

Viral BSL3 request form

Name of Worker: _____

Position: _____

PI and Department: _____

Title of the Project:

IBSC Approval for project: _____ Approval number with date

IAEC Approval for Project: _____ Approval number with date

Summary of Work to be carried out in BSL3:

PLEASE ATTACH A SEPARATE SHEET GIVING OUTLINE OF THE PROPOSED WORK

AND TECHNIQUES TO BE USED

Undertakings

- I understand that working inside the Viral BSL3 involves a level of risk that is greater than in a normal laboratory environment.
- I have read and properly understood the following documents: - Standard Operating Procedures for the Viral BSL3 facility at IISc.
- I have been provided the requisite training for working in the Viral BSL3.
- I shall abide by the rules and regulations outlined in the above-mentioned documents, failing which I will be liable for sanctions outlined in these documents.
- I understand that I will have to undergo medical screening before working in the Viral BSL3 environment. Additional tests during or after working may be required.
- I shall personally be responsible for my own health; IISc or its any employee will not be held responsible for any illness I may develop.
- I have adequate medical insurance cover to take care of my all-possible medical needs.

Signature of Worker

Signature and Name of Project PI

Place:

Place:

Date:

Date:

Signature Of CIDR Convenor

Date: