**University of Vermont**

**Form B**

**A/BSL-3 Training Proficiency Certification Checklist**

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| --- |
| Trainee’s Name: |
| Principal Investigator: |
| List of RG3 Agents:List of Species: |
| List of Procedures: |
|  |
| Mentor Name: |
| Total Number of hours of hands-on BSL-3 Training: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Date** | **Mentor/** **Trainer Certification**Mentor/Trainer must complete this section to certify the trainee has demonstrated competency in each of the areas specified in the training checklist. | **Biosafety****Officer Certification**UVM BSO must complete this section to certify the trainee has demonstrated competency in each of the areas specified in the training checklist. |
| **A/BSL-3 Entry** |  |  |  |
| Badge and pin access |  |  |  |
| Anteroom procedures |  |  |  |
| PPE donning - training |  |  |  |
| PPE donning - verification |  |  |  |
| Transfer of items into BSL-3 |  |  |  |
| Transfer of items out of BSL-3 |  |  |  |
| Respiratory protection donning: Powered Air Purifying Respirator (PAPR) - training |  |  |  |
| Respiratory protection donning: Powered Air Purifying Respirator (PAPR) - verification |  |  |  |
|  |  |  |  |
| **A/BSL-3 Exit** |  |  |  |
| Exiting the room |  |  |  |
| PPE doffing - training |  |  |  |
| PPE doffing - verification |  |  |  |
| Respiratory Protection cleaning and storage (PAPR cleaning and storage) - training |  |  |  |
| Respiratory Protection cleaning and storage (PAPR cleaning and storage) - verification |  |  |  |
|  |  |  |  |
| **A/BSL-3 work practices** |  |  |  |
| Transfer of agents from the freezer |  |  |  |
| Setting up BSC |  |  |  |
| Working in BSC |  |  |  |
| Glove changes when working in BSC |  |  |  |
| Transfer of plates out of BSC to incubator |  |  |  |
| Taking flasks or plates in secondary containment from the incubator to the BSC to do manual rocking (agent specific) |  |  |  |
| Rocking flasks or plates on a mechanical rocker keeping biohazardous materials contained (agent specific) |  |  |  |
| Viewing of plates in microscope |  |  |  |
| Bleaching ice after using it to process tubes that could have virus on the surfaces |  |  |  |
| Animal specific:  |  |  |  |
| Transfer of animals into the BSC |  |  |  |
| Anesthesia of animals in the BSC |  |  |  |
| Inoculation of animals in the BSC (RG3 agents or toxins) |  |  |  |
| Transfer of infected animals out of the BSC into containment housing |  |  |  |
| Treatment of infected animals in the BSC (chemical agents/drugs) |  |  |  |
| Tissue sampling of infected animals in the BSC (e.g., blood sampling) |  |  |  |
| Weighing and other non-invasive procedures on infected animals in the BSC |  |  |  |
| Euthanasia of infected animals in the BSC |  |  |  |
| Tissue harvest/necropsy in the BSC |  |  |  |
| Cleaning cages |  |  |  |
| Autoclaving in ABL-3 |  |  |  |
|  |  |  |  |
| Trash in BSC |  |  |  |
| Trash outside of BSC |  |  |  |
| Centrifuge operation with sealed cups, transfer to BSC and cleaning |  |  |  |
| Inventory management (lab specific, group inventory) |  |  |  |
| Cleaning of BSC after work completed; items to be decontaminated before leaving the BSC, trash generated in BSC |  |  |  |
| Autoclaving of waste; or inactivation of waste as appropriate |  |  |  |
|  |  |  |  |
| **Emergency Responses** |  |  |  |
| Small spill in BSC |  |  |  |
| Large spill in BSC |  |  |  |
| Spill outside of BSC |  |  |  |
| Spill outside of room |  |  |  |
| Centrifuge spill |  |  |  |
| Phone system |  |  |  |
| Alarm triggered |  |  |  |
| Exposures |  |  |  |
| Medical emergency with/without contamination |  |  |  |
| Freezer failure |  |  |  |
| Location of emergency equipment and emergency exit button  |  |  |  |
| Security breach |  |  |  |

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**Training Proficiency Certification**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name) has successfully demonstrated proficiency in BSL-3 practices and procedures listed in the UVM A/BSL-3 Training Proficiency Certification Checklist and is authorized to work in the UVM/VDHL A/BSL-3 facility and receive independent access to work in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list BSL-3 and/or ABSL-3) laboratories.

Mentor (Name, please print):

Signature:

Date:

UVM Biosafety Officer: (Name, please print):

Signature:

Date: