

Institutional Biosafety Committee (IBC)
Protocol Registration Form
Part E – Safety Measures Supplement
Part F - Affirmation

Part E

e. Please provide a list of all personnel who will be working on this project, including the dates of their most recent BBP and basic lab safety training if applicable. Please also obtain their signature as evidence that they have been informed of potential hazards related to this project.

Name: _____ BPP Training Date: _____

Signature: _____ Lab Safety Training Date: _____

Name: _____ BPP Training Date: _____

Signature: _____ Lab Safety Training Date: _____

Name: _____ BPP Training Date: _____

Signature: _____ Lab Safety Training Date: _____

Part F: Affirmation

I accept responsibility for the safe conduct of work with this material. I accept responsibility for ensuring that all personnel associated with this work have received the appropriate training on the hazards and the levels of containment required to perform this research safely. I will report to Skidmore College EHS any accident or incident that results in a potentially toxic exposure to personnel or any incident releasing recombinant DNA or other potentially hazardous materials into the environment.

Principal Investigator: _____

Signature: _____

Date: _____

Grant Agency: _____

Award Number: _____