



Laboratory Personnel Attestation and Signature

Please fill out your Personal Attestation form and provide your signature. If you do not have an e-signature, please print, sign, scan, and save as pdf. Also, please name your file using the format PI Last Name Attestation Last Name First Name Month Day Year e.g. Mirski Attestation Doe John March 3 2017.pdf

I attest that (tick or initial boxes):

As part of my training, I have read the current Biohazard Permit for my Principal Investigator's laboratory including the associated risk assessment and medical surveillance statement, biohazard inventory, and training statement.

I have reviewed the Queen's University Biosafety Manual (available online at <http://www.safety.queensu.ca/biocom/manual/bioman.pdf>), and Queen's University Biosafety Policies and Procedures (SOPs) listed in the training statement in my supervisor's Biohazard Permit. I have written the appropriate biosafety quiz administered by the Department of Environmental Health and Safety.

I have met the biosafety training requirements of the Department of Environmental Health and Safety as described on the website <http://www.safety.queensu.ca/biocom/biotrain.pdf> .

I understand the potential biohazards associated with my Principal Investigator's Biohazard Permit and I will use the engineering and operational precautions indicated, including Personal Protective Equipment (PPE), for biohazard containment and biohazard risk mitigation. This is for my own protection, and for the protection of other people, animals, and the environment.

I have had an opportunity to ask any questions that I had about the documents noted above, and those questions were answered to my satisfaction. I understand that I may consult my supervisor or the University Biosafety Officer at any time if I have further questions.

I agree to abide by the requirements described in the documents noted above, and any additional requirements of the Public Health Agency of Canada, the Canadian Food Inspection Agency, or other specific regulations pertaining to the specific biohazardous research in the laboratories in which I work.

Regarding immunizations:

Yes or No or N/A : I have obtained the recommended immunizations (as described in my supervisor's Biohazard Permit). If Yes list types of immunization you have obtained:

Yes or No or N/A: I have had my titres checked to confirm my response to immunization. If Yes, list type of immunization for which titre checked:

Yes or No or N/A: I have appended a waiver indicating that I have refused this immunization and titre check.

I understand that an amendment must be submitted to the Biohazard Committee by my Principal Investigator if there is any change in the biohazardous material or associated procedures under their biohazard permit.

I will report to my supervisor/Principal Investigator and assist in the writing of reports that will be submitted to the Department of Environmental Health and Safety concerning:



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Any incident/accident/exposure or near-miss involving mucosal contact, inoculation, ingestion, or inhalation of biohazardous materials or recombinant DNA, or illness as the result of the aforementioned. Any loss or theft of Risk Group 2 material.

Any incident or near-miss causing danger of environmental contamination.

Any risks pertaining to biohazard safety procedures or problems with the operation of containment equipment or the facility itself.

Printed Name of Laboratory Personnel:

Status: Research Associate Technician PDF Graduate Student
Undergraduate Summer Student Undergraduate 4th year project Student Other:

Date:

Signature: