Lab-Specific Biosafety PLan for COVID-19 Project/Testing

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| **Principal Investigator:** |  |
| **Department:** |  |
| **Emergency Contacts:** |  |

 **Lab Personnel (Please list all lab personnel that will perform testing for this project. Include the name, procedures that will be conducted, and training/expertise of each person. Include biosafety training with dates)**

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| **Name** | **Position** | **Procedures Conducted** | **Training/Expertise** |
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| **Building & Rooms where experiments will be conducted:**  |  |

**Provide a summary that will address the safety of this project and to identify the potential risk of all processes. This summary must include a description of the materials that will be used, the likelihood that the materials contain pathogens, the procedures that will be performed, and any activities that may result in a laboratory exposure:**

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**Biosafety Cabinet Information (include last certified date):**

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| **Sharps Use:**  |  |
| **Lab Entrance Door Signage:**  |  |
| **Biohazard Labels:**  |  |
| **Disinfection:**  |  |
| **Waste Decontamination:**  |  |
| **Personal Protective Equipment:**  |  |
| **IRB Approval:**  |  |
| **Laboratory Facilities:**  |  |
| **Shipping Biological Materials (N/A if no shipping):** |  |

**Laboratory-Specific Training Verification for COVID-19 Research:**

**I have reviewed the** [**Biosafety Guidance for COVID-19 Research**](https://sc.edu/about/offices_and_divisions/ehs/documents/biosafety-guidance-for-covid-19-research-final.pdf) **with my laboratory staff. I understand that I am responsible for providing laboratory-specific training to my staff. This includes training regarding their duties, the necessary precautions to prevent exposures, and exposure evaluation procedures.**

Principal Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print) (Date)

**I have reviewed the** [**Biosafety Guidance for COVID-19 Research**](https://sc.edu/about/offices_and_divisions/ehs/documents/biosafety-guidance-for-covid-19-research-final.pdf) **with my Principal Investigator or laboratory supervisor and I have been provided with laboratory-specific training for the COVID-19 research I will be conducting. I understand the information contained in this guide, have had the opportunity to ask questions, and will follow these safe work practices and procedures when conducting COVID-19 research in the laboratory.**

Laboratory Personnel:

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| Name (Print) | Date |
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# **Biosafety level 2 & bloodborne pathogens Training Records**

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| **Name (First, Last)** | **BSL-2** | **BBP** |
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