

BSL3 request form

Name of Worker: _____

Position: _____

PI and Department: _____

Title of the Project:

IBSC Approval for project: ____ Yes _____ Approval number with date

IAEC Approval for Project: ____ Yes _____ 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 BSL3 involves a level of risk that is greater than in a normal laboratory environment.
- I have read and properly understood the following documents:
 - Practices and Procedures for the BSL3 facility at IISc.
- I have been provided the requisite training for working in the 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 may have to undergo periodic medical screening before, during and after working in the BSL3 environment.
- 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

Place:

Date:

Signature and Name of Project PI

Place:

Date:

Signature Of CIDR Convenor

Date: