standard microbiological practices for this laboratory / classroom; the specific biosafety practices required for BSL-2 work, in accordance with the *Biosafety in Microbiological and Biomedical Laboratories* (*BMBL*) *Guidebook* and the standard operating procedures for this laboratory / classroom.

Finally, I certify that any transfer of this biological material will be done in accordance with WTAMU policies and regulations and under the supervision of the WTAMU Academic and Research Environmental Health and Safety Department. In addition, I ensure that the detailed records of information necessary to account for all activities related to these agents will be maintained.

(Employee Signature) (Date) (Supervisor Signature) (Date)

(Employee Printed Name) (Position Title) (Supervisor Printed Name) (Position Title)

Permits will not be reviewed until all training listed below has been completed and verified by all personnel listed in this permit.

General Biosafety Training via the online CITI Program (required for all permits).

Responsible Conduct in Research Training via the online CITI Program (not required for teaching permits).

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(Biological Safety Officer Signature Verifying all Above Training) (Date)