

# **CNS Biological Safety Requirements Form**

# Required prior to final qualification on the G05 Laboratory

#### **Pre-Approval Checklist**

#		Complete
1	Understand the information on the Harvard EH&S Biosafety website: <a href="http://www.ehs.harvard.edu/services/biosafety">http://www.ehs.harvard.edu/services/biosafety</a> and review the information and links on the Harvard EH&S Bloodborne Pathogens webpage: <a href="http://www.ehs.harvard.edu/programs/bloodborne-pathogens">http://www.ehs.harvard.edu/programs/bloodborne-pathogens</a>	
2	Take the online Biosafety Class offered by Harvard EH&S: <a href="http://www.ehs.harvard.edu/training">http://www.ehs.harvard.edu/training</a> by clicking on the green icon "Training Management System" and taking LAB 103. Non-Harvard users must contact Jim Reynolds, email: <a href="mailto:reynolds@cns.fas.harvard.edu">reynolds@cns.fas.harvard.edu</a> to obtain a Harvard Key, so that you can access the Harvard EH&S website and "Training Management System. Email biosafety certificates to Sandra Nakasone, email: <a href="mailto:snakasone@cns.fas.harvard.edu">snakasone@cns.fas.harvard.edu</a> as a PDF format.	
3	Understand that if you are required to work with certain human materials then you may be considered to have "Occupational Exposure" under the OSHA Bloodborne Pathogen Standard. Contact your employer for information on receiving the Hepatitis B vaccination and other relevant information applicable to this Standard.	
4	Only for those who will use the biohoods: Please email Sandra Nakasone to set up a Biohood Training. You will need to fill out a "Material Request Form" for all cell lines and biomaterials you are bringing into G05.	
5	Complete the User information below and sign the completed form and return it to the CNS Administrative Office, LISE 304 . You can return the form in person or by fax (617-384-7302).	

## **User Information and Signature**

Your Full Name (please print):					
PI Name:					
Group/Organization:					
Phone:	e-mail:				
Signature:		Date:			

## **CNS Staff Signature**

Staff Name (please print):			
Signature:	Date:		