BSL3 - FORM 1

BSL3 Facility Request for Training/Approval to Request Independent Access

Name (Print): ______________________________  Principal Investigator: ______________________________

☐ GNL BSL3  ☐ Keiller BSL3  ☐ MMNP  ☐ ACL3  ☐ MRB BSL3 Cryo-EM

A. BEFORE initiating training for the BSL3 Facility the laboratorian must:
   a. Meet with the BSL3 Director  ☐ Completed: __________________________
      Facility Director’s Signature  MM / DD / YY
   b. Read “GNL, Keiller or MMNP BSL3 Biosafety Manual and Facility Standard Operating Procedures”

B. New Users will receive documented training at a minimum of:
   a. ☐ 20 hours (no previous BSL3 experience)
   b. ☐ 10 hours (previous experience in a non-UTMB BSL3 facility, documentation must be provided)
   c. ☐ No mentorship (BSL4)

   All training must be provided by a direct supervisor or by an established BSL3 laboratorian in their research group before he/she will be eligible for independent access to the facility. During the training period, the experienced BSL3 laboratorian must accompany the new user at all times while in the facility.

   d. Name of Mentor(s): ________________________________________________________________

   e. I understand these rules and will work only under the supervision of my mentor(s)
      ________________________________________________________________
      Signature of new user of the BSL3 Facility  MM / DD / YY

   f. I understand the rules of the provisional training and will supervise and train the above user during his/her provisional access period.
      ________________________________________________________________
      Signature of mentor(s)  MM / DD / YY

      ________________________________________________________________
      Signature of Principal Investigator  MM / DD / YY

C. BEFORE initiating mentorship in the BSL3 facility the laboratorian must complete:
   a. EHS BSL3 Training  ☐ Completed: __________________________________________
      Signature of EHS Representative  MM / DD / YY
   b. EHS BSL3 Check off  ☐ Completed: __________________________________________
      Signature of EHS Representative  MM / DD / YY
   c. BSL3 Facility Orientation  ☐ Completed: _______________________________________
      Signature of Facility Director/Designee  MM / DD / YY

   Once all signatures in Section B have been obtained mentorship in the facility may commence

D. Approved to Submit Request for Independent Access:
   ________________________________________________________________
   Signature of mentor(s)  MM / DD / YY

   ________________________________________________________________
   Signature of Principal Investigator  MM / DD / YY