

Biological Toxin Personnel Training & Qualification Record

Toxin Procedure Mentor: Use this document to record all relevant actions and qualifying events required for the individual named to be approved for independent work with toxins of biological origin included in the lab's Toxin Safety Plan. Maintain all completed records with the Toxin Safety Plan for regulatory review purposes. Please notify the BSO whenever a person has been added to, or removed from, the roster of personnel authorized to work with the toxin.

Personnel Information			
Name:	Trainee Eligibility Requirements	Date completed	Verified by (initials)
Job Title:	Biosafety 101 (or equivalent)		
Phone & email:	Biosafety 201 (or equivalent)		
PI:	Toxin Safety Plan Read		
Assigned toxin procedure mentor:	Toxin Safety Plan Q&A with Toxin Procedure Mentor		
Toxin(s) to be worked with & scope of activities to be performed:	Addition to IBC registration		
	Medical surveillance enrollment (if applicable)		

TOXIN PROCEDURE PROFICIENCY ACKNOWLEDGMENT

_____ has satisfactorily completed all lab-specific procedural training (listed and documented on Page 2 of this form (or as outlined in attached records)). They have been observed to be proficient in carrying out all procedures as outlined in the lab's Toxin Safety Plan.

Name of Principal Investigator

Signature & Date

Name of Toxin Procedure Mentor

Signature & Date

AUTHORIZED TOXIN USER CODE OF CONDUCT ACKNOWLEDGMENT

I agree to follow all technical and biosafety procedures as outlined in the lab's Toxin Safety Plan. I understand that my privileges to work with _____ toxin may be revoked if I fail to follow these procedures.

Name of Authorized Toxin User

Signature & Date

LAB-SPECIFIC HANDS-ON PROCEDURAL TRAINING AND PROFICIENCY DETERMINATION

Toxin mentor: Please complete the table below for each procedure/activity that the trainee will perform that is included in your Toxin Safety Plan once you feel they are ready to be qualified for independent work with toxin.

PROCEDURE:	Date of proficiency determination:
TRAINEE:	Determination made by:

Did trainee successfully demonstrate the following?	YES	NO	Comments/corrective actions
1. Knowing the location of the toxin safety plan			
2. Wearing appropriate attire for toxin work (long pants and footwear that covers all skin on lower extremities)			
3. Properly wearing PPE <u>specified in toxin safety plan for THIS procedure</u>			
4. Posting the area for toxin use before work begins & removing the posting once work is finished and area is decontaminated			
5. Properly staging the area where toxin use will take place including clearing unnecessary items, checking safety equipment, staging waste collection container, and preparing disinfectant <u>as specified in toxin safety plan for THIS procedure</u>			
5. Properly accessing and securing toxins in storage			
6. Transporting toxin products in a way that prevents spills/releases and <u>as specified in toxin safety plan for THIS procedure</u>			
7. Performing manipulations with toxins in a manner that minimizes the potential for dispersal of particulates or aerosols			
8. Decontaminating all items and impacted surfaces using decontaminant and contact time specified for this toxin			
9. Collecting all toxin wastes in proper receptacles and understanding actions for proper disposal (i.e., in-lab treatment v. submission as hazardous waste) for toxin in use			
10. Properly logging toxin inventory and activity			
11. Understanding actions required for responding to an exposure to the toxin in use including where to report for post exposure follow up			