



# Biosafety Resume for Authorized Personnel

1. Authorized Personnel Information			
Name		Department	
E-mail		Bldg. & Room:	
Phone		PI/Supervisor (if applicable):	

2. Education and Experience			
Degree(s)			
Position		Years experience with Biohazards:	
List relevant biological/biohazards you have used within the last five years. Include Risk Group, Level and procedures used.			

3. Training – List biosafety training courses you attended in the last five years (date, duration, location)	

4. Please verify the following statements by placing an X in the appropriate box		
I have attended the UPEI WHMIS training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have attended the UPEI Biosafety training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have read "Health Canada Laboratory Safety Guidelines" (go to the Public Health Agency of Canada's website)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have read "CFIA Containment Standards for Vet Facilities" (please go to the CFIA website)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand and follow the principles and practices of biological exposure/infection control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I know the possible signs and symptoms of exposure and the ways exposure might/can occur	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have read the UPEI Laboratory Safety Manual including the UPEI Waste Disposal Protocol	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I declare the above information is accurate and complete	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. Signatures			
Name of Authorized Personnel		Date	
Signature of Authorized Personnel			
Name of PI/Supervisor/Department Chair		Date	
Signature of PI/Supervisor/Department Chair			