

Mullins B44C BL-3 Facility Usage Authorization Form

I, (print name) _____, have read, understand and will comply with the safety practices outlined in the University of Washington Biosafety Manual, the CDC•NIH guidelines for Biosafety Level 3 practices and the Mullins' lab rules and regulations regarding the Rosen B44C BL-3 facility.

Lab of Trainee (PI): _____

Facility Trainer _____ Date Trained _____
(assigned by PI)

Trainee Name _____

Signature _____

Project Trainer _____ Date Trained _____
(assigned by Facility Trainer)

Additional Comments:

The person named above has successfully completed training supervised by Dr. Mullins or the BL-3 lab supervisor and is now authorized to use the Rosen B44C BL-3 facility.

(James I. Mullins)

(Date)

(Please make a copy of this form for your files then turn in original to the Mullins BL3 Lab Supervisor for placement in BL3 notebook.)