 IBC Training Documentation Form

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| Name of Trainee |  |
| Principal Investigator |  |
| IBC Submission number |  |

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| **Biosafety Topic** | **Trainer initials or N/A** | **Date** |
| Specific hazards of the organism(s) to be used |  |  |
| Signs and symptoms of exposure to organism(s) |  |  |
| Risk group of organism(s) to be used |  |  |
| Biosafety level protocols to be employed |  |  |
| Decontamination protocols |  |  |
| Waste disposal protocols |  |  |
| Proper care of organisms |  |  |
| Other, please describe: |  |  |

|  |  |  |
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| **Proper use of the following equipment** | **Trainer initials or N/A** | **Date** |
| Autoclave |  |  |
| Compressed gas |  |  |
| Sharps |  |  |
| Chemical safety |  |  |
| Other, please describe: |  |  |

By signing below, I certify that I have been trained on the indicated topics and I agree to abide by all of the related policies and procedures.

|  |  |
| --- | --- |
| Signature: | Date: |

*It is agreed upon that this form may be electronically signed and that the electronic signatures appearing on this documents are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.*