



Biohazard Worker Registration Form

Please complete all applicable sections of this form if you will be working in an authorized biohazard laboratory. All questions in the worker and certificate holder declaration sections must be answered by selecting the applicable response in the drop-down boxes. Fields outlined in red are mandatory.

This form, signed by Memorial's Biological Safety Officer, will serve as confirmation of general biosafety training, and should be maintained with laboratory records.

Worker Name
(Given Name) (Surname)

Position If other, describe

Email My.mun.ca login name

Office # Office telephone #

Biosafety certificate holder Biosafety certificate #

Faculty/department/division

Biohazards that will be used (check all that you will be working with)

- | | | |
|--|--|---|
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Recombinant DNA/RNA | <input type="checkbox"/> Recombinant DNA/RNA (plants) |
| <input type="checkbox"/> Viruses | <input type="checkbox"/> Animal cells/tissues | <input type="checkbox"/> Animal body fluids |
| <input type="checkbox"/> Primary animal cell culture | <input type="checkbox"/> Established animal cell lines | <input type="checkbox"/> Prions |
| <input type="checkbox"/> Human tissue/cells | <input type="checkbox"/> Human blood/blood fractions | <input type="checkbox"/> Parasites |
| <input type="checkbox"/> Primary human cell culture | <input type="checkbox"/> Established human cell lines | <input type="checkbox"/> Genetically Modified Organisms |
| <input type="checkbox"/> Fungi | <input type="checkbox"/> Microbial/fungal toxins | <input type="checkbox"/> Plant pests |

Other (provide description)

Indicate the highest Risk Group for any biohazard you will be working with

IMPORTANT: Biohazard workers are reminded that they are required to complete a biosafety training program, either on-line (MUN D2L) or one authorized by the Biosafety Officer. This training is required prior to addition to the authorized biohazard worker list. Biosafety certificate holders are responsible for training their workers on laboratory specific safe work practices and procedures, and for maintaining documentation of this training.

Biohazard Worker Declaration

I have read and understand the applicable Canadian biosafety legislation and the policies and procedures outlined in Memorial University of Newfoundland's Biological Safety Manual and accompanying Biosafety Standard Operating Procedures (BSOP's) and agree to abide by these policies and procedures at all times in order to minimize risks to me, my fellow workers, the public and environment.

I will not work with any biohazardous material until I receive training and demonstrate proficiency regarding the specific biohazards associated with my work, including the symptoms of illness and preventative measures available.

I will not work with any laboratory equipment unaccompanied until I receive relevant training and demonstrate proficiency in its use.

I have been trained on the design/operation of the containment zone(s) that I will use during my work.

I will report to my Principal Investigator (PI) and assist in the writing of reports that will be submitted to the Biosafety Officer concerning: any incident/accident/exposure or near-miss involving biohazardous materials; any illnesses that results from the aforementioned; any loss or theft of Risk Group 2 or above biohazardous material; any incident or near-miss causing, or potentially causing environmental contamination.

I will read all applicable Safety Data Sheets (SDS), Pathogen Safety Data Sheets (PSDS) and/or supplier information sheets provided with the biological agent(s) handled, stored and disposed of in my lab, prior to work with said agent(s).

Biohazard worker

Date

Biosafety Certificate Holder Authorization

I wish to add the biohazard worker described in this form to my biosafety certificate. I have ensured that said worker has read and understood the applicable Canadian biosafety legislation, Memorial University of Newfoundland's Biological Safety Manual and accompanying BSOP's and that he/she has been/will be trained in pertinent laboratory safety protocols and procedures.

I attest that I (or my designate) have provided, and will continue to provide as necessary, lab-specific training which includes, but is not limited to:

- the identification of biological hazards associated with work, symptoms of illness and available controls/preventative measures, and
- the physical design and operation of the containment zone and the proper use/operation of relevant laboratory safety equipment.

If work involving biohazards is conducted in animal care rooms, Medical Education and Laboratory Support Services (MELSS) rooms or the Cold-Ocean Deep-Water Research Facility (CDRF), I will ensure that I coordinate with Animal Care Services, MELSS and/or CDRF management, as necessary, on training requirements and SOP development for work with animals and pathogens/toxins, animal safety equipment/devices and containment level (CL) or aquatic containment level (AQC) work processes for my biohazard workers. This is not restricted to those who are handling animals or animal tissue, but is for all lab personnel.

I will ensure that Animal Care Services, MELSS or CDRF personnel responsible for the care or handling of the animals are aware of the Biological hazards associated with this work, and any controls or preventative measures available.

Biosafety certificate holder

Date

Send to: Biosafety Officer, bso@mun.ca

For Biosafety Officer Use Only

Biosafety training course completed

Completion date

Biosafety Officer approval

Date