

Biosafety Resume for Authorized Personnel

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

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 completed the UPEI WHMIS training	0 YES	0 NO
I have attended the UPEI Biosafety training	0 YES	0 NO
I have read applicable sections of the Canadian Biosafety Standard 2nd edition and the Canadian Biosafety Handbook	0 YES	0 NO
I understand and follow the principles and practices of biological exposure/infection control	0 YES	0 NO
I have read the UPEI Biosafety Program Guide, including the Administrative Oversight Plan	0 YES	0 NO
I have read the UPEI Laboratory Safety Manual including the UPEI Waste Disposal Protocol	0 YES	0 NO
I declare the above information is accurate and complete	0 YES	0 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			