



# University of Guelph

## Agreement on Biosafety

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

<p>I have read and will comply with the University of Guelph's Biosafety Policy.</p> <p>I will work in accordance with the University of Guelph's Biosafety program, Canadian Biosafety Standard and any other applicable legislation, including conditions of the Biohazard Permit.</p>	<input type="checkbox"/> Yes
<p>I have been trained on the use of and know the exact location of the eyewash, safety shower, fire exit, biological spill kit and first aid kits and will participate in the <a href="#">ARER - Annual Refresher Emergency Response Certification</a> process</p>	<input type="checkbox"/> Yes
<p>I have been fully trained on the specifics of my work and am confident to start performing such work. I have been informed of the risks associated with this work. I have read all applicable Safety Data Sheets and <a href="#">Pathogen Safety Data Sheets</a>.</p>	<input type="checkbox"/> Yes
<p>I will notify my supervisor or their designate, and the University Biosafety Officer, of any incident or exposure, and will also complete the required <a href="#">Illness or Injury Incident Report</a> :</p>	<input type="checkbox"/> Yes
<p>I will notify my supervisor or their designate, and the University Biosafety Officer, of any violations of safety requirements, or any inadvertent release of biohazardous materials to the environment. I will cooperate fully in any investigation of these matters.</p>	<input type="checkbox"/> Yes
<p>I will wear required Personal Protective Equipment, including footwear with closed-toed, closed-heeled , and be fit-tested as required by EHS if respiratory personal protective equipment is used.</p>	<input type="checkbox"/> Yes
<p>I know that as an individual handling potentially hazardous biological substances (human, animals, and plants: bacteria, fungi, viruses including drug resistant strains, viral vectors, synthetic biological products, microbial toxins etc.), I may be exposed to agents that can affect my health. If I have or have had one of the following medical conditions, I will contact Occupational Health and Wellness at ext. 52647 to make an appointment to meet with the Occupational Health Nurse/Physician. Do not specify. Medical information is NOT to be provided on this form.</p> <ol style="list-style-type: none"> <li>1. Immunocompromised condition, e.g. rheumatoid arthritis, cancer, HIV, lupus,</li> <li>2. Diabetes</li> <li>3. Prolonged use of corticosteroid(cortisone) medications by mouth or by injection</li> <li>4. On immunosuppressive treatment</li> <li>5. Severe allergic reactions</li> <li>6. Any medical condition that may be impacted by working with biohazardous materials, e.g. pregnancy, splenectomy, chronic lung disease, eczema.</li> </ol> <p>If I should develop any of the above conditions, I will notify Occupational Health and Wellness immediately, at (519) 824-4120, ext. 52647. If I transfer to another biohazard permit, I will again notify Occupational Health and Wellness.</p>	<input type="checkbox"/> Yes
<p>I recognize my responsibility to observe these practices and precautions while present in the laboratory and understand their importance for the safety and welfare of myself, all others in the laboratory, and the environment.</p>	<input type="checkbox"/> Yes
<p>There may be some instances whereby vaccinations are recommended for the materials handled. This includes but is not limited to work with untreated (raw) sewage and human blood, body fluids, tissues or cell lines. I have been advised of any <a href="#">immunizations</a> recommended for work with this agent.</p>	<input type="checkbox"/> Yes



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Principal Investigator: \_\_\_\_\_

### Certification:

I recognize my responsibility to observe these practices and precautions while present in the laboratory and understand their importance for the safety and welfare of myself, all others in the laboratory, and the environment.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_

Date \_\_\_\_\_

**Attention: Biosafety Permit Holders**  
Please submit a copy of this form along with your  
Biosafety Permit application.  
The original of this agreement, signed by each lab worker listed on your  
Biosafety Permit must be kept in your office/lab.  
Note that your records may be audited during a lab inspection.