

Appendix O: Biohazard Worker Training Reference Checklist

Item for Review	√ When Complete
Attended appropriate EHS/IBC Training: Recombinant DNA (BSL-1/RG1), Introduction to Biosafety (BSL-2/3), and/or Bloodborne Pathogens if applicable	<input type="checkbox"/>
Biohazards & Precautions: NIH Risk Groups for Agents, CDC Biosafety Levels for Containment, Risk Assessments & Aerosol Generating Work	<input type="checkbox"/>
Safe Microbiological Practices and Techniques to be used in the laboratory, clinic, vivarium, farm, core facility, etc.	<input type="checkbox"/>
Area Specific Biosafety Entry Controls & Biohazard Containment Procedures	<input type="checkbox"/>
General Laboratory Security & Select Agents and Toxins (If Applicable)	<input type="checkbox"/>
Biohazard Signage, Signals, Evacuation Maps & Emergency Notification Signs	<input type="checkbox"/>
Specific Personal Protective Equipment (PPE) Required for Work Areas	<input type="checkbox"/>
Recognition & Prevention of Dangerous Situations and Exposures	<input type="checkbox"/>
Applicable Directives & Plans, SOPs, Policies & Emergency Action Plans	<input type="checkbox"/>
Worker Responsibilities: Training, Accident Response; Personal Protective Equipment; Emergency Procedures; Acquisition, Use, Storage, and Disposal of Materials; References and Resources	<input type="checkbox"/>
Pathogen Symptoms (Acute & Chronic) of Potential Exposures	<input type="checkbox"/>
Occupational Health and Safety Program (If Applicable)	<input type="checkbox"/>
Emergencies and Procedures, Release and Spill Clean Up, Waste Disposal	<input type="checkbox"/>
Specific Releases, Spills, Injury, Illness and Incident Reporting	<input type="checkbox"/>
Additional Biosafety and Other EHS Training Opportunities	<input type="checkbox"/>
Regulated Waste Shipping	<input type="checkbox"/>

COMMENTS: _____

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Training verification is by verbal communication, each training session provides ample opportunity to answer all questions by an individual in order to understand the regulatory requirements and potential occupation risks associated with handling recombinant or synthetic nucleic acid molecules and/or Biohazards.

I have been trained on and understand the above topics. I have been given the opportunity to ask questions about the Biosafety program and understand my responsibilities and risks associated with working with rDNA and/or Biohazards.

NAME (PRINT):	SIGNATURE:	DATE:
EMPLOYEE ID:	SUPERVISOR:	TRAINING TIME:
TRAINING LOCATION:	DEPARTMENT:	

Trainer:

NAME:	ID #:	SIGNATURE:	DATE:
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